

MDS Alert

Clip and Save: Keep This Asthma Code Primer for Reference

Learn how to differentiate between different states of asthma.

Asthma codes, found in the J45.- (Asthma) range, are categorized into four distinct states: mild intermittent, mild persistent, moderate persistent, and severe persistent. Additionally, an asthma diagnosis must be detailed by level of severity.

One tenet of ICD-10 coding is that the correct code is the one that is the most specific; it's especially important to code to the highest degree of specificity when coding asthma. Find other crucial tips below so you're prepared to find the right code for this condition.

Understand the Asthma Condition Categories

"Physicians diagnose asthma according to the frequency, duration, and extent of [resident] symptoms and electing the correct diagnosis for asthma is heavily weighted on the physician's assessment and documentation," says **Carol Pohlig, BSN, RN, CPC, ACS**, senior coding and education specialist at the **Hospital of the University of Pennsylvania**. "Clinical guidelines distinguish between intermittent and persistent asthma and vary by age. A physician further classifies persistent asthma as mild, moderate, or severe," Pohlig says.

Pro coding tip 1: You can view the clinical guidelines for the different states in a severity chart such as the one contained in the Asthma Care Quick Reference document found at www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf.

Distinguish Between Mild Intermittent and Mild Persistent

Even though both conditions contain the word "mild," there is a big difference between them. Coding J45.2- (Mild intermittent asthma) means that the resident is experiencing symptoms and nighttime awakenings twice a week or less, is using a beta agonist inhaler such as albuterol for symptom control twice a week or less, and is experiencing no limitations on normal activity.

Mild persistent asthma, on the other hand, is more severe. A resident diagnosed with J45.3- (Mild persistent asthma) experiences symptoms more than two days a week but not daily, nighttime awakenings three to four times a month, uses a beta agonist more than two days a week but not daily, and experiences some limitations on normal activity.

Know the Difference between 'Moderate' and 'Severe'

As if knowing the difference between mild intermittent and mild persistent asthma wasn't confusing enough, knowing the difference between the different persistent asthma conditions can be just as difficult. Fortunately, the same components that apply to the milder forms of the condition can be used to determine the different levels of severity for J45.4- (Moderate persistent asthma) and J45.5- (Severe persistent asthma).

So, residents with moderate persistent asthma experience symptoms and use beta agonists on a daily basis, while residents suffering from severe persistent asthma do so on a frequent basis during the day. The relative severity of each condition means that patients are either limited, in the case of moderate persistent asthma, or very limited, in the case of severe persistent asthma, in their activity levels.

Code Acute Exacerbation Based on Context

Most of the J45.- codes require an additional fifth digit, which "helps to identify the [resident's] current state and need for

intervention,” explains Pohlig.

Adding the fifth digit 0 means that the resident is not experiencing complications from the asthma. Adding a 1, however, means that the resident is experiencing “a worsening or decompensation of a chronic illness” according to ICD-10 guidelines.

Reserve Status Asthmaticus Selection for This Situation

Pro coding tip 2: “If your provider documents both an acute exacerbation of asthma and status asthmaticus together, you should only code status asthmaticus as it is the more severe condition,” says **Sherika Charles, CDIP, CCS, CPC, CPMA**, compliance analyst with **UT Southwestern Medical Center** in Dallas.

Understand Context Surrounding Coding 'Other' or 'Unspecified'

One other set of codes, J45.9- (Other and unspecified asthma), may also factor into your reporting.

“You would use the 'other' [J45.99-] codes when the documentation states a type of asthma that doesn't have a specific code,” Charles explains. This would include specified forms of asthma that are not described in the other categories, such as exercise-induced bronchospasm (J45.990).

“You would use the 'unspecified' [J45.90-] when your provider does not specify type of asthma,” Charles adds.

Pro coding tip 3: As the J45.90- codes go to six digits, you would use the acute exacerbation, 1, or the status asthmaticus, 2, designations as a sixth digit when appropriate. ICD-10 also adds a further sixth-digit designation, 9, for uncomplicated forms of the conditions in this code set.

Consider querying: Since you're working off of the clinician's diagnosis, making sure that that diagnosis is specific is crucial. Don't be afraid to query the clinician if the documentation isn't clear. “Having physicians document asthma to the best of their clinical ability will assist in preventing denials for frequency or medical necessity,” Pohlig advises.