Smoking Cessation Clinical Pathway and Smoking Coding – HBCIS only

November 2023

Background

Effective October 2014, the mandatory capture of data for a patient Smoking Cessation Clinical Pathway (SCCP) and smoking status is completed by Clinical Coders within the Hospital Based Corporate Information System (HBCIS) Inpatient ICD Coding Screen. This data contributes to Outcome Indicators and Queensland Weighted Activity Units (QWAU) in public Hospital and Health Services (HHS) Service Agreements.

Within identified admitted patient episodes of care clinical coders are also required to assign International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes for smoking as per Australian Coding Standard (ACS) 0503 *Drug, Alcohol and Tobacco use disorders.*

Completion of morbidity coding of smoking history and smoking status

Both the SCCP data entered into HBCIS and the ICD-10-AM smoking data is assigned by Clinical Coders as per clinical documentation within a patient episode of care.
Coders are to refer to the SCCP pathway for HBCIS data entry and the ACS for assigning ICD smoking codes.
It is important to recognise that the SCCP and ICD-10-AM smoking data are considered two distinct data sets.
There are valid scenarios where the SCCP and ICD-10-AM data will not align. These can include:

- The SCCP has been completed prior to admission with no reference to smoking status or smoking related conditions within the primary source of information, or if the SCCP has been completed more than 30 days prior to admission. As per ACS 0010 *Clinical Documentation and General Abstraction Guidelines* code assignment should be informed by documentation within the current patient episode of care. If smoking if indicated elsewhere in the episode it will be coded but not indicated in the SCCP.

- The SCCP references vaping or e-cigarettes however according to ACS 0503 *Drug, Alcohol and Tobacco use disorders* tobacco use codes are not assigned for Electronic Nicotine Delivery Systems (ENDS) as they deliver nicotine without tobacco. This does not include other codes for nicotine use.

- A patient may no longer be a current smoker but is being treated for a current condition that is documented as being directly linked to previous smoking and tobacco consumption.

The following guide is to assist coders with assignment of ICD Smoking codes:

Product	ICD Code if consumed within 30 days	ICD code if used historically and not within the last 30 days
Cigarettes	Z72.0	Z86.43
Cigars	Z72.0	Z86.43
Pipe	Z72.0	Z86.43
Waterpipes Hookah, Narghile, Shisha	Z72.0	Z86.43
Chewing tobacco	Z72.0	Z86.43
Electronic Nicotine Delivery System (ENDS) e-cigarettes, vapes, e-shisha	n/a	n/a
Nicotine products (patches/gum)	Z72.0	n/a
Liquid nicotine	n/a	n/a
Nicotine or tobacco dependence	F17.2	F17.2
Nicotine or tobacco withdrawal	F17.3	F17.3
Nicotine or tobacco harmful use	F17.1	F17.1
Champix or Zyban	n/a	n/a
Cannabis (recreational)	Z72.2	n/a
Cannabis (medicinal)	Z92.28	n/a

Please note: First apply general and specialty standards ACS 0010, 0002 and 0503.

Permissible values of the SCCP HBCIS Smoking Status:

1 – **Reported as a current smoker** i.e. any patient who self-identified as having used tobacco or nicotine products (e.g. via smoking, chewing tobacco, liquid nicotine or nicotine products), within the last 30 days

2 – **Reported not a current smoker** (i.e. ex-smoker, non-smoker or has ceased smoking within a period of greater than 30 days)

9 – No smoking status reported or documented.

Electronic Validation Application (EVA Plus) validations

The data fields forming the SCCP data collection are cross-referenced with ICD-10-AM coded data and discrepancies between the two data sets will generate EVA validations. The intention for these validations is not for facilities to amend data based on a generated validation. The validations are to aid facilities to perform data quality checks and confirm if the data is valid and supported by the clinical documentation, or if amendments to data are required.

The data collected within the Queensland Hospital Admitted Patient Data Collection (QHAPDC) is used in areas such as jurisdiction and national reporting, research, patient safety, policy, and health service planning. There are obligations to collect and report high quality data for business areas that depend on this information and the confirmation of data by generated validations assists in accurate reporting.

EVA Validations that consider the SCCP

The following guide outlines the rationale between SCCP and ICD smoking data.

Permissible values of the data elements of Smoking Status:
    1 – Reported as a current smoker within the last 30 days
    2 – Reported not a current smoker
    9 – Not Reported

Permissible values of SCCP form completion (HBCIS):
    Y – Yes
    P – Partial
    N – No

Please note the below table includes EVA smoking validations that consider the SCCP.
For a complete list of ICD smoking codes and all smoking EVA Validations, please refer to QHAPDC Appendix L Validation Messages and Appendix 1.

