

Internal Medicine Coding Alert

ICD-10: Watch for Product, Dependence Clues for Coding of Nicotine Dependence Scenarios

Choices expand from 305.1 to F17.2-- beginning Oct. 1, 2013.

When the internal medicine specialist sees a patient who is nicotine dependent (to the detriment of the patient's health or social functioning), you have one diagnosis choice: 305.1 (Nondependent abuse of drugs; tobacco use disorder). Once ICD-10 goes into effect on Oct. 1, 2013, however, you'll modify your tobacco use disorder coding in several ways.

You'll start with code series F17.2 (Nicotine dependence). Because specificity is a key factor of ICD-10, check the physician's documentation for more details about the patient's situation.

- The fifth digit in the F17.2 series indicates the tobacco product ((0= unspecified; 1 = cigarettes; 2 = chewing tobacco; and 9 = other tobacco products)
- The sixth digit indicates status of the patient's dependence (0= uncomplicated; 1= in remission; 3=with withdrawal; 8= with other nicotine-induced disorders; 9= with unspecified nicotine-induced disorders).

Caution: Several entries in the ICD-10 index have back-references to F17.200, including diagnoses that fall under "Dependence (on) (syndrome)" and "Tabacism, tabacosis, tabism/Poisoning, tobacco (meaning dependence [without remission])." Looking further at the code options, however, will show that F17.200 shouldn't be your automatic choice for these patients. F17.200 merely indicates that the patient is nicotine dependent; the physician likely documented a definitive smoking habit (such as "patient smokes X packs cigarettes per day"). When the physician's documentation specifies the type of tobacco product and status of dependence, you can better pinpoint the best diagnosis.

Don't forget: If the physician provides smoking cessation counseling, you might also be able to report diagnosis Z71.6 (Encounter for tobacco abuse counseling). List Z71.6 first, followed by the appropriate code from the F17.2 series.