

September 10, 1996

Ms. Amy Blum, Director
National Center for Health Statistics
6525 Bellcrest Road
Hyattsville, Maryland 20782

Dear Ms. Blum,

On behalf of the American Society of Internal Medicine, representing the nation's largest medical specialty, I am writing to submit our proposed additions to the next U.S. version of the International Classification of Diseases (currently the ICD-9-CM). We urge you to support the inclusion of new codes which would allow physicians to designate the role of tobacco as a causative factor in the wide variety of diseases scientifically documented to arise as a result of its use.

The medical and scientific communities agree that tobacco use is the number one cause of preventable disease, disability and death in the U.S. On a daily basis, physicians treat patients with chronic bronchitis, emphysema, coronary artery disease, and the wide variety of neoplasms that are either caused or aggravated by tobacco. It has been documented that 80% of the cases of chronic obstructive pulmonary disease alone are diagnosed in current or former smokers. Because of shortcomings in the current ICD reporting system, physicians' hands are tied when it comes to reporting the factors that led directly to these debilitating and often fatal illnesses.

Currently, physicians must document the role of tobacco in the health problems of their patients by indicating that, in addition to their primary illness, they suffer from: "tobacco abuse" (305.1); a history of tobacco use (V code 1582), or an unintentional "tobacco accident" (E code 866.8). ASIM applauds the recent addition of these V-codes and E-codes, which are a step in the right direction. They simply do not carry the same weight as regular codes however. V-codes and E-codes do not represent diagnoses that exist by themselves, and they may not be designated as the sole cause for a physician office visit or hospital admission. Furthermore, they are added by coders only as time and motivation permits. Clearly, the use of V- and E-codes are an inadequate method of reporting the medical problems that tobacco causes.

A precedent for the inclusion of regular ICD codes for tobacco-induced illnesses exists in the extensive coding system that has been developed to document conditions caused by alcohol use. It is possible to specify alcoholic cardiopathy, alcohol induced cirrhosis of the liver, chronic alcoholic brain syndrome, as well as a variety of other ailments as primary diagnoses.

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Enclosed is a proposal for a coding system to address tobacco use drafted by one of ASIM's members and modeled on the system used to code alcohol-induced conditions. It has been previously explained to ASIM that the proposed additions would serve to duplicate existing methods of designating the role of tobacco use that already exist, and that new codes are considered only when there is no other way to report a problem. However, we contend that the current E-codes and V-codes for tobacco use do not sufficiently address the problem.

Proper coding methods must be designed to document the contributing role tobacco use plays in the death of over 400,000 people in this country every year. Please assist the medical community in remedying the glaring lack of standard codes for tobacco-induced medical conditions.

Sincerely,

Alan Nelson, MD
Executive Vice President

cc: Patricia Brooks, Director of ICD-10-CM, National Center for
Health Statistics
Donna Pickett, National Center for Health Statistics

enclosure

ASIM Proposed Changes to the International Classification of Diseases

Tobacco

Abuse (affecting health)	305.1
Circulation	
Coronary Artery(ies)	305.11
Myocardium	305.13
Peripheral Arteries	305.14
Respiratory System	
Bronchitis, acute	305.16
Bronchitis, chronic	305.17
Emphysema	305.18
Neoplasm	305.19
Neoplasm associated with known carcinogen	(Needs new number under "notes" at the beginning of the Neoplasm table)
Asbestos	
Pleural epithelioma	
Tobacco	
Cancer	
Lip	
Larynx	
Lung	
Other diseases caused or related to tobacco use	305.19
*Requires addition at code number: eg.	
CORONARY ATHEROSCLEROSIS	414.0
due to or aggravated by tobacco or nicotine	414.04
Other primary cardiomyopathies	
Cardiomyopathy due to or aggravated by tobacco	425.6
Other specified peripheral vascular disease	
Peripheral vascular disease due to or aggravated by tobacco	443.82

Acute bronchitis due to tobacco 466.2

Simple chronic bronchitis "smoker's cough" (replace by "chronic bronchitis due to tobacco")	491.0
Other Emphysema	492.8
Emphysema due to tobacco	492.81