ICD Code	Smoking Status	Rationale	Validation
Z72.0	1	Current smoker and clinical documentation supports current tobacco or nicotine product use	Nil
	2	Smoking Status defaults to 1 in HBCIS with Z72.0 assignment.	Nil
	9	Smoking Status defaults to 1 in HBCIS with Z72.0 assignment.	Nil
Z86.43	1	Smoking Status defaults to 2 in HBCIS with Z86.43 assignment.	Nil
	2	Not a current smoker and clinical documentation supports personal history of tobacco use disorder	Nil
	9	Smoking Status defaults to 2 in HBCIS with Z86.43 assignment.	Nil
F17.1	1	Current smoker and clinical documentation supports a relationship between a particular condition(s) and/or tobacco use/harmful use/abuse of tobacco/nicotine	H684
	2	Not a current smoker and clinical documentation supports a relationship between a particular condition(s) and tobacco use and/or there is documentation of harmful use/abuse of tobacco/nicotine	H683
	9	No record of smoking status and clinical documentation supports a relationship between a particular condition(s) and tobacco use and/or there is documentation of harmful use/abuse of tobacco/nicotine	H683
F17.0, F17.2-F17.9	1	Current smoker and clinical documentation supports mental and behavioural disorders such as dependence/withdrawal/intoxication etc	Nil
	2	Not a current smoker and clinical documentation supports mental and behavioural disorders such as dependence/withdrawal/intoxication etc	H683
	9	No record of smoking status and clinical documentation supports mental and behavioural disorders such as dependence/withdrawal/intoxication etc	H683
No smoking code	1	Current smoker and clinical documentation does not support current tobacco use in the episode of care (as per ACS 0010)	H684
	2	Not a current smoker and clinical documentation does not support tobacco use	Nil
	9	No record of smoking status and clinical documentation does not support tobacco use	Nil

Responding to EVA validations

The Statistical Services Branch (SSB) is responsible for reviewing the quality of the QHAPDC data set via the generation and processing of EVA validations. The two smoking validations relevant to SCCP data are:

Warning H683: The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.

Fatal H684: The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.

SSB working groups have considered the validations H683 and H684 and the genuine disparity between the data sets. SSB advises that acceptable responses to validations H683 and H684 within EVA can include:

"SCCP confirmed correct however (insert condition) not coded due to ACS and no supporting clinical documentation".

"SCCP has been amended to (insert relevant smoking status) and (insert condition) coded as per ACS and supporting clinical documentation".

"SCCP has been amended to (insert relevant smoking status) and coding amended to (insert condition) as per ACS and supporting clinical documentation".

"SCCP and coding (insert condition) confirmed correct as per ACS and supporting clinical documentation".

These responses advise SSB of the differences between the data sets within the episode of care and will satisfy SSB requirements for processing the generated validations.

Governance

The collection of smoking data has been considered at length by the Queensland Coding Audit and Education Committee (QCAEC) and the Statistical Services Branch-Coding Consistency Special Interest Group (SSB-CCSIG).

Clinical Coding is governed by the Australian Coding Standards. The implementation of Twelfth Edition of ICD-10-AM on 1 July 2022 included refinements to the ACS specifying what information could be used as the primary source of information for clinical coding.

Clinical coding of smoking status and smoking related conditions should comply with current ACS. Validation reviews are conducted regularly and adhere to SSB's Governance process. Any amendment to validations are published annually once endorsement via the SSB-CCSIG and the Clinical Coding Authority of Queensland (CCAQ) is received.

Considerations

Smoking Definition

In line with coding guidelines, the definition of a smoker in the SCCP is defined as someone who uses chewing tobacco, and/or smoking of cigarettes, cigars, pipes and waterpipes (eg hookah, narghile, shisha). It also includes someone using nicotine patches or trying to quit. However, unlike the ACS the definition of a current smoker for the SCCP also includes those who use electronic nicotine delivery systems (ENDS) eg. e-cigarettes, vape-pipes, e-shisha. This can cause disparity between what has been coded and what has been recorded in the smoking field in HBCIS.

Electronic Nicotine Delivery Systems (ENDS)

An Electronic Nicotine Delivery System (ENDS) can include e-cigarettes, vape-pipes or e-shisha. ENDS deliver nicotine without tobacco. As utilising an ENDS does not involve tobacco consumption it does not require assignment of an ICD code as per ACS 0503 *Drug, Alcohol and Tobacco Use Disorders*, unless coding nicotine dependence, withdrawal or harmful use to F17.- *Mental and behavioural disorders due to use of tobacco.*

ENDS use will indicate on the SCCP that the patient is a current smoker if an ENDS device has been used in the last 30 days. If there is no documentation of dependence, withdrawal or harmful use of nicotine and it is not coded, this is a valid scenario where the SCCP and ICD smoking codes will not align.

