

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.

Not “Sick” (no increased weight)	CC (moderate increased weight) ↑ “Sick”	MCC (major increased weight) ↑↑↑ “Very Sick”
Nicotine dependence Tobacco use disorder Tobacco abuse	Nicotine dependence <u>with</u> withdrawal	--
COPD	COPD Exacerbation	Acute Respiratory Failure
Respiratory Insufficiency	Chronic Respiratory Failure	Acute Respiratory Failure

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)