Nicotine Dependence & Withdrawal

Documenting to support quality – Nicotine dependence (alone) does not increase the patient’s portrayed level of illness in ICD-10. However, withdrawal (or active treatment and control) does support a higher level of illness. Withdrawal from nicotine dependence (or any drug) adds weight to the principal diagnosis.

<table>
<thead>
<tr>
<th>Not “Sick” (no increased weight)</th>
<th>CC (moderate increased weight)</th>
<th>MCC (major increased weight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine dependence</td>
<td>Nicotine dependence with withdrawal</td>
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<tr>
<td>Tobacco use disorder</td>
<td></td>
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<tr>
<td>Tobacco abuse</td>
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<tr>
<td>COPD</td>
<td>COPD Exacerbation</td>
<td>Acute Respiratory Failure</td>
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<tr>
<td>Respiratory Insufficiency</td>
<td>Chronic Respiratory Failure</td>
<td>Acute Respiratory Failure</td>
</tr>
</tbody>
</table>

Documenting for quality using the Rule of Three (parts of speech):

   Noun – Adjective – Verb  
   Condition – Description – Action

Clinical Language:
“Nicotine dependent – 20 pack-yrs. Gets irritable within 4 hours of last cigarette. Rx Nicoderm.”

Effective Coding Language:
“Nicotine dependence with withdrawal symptoms controlled on Nicoderm.”

Establish dependence on nicotine, e.g.,
- Actively smoking and pack-years
- Number of cigarettes (or packs) per day
- The time to first cigarette of the day

Communicate manifestation of withdrawal symptoms (now, or in the past), e.g.,
- Irritability, soothed by a dose of nicotine
- Time between cigarettes before craving

Document active treatment of withdrawal symptoms
- Nicoderm
- Chantix
- Nebulized nicotine (vape)