

# HCC Codes and Documentation - Extended

## Asthma

**J45.20 - J45.998**

**J45.20-**

**J45.30-**

**J45.40-**

**J45.50-**

**J45.901**

**J45.902**

**J45.909**

**J45.990**

**J45.991-**

**J45.998-**

Asthma

Mild Intermittent Asthma

Mild Persistent Asthma

Moderate Persistent Asthma

Severe Persistent Asthma

Unspecified Asthma with (acute) exacerbation

Unspecified Asthma with status asthmaticus

Unspecified Asthma, uncomplicated

Exercise induced bronchospasm

Cough variant asthma

Other Asthma

**Use additional codes to identify:**

**J82.83**

**Z77.22**

**P96.81**

**Z87.891**

**F17.-**

**Z72.0**

Eosinophilic asthma

Exposure to environmental tobacco smoke

Exposure to tobacco smoke in the perinatal period

History of tobacco dependence

Tobacco dependence

Tobacco use

**Documentation should specify**

- Frequency (intermittent, persistent)
- Severity (mild, moderate, severe)
- Exacerbation or decompensation
- Environmental Factors
- Cause: Exercise induced, cough variant, related to smoking, chemical or particulate cause, identify causative agent, if known
- Risk Factors: Overweight, allergic rhinitis, dermatitis, smoking complications from birth, toxic agents, environmental pollution, family history of asthma or other chronic lower respiratory diseases

# HCC Codes and Documentation - Extended

## Asthma, Continued

### Documentation tips

Avoid "history of" if patient is still being monitored for the condition

- Incorrect wording: Patient has history of asthma
- CORRECT wording: Patient has asthma with no recent onset of exacerbation. Current medication includes albuterol inhaler.

The following language supports actively monitoring [any] condition and must be documented by the provider in the documentation, mention:

- Medications reviewed and are current
- If patient is seeing a specialist
- Whether there has been any or no recent onset to exacerbation

### Additional coding tips

- Bronchitis (J40): is too general, identify acute or chronic

#### Intermittent

- Symptoms: 2 or less days per week
- Night time Awakenings: 2 x per month or less
- Rescue Inhaler Use: 2 or less days per week
- Interference with Normal Activity: None
- Lung function: FEV1>80% predicted and normal between exacerbations

#### Mild Persistent

- Symptoms: More than 2 days per week
- Nighttime Awakenings: 3 – 4 x per month
- Rescue Inhaler Use: More than 2 days per week, but not daily
- Interference with Normal Activity: Minor limitation
- Lung function: FEV1>80% predicted

#### Moderate Persistent

- Symptoms: Daily
- Nighttime Awakenings: More than once per week, but not nightly
- Rescue Inhaler Use: Daily
- Interference with Normal Activity: Some limitation
- Lung function: FEV1 60 – 80% predicted

#### Severe Persistent

- Symptoms: Throughout the day
- Nighttime Awakenings: Nightly
- Rescue Inhaler Use: Several times per day
- Interference with Normal Activity: Extremely limited
- Lung function: FEV1 less than 60% predicted