TOBACCO CESSATION TREATMENT

Prevalence

› In 2015, 36.5 million people in the U.S. smoked cigarettes.
› In 2014, three in every 100 people used smokeless tobacco.

Subjective documentation considerations

› The clinician needs to determine current and past substance consumption such as:
  • Cigarettes
  • Chewing tobacco
  • Pipe
  • Nicotine gum
› Passive tobacco exposure needs to be considered
› How much tobacco used (how many packs; how many years)
› Past treatment or experience with abstinence
› Signs and symptoms associated with withdrawal or tolerance
  - Sweating or racing heart
  - Hand trembling or seizures
  - Insomnia
  - Nausea or vomiting
  - Hallucinations
  - Restlessness and anxiety
› Medical complications (dyspepsia, lung and oral neoplasms)
› Psychiatric complications (depression, anxiety, irritability, psychosis)
› Behavioral complications (temper)
› Psychiatric co-morbidities (depression, anxiety)

Objective documentation considerations

› Nicotine dependence has varying levels of severity (mild, moderate, and severe).
› Quantitative tools such as the CAGE-AID and Drug Abuse Screening Test can help objectively assess the level of nicotine dependence.

Treatment plan

› A majority of tobacco users desire to quit, or have tried to quit in the past.
› Treatment to cease tobacco use is successful 25% to 35% of the time.
› Prior to any treatment plan, the clinician needs to determine a patient’s willingness to stop tobacco use and implement an accountability strategy such as a quit date.
› An effective treatment plan needs to be multi-dimensional in order to achieve success. Typical interventions include:
  • Counseling and advisement of cessation
  • Pharmacotherapy – over the counter and prescriptive
    - Nicotine replacement (inhaler, gum, lozenge, or nasal spray)
    - Prescriptive agent (varenicline, bupropion, Tri-cyclic anti-depressants, and selective serotonin re-uptake inhibitors)

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Coding and documentation considerations

- Documentation of nicotine/tobacco use or dependence is key to provide a proper code assignment in ICD-10-CM and careful use of terms.
- ICD-10-CM codes do not exist for the following:
  - Tobacco abuse
  - History of tobacco abuse
  - History of tobacco use
- The use of the term “smoking” does not automatically equate with use or dependence without clear provider documentation to the status of tobacco.
- Documenting the term ‘smoker’ automatically assumes tobacco dependence per the ICD-10-CM alphabetic index.
- Simply documenting ‘Packs per day’ or ‘Number of years’ does not automatically assume a status of tobacco/nicotine dependence without clear provider documentation to the status.

References:

6. Anthenelli R. et al. (2016). Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders

ICD-10-CM

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<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Description</th>
<th>Definition/tip</th>
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<td>Nicotine dependence, unspecified</td>
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<td>Nicotine dependence, cigarettes</td>
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<td>Nicotine dependence, chewing tobacco</td>
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<td>3 – w/withdrawal</td>
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