

ICD-10-CM Official Coding Guidelines - Supplement
Coding encounters related to E-cigarette, or Vaping, Product Use
Post Date: October 17, 2019

Introduction

The purpose of this document is to provide official diagnosis coding guidance for healthcare encounters related to the 2019 health care encounters and deaths related to e-cigarette, or vaping, product use associated lung injury (EVALI). This guidance is consistent with current clinical knowledge about e-cigarette, or vaping, related disorders.

As necessary, this guidance will be updated as new clinical information becomes available. The clinical scenarios described below are not exhaustive and may not represent all possible reasons for health care encounters that may be related to e-cigarette, or vaping, product use. Proposals for new codes that are intended to address additional detail regarding use of e-cigarette, or vaping, products will be presented at the March 2020 ICD-10 Coordination and Maintenance Committee Meeting.

This guidance is intended to be used in conjunction with current ICD-10-CM classification and the *ICD-10-CM Official Guidelines for Coding and Reporting* (effective October 1, 2019).

https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf. The ICD-10-CM codes provided in the clinical scenarios below are intended to provide e-cigarette, or vaping, product use coding guidance only. Other codes for conditions unrelated to e-cigarette, or vaping products may be required to fully code these scenarios in accordance with the *ICD-10-CM Official Guidelines for Coding and Reporting*. A hyphen is used at the end of a code to indicate that additional characters are required.

General Guidance

Lung-related complications

For patients documented with electronic cigarette (e-cigarette), or vaping, product use associated lung injury (EVALI), assign the code for the specific condition, such as:

- J68.0, Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors; includes chemical pneumonitis
- J69.1, Pneumonitis due to inhalation of oils and essences; includes lipoid pneumonia
- J80, Acute respiratory distress syndrome
- J82, Pulmonary eosinophilia, not elsewhere classified
- J84.114, Acute interstitial pneumonitis
- J84.89, Other specified interstitial pulmonary disease

For patients with acute lung injury but without further documentation identifying a specific condition (pneumonitis, bronchitis), assign code:

- J68.9, Unspecified respiratory condition due to chemicals, gases, fumes, and vapors

Poisoning and toxicity

Acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes. For these patients assign code:

- T65.291-, Toxic effect of other nicotine and tobacco, accidental (unintentional); includes Toxic effect of other tobacco and nicotine NOS.

For a patient with acute tetrahydrocannabinol (THC) toxicity, assign code:

- T40.7X1- Poisoning by cannabis (derivatives), accidental (unintentional).

Substance use, abuse, and dependence

For patients with documented substance use/abuse/dependence, additional codes identifying the substance(s) used should be assigned.

When the provider documentation refers to use, abuse and dependence of the same substance (e.g. nicotine, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are documented, assign only the code for abuse
- If both abuse and dependence are documented, assign only the code for dependence
- If use, abuse and dependence are all documented, assign only the code for dependence
- If both use and dependence are documented, assign only the code for dependence.

Assign as many codes, as appropriate. Examples:

Cannabis related disorders: F12.---

Nicotine related disorders: F17.----

Specifically, for vaping of nicotine, assign code:

- F17.29-, Nicotine dependence, other tobacco products. Electronic nicotine delivery systems (ENDS) are non-combustible tobacco products.

Signs and symptoms

For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

- M79.10 Myalgia, unspecified site
- R06.00 Dyspnea, unspecified
- R06.02 Shortness of breath
- R06.2 Wheezing
- R06.82 Tachypnea, not elsewhere classified
- R07.9 Chest pain, unspecified

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- R09.02 Hypoxemia
- R09.89 Other specified symptoms and signs involving the circulatory and respiratory systems (includes chest congestion)
- R10.84 Generalized abdominal pain
- R10.9 Unspecified abdominal pain
- R11.10 Vomiting, unspecified
- R11.11 Vomiting without nausea
- R11.2 Nausea with vomiting, unspecified
- R19.7 Diarrhea, unspecified
- R50.- Fever of other and unknown origin
- R53.83 Other fatigue
- R61 Generalized hyperhidrosis (night sweats)
- R63.4 Abnormal weight loss
- R68.83 Chills (without fever)

This coding guidance has been approved by the four organizations that make up the Cooperating Parties: the National Center for Health Statistics, the American Health Information Management Association, the American Hospital Association, and the Centers for Medicare & Medicaid Services.

References:

Ghinai I, Pray IW, Navon L, et al. E-cigarette Product Use, or Vaping, Among Persons with Associated Lung Injury — Illinois and Wisconsin, April–September 2019. *MMWR Morb Mortal Wkly Rep* 2019;68:865–869.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6839e2>

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Siegel DA, Jatlaoui TC, Koumans EH, et al. Update: Interim Guidance for Health Care Providers Evaluating and Caring for Patients with Suspected E-cigarette, or Vaping, Product Use Associated Lung Injury — United States, October 2019. *MMWR Morb Mortal Wkly Rep*. ePub: 11 October 2019. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6841e3>