oscar

CLINICAL DOCUMENTATION

AHA CODING CLINIC CORNER

First Quarter 2019, pg 36
Fourth Quarter 2017, pg 96
First Quarter 2017, pg 25

Asthma

Asthma is a chronic inflammatory lung disease in which the airways narrow, swell, and extra mucus is produced, making it harder to move air in and out of the lungs.

ICD-10 CODES

J45.909 Unspecified Asthma	J45.30 Mild Persistent Asthma Uncomplicated
J45.909 Unspecified Asthma Uncomplicated	J45.31 with (Acute) Exacerbation
J45.901 with (Acute) Exacerbation	J45.32 with Status Asthmaticus
J45.902 with Status Asthmaticus	J45.40 Moderate Persistent Asthma Uncomplicated
J45.990 Exercise Induced Bronchospasm	J45.41 with (Acute) Exacerbation
J45.991 Cough Variant Asthma	J45.42 with Status Asthmaticus
J45.998 Other Asthma	J45.50 Severe Persistent Asthma Uncomplicated
J45.20 Mild Intermittent Asthma Uncomplicated	J45.51 with (Acute) Exacerbation
J45.21 with (Acute) Exacerbation	J45.52 with Status Asthmaticus
J45.22 with Status Asthmaticus	Z87.09 Personal history of other diseases of the respiratory system
	- Personal history of childhood asthma

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support asthma.

Diagnosis: Asthma

Evidence: Complaints of symptoms worsening since allergy season, using PRN inhaler daily

Evaluation: Mild persistent asthma

Plan: Start Advair daily, rtc 2 weeks

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care

Diagnosis:

Asthma Severity

- Mild
- Moderate
- Severe

Asthma Occurrence

- Intermittent
- Persistent
- Childhood
- Exercise Induced

Status:

Active

- Without Exacerbation
- With Exacerbation

Historical

Plan:

- Medical Management
- Trigger Avoidance

BEST PRACTICES & TIPS

- **Avoid** using terms such as "probable", "suspected", "likely", "questionable", "possible", or "history of" with a confirmed and active diagnosis of asthma.
- Specificity is key. Always indicate the type & specificity of the disease such as mild, moderate, severe, persistent, intermittent, exacerbation, or with status asthmaticus.
- Documentation should always include DEEP elements to show evidence of asthma by incorporating tests, imaging results, and signs or symptoms. Document any associated treatment for the asthma, along with the final diagnosis.
- If asthma is documented as childhood and no longer receiving treatment, it is appropriate to document as a personal history.