F17.1 Mental and behavioural disorders due to use of tobacco, harmful use

F17.1 *Mental and behavioural disorders due to use of tobacco, harmful use* is prompted for data quality checks in smoking validations as this code can be assigned with either a smoking status of 1 *Reported as a current smoker within the last 30 days* or 2 *Reported not a smoker* as per ACS 0503 *Drug, Alcohol and Tobacco Use Disorders*.

ACS 0503 also indicates to assign F17.1 *Mental and behavioural disorders due to use of tobacco, harmful use* if the clinician has clearly documented a relationship between a particular condition(s) and tobacco consumption (even if the patient has ceased tobacco use). For this reason, EVA validations will request confirmation of this ICD code and the smoking status.

Nicotine patches

An admitted patient currently using nicotine patches or is trying to quit smoking is considered a current smoker. Completion of both the SCCP and ICD coding is assigned as if the patient is consuming tobacco.

Cannabis

Cannabis use can be recreational or medicinal. This is not distinguished on the SCCP and is listed in the SCCP as "other" when the patient is queried regarding their smoking history. The SCCP will indicate the patient is a current smoker if they have smoked cannabis in any capacity in the last 30 days.

Where there is documentation of long term use of recreational or prescribed medicinal cannabis that meets ACS 0002 *Additional Diagnoses:*

> Recreational cannabis use is assigned ICD code Z72.2 *Drug Use*
> Medicinal cannabis use is assigned ICD code Z92.28 *Other medicaments.*

Mental and Behavioural disorders, harmful use, dependence or intoxication due to cannabinoids are not considered in the scope of smoking data validations.

Medication to cease smoking

Medications such as Champix and Zyban are prescribed to assist patients to quit smoking. These are not nicotine products and should not be coded as such.

Additional Resources

HBCIS Smoking fields - Information for Clinical Coders (health.qld.gov.au)

Healthcare Purchasing Specification Sheet – Purchasing Localisation 2023-24 Smoking Cessation (Inpatients)

Queensland Health Information Knowledgebase (QHIK) *Episode of admitted patient care-smoking cessation clinical pathway completed indicator* Data Element Detail

Smoking Cessation Clinical Pathway Form

Appendix 1

ICD-10-AM Smoking Codes and all applicable EVA Validations

ICD Code	ICD Description	EVA Code	EVA Description
Z72.0	Tobacco use, current	H570	Code ICD Z8643, Z587 must not be coded with Z720
		H847	Invalid CPOA Range between 9 and 9
		H558	Valid Range between OD and OD
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.
Z86.43	Personal history of tobacco use disorder	H655	Invalid CPOA Range between 2 and 9
		H558	Valid Range between OD and OD
F17.0	Mental and behavioural disorders due to use of tobacco, acute intoxication	H847	Invalid CPOA Range between 9 and 9
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.
F17.1	Mental and behavioural disorders due to use of tobacco, harmful use	H570	Code ICD F17.1 must not be coded with Z720, Z8643, Z587
		H570	Codes between ICD F172 and F179 must not be coded with F171
		H847	Invalid CPOA Range between 9 and 9
F17.2	Mental and behavioural disorders due to use of tobacco, dependence syndrome	H570	Code ICD F17.2 must not be coded with Z720, Z8643, Z587
		H847	Invalid CPOA Range between 9 and 9
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.
F17.3	Mental and behavioural disorders due to use of tobacco, withdrawal state	H570	Code ICD F17.3 must not be coded with Z720, Z8643, Z587
		H847	Invalid CPOA Range between 9 and 9
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.

ICD Code	ICD Description	EVA Code	EVA Description
F17.4	Mental and behavioural disorders due to use of tobacco, withdrawal state with delirium	H847	Invalid CPOA Range between 9 and 9
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.
F17.5	Mental and behavioural disorders due to use of tobacco, psychotic disorder	H847	Invalid CPOA Range between 9 and 9
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.
F17.6	Mental and behavioural disorders due to use of tobacco, amnesic syndrome	H847	Invalid CPOA Range between 9 and 9
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.
F17.7	Mental and behavioural disorders due to use of tobacco, residual and late–onset psychotic disorder	H847	Invalid CPOA Range between 9 and 9
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.
F17.8	Mental and behavioural disorders due to use of tobacco, other mental and behavioural disorders	H847	Invalid CPOA Range between 9 and 9
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.
F17.9	Mental and behavioural disorders due to use of tobacco, unspecified mental and behavioural disorder	H847	Invalid CPOA Range between 9 and 9
		H683	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes |.
		H684	The Smoking status has been reported as 1 Current smoker within the last 30 days, but the morbidity coding does not include; |.

Document History

Version	Date	Status	Key changes made	Author/s
1.0	29 November 2023	Approved	Version 1.0 published	Data Quality Team