The New Zealand Coding Convention for Exposure to Tobacco Smoke implemented 1 October 2009 was retired 1 July 2019 due to the coding standard ACS 2118 *Exposure to tobacco smoke* being developed and implemented in ICD-10-AM/ACHI/ACS Eleventh Edition. ACS 2118 *Exposure to tobacco smoke* remains current in Twelfth Edition.

Provided below is the Twelfth Edition Coding Standard for Exposure to tobacco smoke (ACS 2118) and further information and examples to assist clinical coders in the coding standard application.

## **ACS 2118 Exposure to Tobacco Smoke**

Tobacco produces three different types of smoke:

•     Mainstream smoke – smoke inhaled directly into a smoker's lungs

•     Exhaled mainstream smoke – smoke exhaled by a smoker

•     Sidestream smoke – smoke that drifts from the smouldering tip of a cigarette.

Secondhand smoke includes both exhaled mainstream smoke and sidestream smoke (Campbell et al. 2021).

Secondhand smoke is also known as environmental tobacco smoke (ETS), and the process of breathing it in is known as passive smoking or involuntary smoking.

Although cigarettes are the major source of tobacco based secondhand smoke, other products that produce secondhand tobacco smoke include cigars, pipes and waterpipes (eg hooka, shisha, narghile). As electronic nicotine delivery systems (ENDS) (eg e-cigarettes) deliver nicotine without tobacco, use of these devices does not qualify for assignment of exposure to tobacco.

## **Classification**

Assign Z58.7 *Exposure to tobacco smoke* when exposure to secondhand tobacco smoke is documented by a clinician, except if the patient is a current or ex-smoker.

Reference:

The *Australian Coding Standards, Twelfth Edition, 2022*. The Independent Health and Aged Care Pricing Authority, Australia.

## **Additional Information**

Assign the code Z58.7 *Exposure to tobacco smoke* when:

* the patient, irrespective of age, has never smoked

AND

* has been exposed to tobacco smoke in their home environment, working environment or recreational environment.

OR

* a neonate is born to a mother who has smoked at any time throughout the pregnancy and there is no documented causal relationship between a neonatal condition and the mother’s tobacco use.

Z58.7 *Exposure to tobacco smoke* is NOT assigned when:

* The patient has been exposed to tobacco smoke as a one off or incidental encounter which may have exacerbated a chronic condition and/or precipitated an admission to hospital for any other conditions.
* When a neonate (0-28 completed days) is born with or is subsequently admitted to hospital with any documented condition specifically attributed to maternal use of tobacco the code P04.2 *Fetus and newborn affected by maternal use of tobacco* is assigned as an additional diagnosis.

Note: In cases where the neonatal condition cannot be attributed to the maternal use of tobacco, assign Z58.7 *Exposure to tobacco smoke.*

Documentation of the mothers smoking status must be found in the newborns clinical record only. The mother’s corresponding clinical record cannot be used.

In relation to finding documentation to support the assignment of Z58.7 *Exposure to tobacco smoke* clinical coders should consider:

* Exposure to tobacco smoke can be precipitated by a parent, partner, relative, friend or houseguest with whom an adult or child resides
* There is no distinction made between exposure that occurs inside or outside of a home
* Exposure to tobacco smoke includes products such as cigarettes, pipes, cigars and waterpipes
* Z58.7 *Exposure to tobacco smoke* should not be assigned if a patient has been exposed to other substances that are inhaled by others for example, secondhand marijuana or vape/e-cigarette smoke
* Documentation found in a neonate record is the only source of information that can be used to assign Z58.*7 Exposure to tobacco smoke*. The mother’s record cannot be used
* In well newborn event records the principal diagnosis must be a code from category Z38.- *Liveborn infants according to place of birth* with Z58.7 *Exposure to tobacco smoke* assigned as an additional diagnosis. Z58.7 *Exposure to tobacco smoke* should never be assigned as principal diagnosis when another diagnosis is present.

## **Examples in the assignment of Z58.7 *Exposure to tobacco smoke***

Clinical coders are advised to include free text in the code description for Z58.7 *Exposure to tobacco smoke*

Examples:

* Z58.7 *Exposure to tobacco smoke* – parents smoke outside
* Z58.7 *Exposure to tobacco smoke* – in utero
* Z58.7 *Exposure to tobacco smoke* – partner 2pkt/day.

### Example 1

Patient is admitted for elective coronary artery bypass graft with a diagnosis of unstable angina.

Risk factors: Hypertension and obesity, patient has never smoked.

Social: Married 47 years, partner smokes two packets of cigarettes a day.

Assign Z58.7 *Exposure to tobacco smoke*

Suggested free text: Z58.7 *Exposure to tobacco smoke –* Partner 2pkt/ day

### Example 2

Male patient aged 72 years with acute on chronic renal failure, secondary to diabetic nephropathy.

