VaPE

VERIFYING A POTENTIAL EXPOSURE:
A Guidance Resource for Providers

CODING

E-cigarette use is emerging as a serious health risk, but the full extent of this public health threat remains unknown – even as the Centers for Disease Control and Prevention (CDC) tracks a growing number of deaths from serious lung disease associated with e-cigarettes.

The New Jersey Hospital Association urges the provider community to become partners in identifying e-cigarette use and building a foundation of reliable data to gauge the vaping threat in our communities. This resource provides coding guidance to ensure the proper capture of e-cigarette data. Its companion document provides information on gathering medical histories from patients. Verifying a potential exposure is an essential part of addressing the threat and protecting the health of the people of New Jersey.

❯ Documenting Information: Codes to Use

Health Information Managers and coders play an important part in consistently identifying documentation and coding e-cigarette use; their work is a critical component of improving data collection, analysis and response to this problem. Please distribute this information to coding teams responsible for ICD coding in all applicable settings.

On Oct. 17, 2019, a supplement to the ICD-10-CM Official Guidelines for Coding and Reporting of EVALI (e-cigarette or vaping product use-associated lung injury) was published and posted on the CDC website. Coders are directed to assign the code for the specific condition (pneumonitis, etc.) which is documented as being related to EVALI.

- For patients presenting with acute lung injury but without further documentation identifying a specific respiratory condition, assign the code for unspecified respiratory condition due to chemicals, gases, fumes and vapors.

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

- To code a respiratory condition caused by chemicals, gases, fumes or vapors, the documentation must indicate that the condition was related to vaping. The fact that a patient has a condition and vapes is not enough to code it as such. A cause-and-effect relationship must be documented by the provider.

- For vaping of nicotine, the code for nicotine dependence, other tobacco product, F17.29– should be assigned as an additional code to show the relationship between the illness and the vaping. There is not a specific code for vaping and there is guidance in place for use of this code.

- As a default, electronic nicotine delivery systems (ENDS) are considered to be non-combustible tobacco products. For patients with documented substance use/abuse/dependence, additional codes identifying the substance(s) used should be assigned. For example, if another substance such as THC or CBD products are used in the devices, the appropriate code for cannabis use, abuse or dependence should be assigned.

❯ Toxic Effects/Poisoning:

- When the patient is being seen for nicotine toxicity, assign the appropriate code for toxic effect of nicotine or nicotine poisoning.

- In the event a THC/THC related product is being vaped, then the code for THC poisoning should be assigned.

- To see the full coding guideline supplement from the Centers for Disease Control and Prevention, go to *https://www.cdc.gov/nchs/data/icd/vapingcodingguidance2019_10_17_2019.pdf.*

To health!

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