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**National President and CEO**

Harold P. Wimmer

February 3, 2017

Ms. Donna Pickett

Co-Chair, ICD-10-CM Coordination and Maintenance Committee

National Center for Health Statistics

3311 Toledo Road

Hyattsville, MD 20782

Dear Ms. Pickett:

The American Lung Association is pleased to support the request of the American Thoracic Society (ATS) for the development of new ICD-10 CM codes to capture patient use of electronic nicotine delivery systems (ENDS), including e-cigarettes, e-Hookahs, e-pipes, vape pens and personal vaporizers. From a public health perspective, creating the new codes is a prudent move.

In recent years, ENDS use has grown and current data indicates that approximately 3.5 percent of adults were using these products in 2015.<sup>1</sup> The research that has been done into use of these products has found unique health consequences. Over half the users are dual users,<sup>2</sup> using both a traditional tobacco products and an ENDS product and using the ENDS product in situations where they are prohibited from using the traditional tobacco product. There is evidence that the flavoring elements used in many ENDS products are dangerous to inhale, causing lung damage and possibly even death. Providers need to be aware of these unique health consequences of ENDS use to advise their patients appropriately. Within the current ICD-10 classification system, ENDS use would be coded within nicotine addiction (F17.2 series), which would not flag the distinct health consequences of ENDS use.

More disturbing than the increase in ENDS use among adults is the dramatic increase in use of ENDS among youth. The Centers for Disease Control and Prevention’s (CDC) 2015 Youth Risk Behavior Survey found approximately one in four (24.1 percent) high school students use e-cigarettes or other ENDS products. A whopping 45 percent of high school students reported ever used of an e-cigarette or ENDS product.<sup>3</sup> The surge in usage (1005 percent over the last five years) of these addictive products has eliminated the downward trends previously observed in tobacco use among youth. And similar to the trends of dual use in adults, a parallel phenomenon is happening with youth – they start using ENDS and then initiate dual usage or transition to conventional tobacco products.<sup>4</sup>

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Adding ICD-10 CM codes specifically addressing ENDS use will help better understand the health consequences of its use. Aggregate, de-identified data can produce a trove of valuable information that can be used for public health research. Without a specific ENDS use code, key population level data will not exist.

ENDS products often falsely advertise they are a cessation device, yet no e-cigarette have been found by the Food and Drug Administration (FDA) to be safe and effective in helping smokers quit. These are addictive nicotine products and should be classified as such, including in ICD-10 CM codes. These are addictive nicotine products and should be classified as such, including in ICD-10 CM codes.

From a public health perspective, END- specific ICD-10 CM codes would be greatly beneficial. Creating such ICD-10 CM codes would align with the FDA's recent rule deeming ENDS tobacco products. This consistency would eliminate confusion about the products and encourage providers to deliver the same message about the dangers of these products as the public health community.

The American Lung Association strongly encourages the development of new ICD-10 CM captures to determine ENDS use separately from traditional tobacco products. This is a critical first step to better understand the impact and health implications of these addictive products.

Sincerely,



Harold P. Wimmer  
National President and CEO

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<sup>1</sup> QuickStats: Cigarette Smoking Status Among Current Adult E-cigarette Users, by Age Group – National Health Interview Survey, United States, 2015. MMWR Morb Mortal Wkly Rep 2016;65:1177. DOI: <http://dx.doi.org/10.15585/mmwr.mm6542a7>

<sup>2</sup> QuickStats: Cigarette Smoking Status Among Current Adult E-cigarette Users, by Age Group – National Health Interview Survey, United States, 2015. MMWR Morb Mortal Wkly Rep 2016;65:1177. DOI: <http://dx.doi.org/10.15585/mmwr.mm6542a7>

<sup>3</sup>Kann L, McManus T, Harris WA, et al. Youth Risk Behavior Surveillance – United States, 2015. MMWR Surveill Summ 2016;65(No. SS-6):1–174. DOI: <http://dx.doi.org/10.15585/mmwr.ss6506a1>

<sup>4</sup>Teens who vape e-cigs 'six times more likely to smoke cigarettes' Accessed at: <http://www.ncbi.nlm.nih.gov/pubmedhealth/behindtheheadlines/news/2016-06-14-teens-who-vape-e-cigs-six-times-more-likely-to-smoke-cigarettes/>