Social history: Ex Hotel owner, retired 25 years ago. Patient has never smoked but states heavy exposure to tobacco smoke while working in hotel bar.

Assign Z58.7 *Exposure to tobacco smoke*

Suggested free text: Z58.7 *Exposure to tobacco smoke* – occupational, hotel

### Example 3

A 32-year-old man diagnosed with asthma. Patient has never smoked but was previously involved in an amateur theatre company for 10 years where theatre company members smoked during meetings and rehearsals.

Assign Z58.7 *Exposure to tobacco smoke*

Suggested free text: Z58.7 *Exposure to tobacco smoke* – recreational – theatre company

### Example 4

A nine-year-old boy admitted to hospital with chronic bronchitis. This is the third admission this winter. Parents are smokers but indicate that they only ever smoke outside the house.

Assign Z58.7 *Exposure to tobacco smoke*

Suggested free text: Z58.7 *Exposure to tobacco smoke* – parents smoke outside

### Example 5

A 52-year-old taxi driver admitted to hospital for investigations of a pleural lesion. He is a non-smoker but the car that he has driven for the past three years was owned by smokers and he has been unable to get rid of the tobacco residue.

Assign Z58.7 *Exposure to tobacco smoke*

Suggested free text: Z58.7 *Exposure to tobacco smoke* – tobacco residue in car

### Example 6

A female patient is brought in by ambulance suffering an asthma attack. Patient states that she was attending a private party at a friend’s house where there were a large number of smokers. Patient has never smoked.

Z58.7 *Exposure to tobacco smoke* is not assigned. The tobacco exposure in this case is a one off encounter.

### Example 7

A patient is brought in by ambulance to the emergency department after collapsing at work. She recalled passing a smoker on the street as she came into the building.

Z58.7 *Exposure to tobacco smoke* is not assigned. The tobacco exposure was an incidental encounter of exposure.

### Example 8 (Neonatal Event)

Baby boy delivered 39 weeks, normal pregnancy and delivery.

Antenatal history: Mother stopped smoking when the pregnancy was confirmed at 6 weeks.

Assign Z58.7 *Exposure to tobacco smoke*

Suggested free text: Z58.7 *Exposure to tobacco smoke* – Mother smoked 1st Trimester

Note: Documentation of the mothers smoking status must be found in the newborns clinical record only. The mother’s corresponding clinical record cannot be used.

### Example 9 (Neonate Event)

Spontaneous delivery of a girl at 28 weeks. Premature delivery caused by ongoing maternal tobacco use.

Mother has declined cessation therapy offered during antenatal care.

Assign P04.2 *Fetus and newborn affected by maternal use of tobacco* in addition to the neonatal condition caused by maternal tobacco use.

### Example 10 (Neonate Event)

Baby girl is born at 39 weeks. At delivery, mild respiratory distress, pinked up after bagging.

Mother is a smoker.

Assign Z58.7 Exposure to tobacco smoke.

Suggested free text: Z58.7 *Exposure to tobacco smoke* – in utero.

P04.2 *Fetus and newborn affected by maternal use of* tobacco is not assigned in this case because the ‘respiratory distress’ has not been linked with the maternal tobacco use.

Clinical coders are advised however to seek clinical clarification in these cases.

Documentation of the mothers smoking status must be found in the newborns clinical record only. The mother’s corresponding clinical record cannot be used.

### Example 11 (Neonate Event)

Three-week-old infant admitted to hospital with bronchiolitis. Parents are non-smokers, but two teenage siblings smoke at home.

Assign Z58.7 *Exposure to tobacco smoke*

Suggested free text: Z58.7 *Exposure to tobacco smoke* – siblings smoke at home

P04.2 *Fetus and newborn affected by maternal use of tobacco* is not assigned in this case because the mother is a non-smoker.

### Example 12

A seven-year-old patient who has cerebral palsy secondary to prematurity caused by maternal tobacco exposure is admitted for respiratory review. Parents have previously been advised to stop smoking. Mother successfully stopped four months ago and is receiving ongoing support from Aukati Kai Paipa. Father continues to smoke but states that he has made efforts to only smoke outside.

Assign P04.2 *Fetus and newborn affected by maternal use of tobacco*

Refer to ACS 1605 *Conditions originating in the perinatal period.*

Where the situation arises where both P04.*2 Fetus and newborn affected by maternal use of tobacco* and Z58.7 *Exposure to tobacco smoke* could apply, assign only one code. In these cases, the code P04.2 *Fetus and newborn affected by maternal use of tobacco* will always take priority over Z58.7 *Exposure to tobacco smoke*.

### Example 13

Patient admitted following inhaling smoke from a friend’s vape/e-cigarette. There was a nicotine capsule in the vape at the time.

Z58.7 *Exposure to tobacco smoke* is not assigned, as code Z58.7 is assigned for exposure to tobacco smoke only.