



Vaping ICD-10 Coding Guidance

Introduction

The purpose of this document is to provide official diagnosis coding guidance for healthcare encounters and deaths related to e-cigarette, or vaping, product use associated lung injury (EVALI).

So, what is E-Cig & Vaping !!!!

Electronic cigarettes are often referred to as “cigalikes” because they were created to imitate the look and feel of a traditional (combustible) cigarette. E-cigs provide a simple setup with minimum parts. They use a rechargeable or disposable battery, combined with disposable e-liquid cartridges, which means that there’s no tank to fill.

When engaged by pressing the power button on the device, or in some cases simply by inhaling, the battery heats an element in the device called the cartomizer. This is a small component that contains a heating coil wrapped in polyfill. The polyfill wrapping soaks up the e-liquid, which is then heated until it turns into vapor for inhalation.

Vaporizers use a rechargeable module combined with interchangeable e-liquid. Vape users like the broad range of options available and the variety of devices and liquids available. Generally, a little larger than an e-cig, vaporizers also tend to offer longer battery life.

A vaporizer works in much the same way as an e-cig. A rechargeable battery heats a small element that in turn vaporizes the e-liquid in the device. Unlike e-cigs though, most vaporizers use a tank to hold the e-liquid rather than a cartridge. As the tank gets low, or if you want to change flavors, you simply add additional e-liquid of your preferred flavor and nicotine strength to the tank. Some vaporizers use a pre-filled capsule instead of a tank, which can be more convenient and less messy. Capsules can be swapped in and out as often as the user wishes, with no need to finish one before switching to the next.

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

Vaping ICD-10 Coding Guidance

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

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

For coding questions or coding corner suggestions:

UHAcoding.billing.help@stanfordhealthcare.org

Vaping ICD-10 Coding Guidance

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
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)

Resources:

https://www.cdc.gov/nchs/data/icd/Vapingcodingguidance2019_10_17_2019.pdf

<https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM>

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