oscar

CLINICAL DOCUMENTATION

AHA CODING CLINIC CORNER

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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		

DOCUMENTATION ELEMENTS

MEAT

Include elements of MEAT in documentation to clinically support any respiratory disorder.

Monitor: symptoms, exacerbations, pulmonary function tests (PFTs), spirometry.

Evaluation: test results, physical exam findings, medication/treatment response

Assessment: specificity of the Asthma, chronicity, severity, etiology, complications.

Treatment: medications, lifestyle changes, diet changes, referral to specialist, plan for management of the asthma.

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

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 evidence of asthma by incorporating test, 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**.