

Documentation and Coding: Asthma

CMS-HCC_V28 Model Updates

September 2023

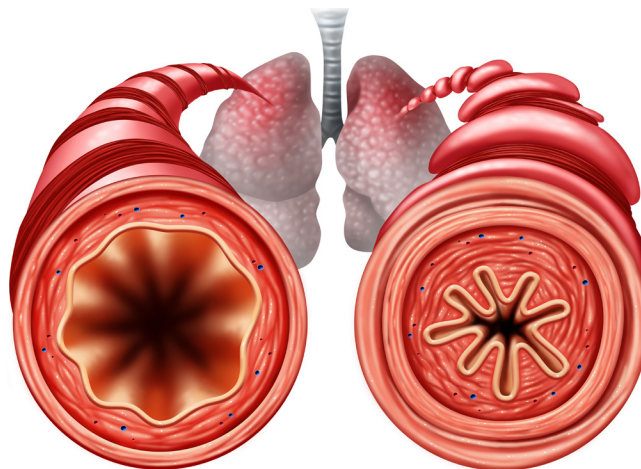
At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for common types of **Asthma**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Asthma is a disease that affects your lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and coughing. Asthma can be controlled by taking medicine and avoiding the triggers that can cause an attack.

Clinical Documentation Should Include	
Status of Condition	Uncomplicated, With (acute) exacerbation, With status asthmaticus
Type of Asthma	Mild intermittent, Mild persistent, Moderate persistent, Severe persistent, Exercise-induced bronchospasm, Cough variant asthma
Any Risk Factors	Exposure to environmental tobacco smoke, History of tobacco use, Occupational exposure to environmental tobacco smoke, Tobacco dependence, Tobacco use
Diagnostic Testing	Spirometry, Peak expiratory flow, Exhaled nitric oxide, Serologic testing, Allergy testing, Pulmonary function studies
Treatment Plan	Bronchodilator, Inhaled corticosteroids, Leukotriene modifiers, Combination inhalers, Oral or Intravenous corticosteroids

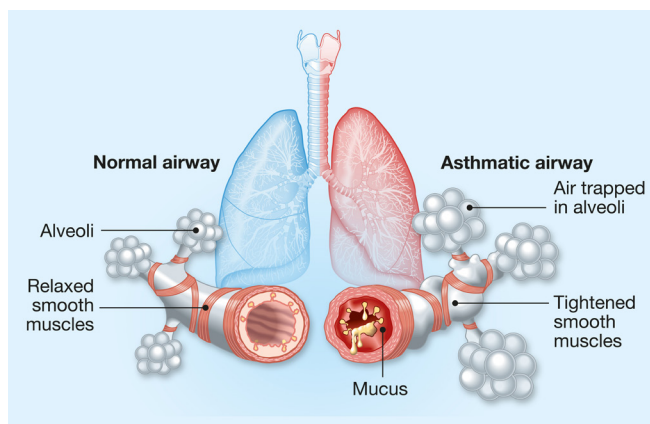
Documentation and Coding: Asthma

Coding Tips



- When asthma is present with chronic obstructive pulmonary disease (COPD), assign a code for the type and severity of the asthma (**J45***).
- Additional code(s) should be used to identify exposure to environmental tobacco smoke (**Z77.22**), history of tobacco use (**Z87.891**), occupational exposure to environmental tobacco smoke (**Z57.31**), tobacco dependence (**F17–F17.299**), and/or tobacco use (**Z72.0**).
- If there is an obstructive component to the patient’s asthma, ensure that it is documented appropriately. These cases are coded and classified differently and require two codes—one from category **J44** and one from category **J45**.

ICD-10 Codes and Coding Description



Severe persistent asthma, uncomplicated	J45.50
Severe persistent asthma with (acute) exacerbation	J45.51
Severe persistent asthma with status asthmaticus	J45.52

*Additional digits are required to complete the code.

Documentation and Coding: Asthma

Coding Example

Case	An adult patient presents with symptoms of wheezing, coughing, shortness of breath/difficulty breathing, inflamed nasal mucous membrane, and chest tightness. Following diagnostic work-up, the provider diagnosed acute exacerbation of severe persistent eosinophilic asthma. What is the correct code assignment for an exacerbation of severe persistent eosinophilic asthma?
ICD-10-CM	J45.51 — Severe persistent asthma with (acute) exacerbation. J82.83 — Eosinophilic asthma, for an acute exacerbation of severe persistent eosinophilic asthma.
AHA Coding Clinic <i>(Volume 7, Fourth Quarter, 2020)</i>	Eosinophilic asthma is associated with increased asthma severity; both codes are needed to fully capture the diagnostic statement.

Questions?

Contact us at #Risk_Adjustments_and_clinical_Documentation@healthfirst.org.

For additional documentation and coding guidance, please visit the coding section at [HFproviders.org](https://www.healthfirst.org/HFproviders.org).

References

- [Coding Clinic Advisor](#)
- [ICD-10-CM Official Coding Guidelines, FY 2024](#)
- [Centers for Disease Control and Prevention](#)