DOCUMENTATION REFERENCE CARD ASTHMA

Documentation Considerations

- Document the clinical assessment and severity of asthma annually:
 - Mild intermittent
 - Mild persistent
 - Moderate persistent
 - Severe persistent
- Identify contributing factors: exercise induced, cough variant, smoking, chemical or particulate, occupational
- Distinguish asthma from other chronic respiratory conditions

Diagnosis Considerations

- Note Temporal Factors: acute, chronic, intermittent, persistent, status asthmaticus, acute exacerbation
- Document the treatment plan/medication regimen
- Note the relationship between asthma and chronic obstructive bronchitis/COPD when applicable
- Correlate results of PFTs to show airway limitations as well as any chest CT results

Additional Considerations

- Report history of tobacco, current tobacco use/ dependence (including type of tobacco used), or exposure to secondary smoke
- Identify if associated hypercapnia, hypoxia, or respiratory failure (specify acute or chronic failure, ventilator dependence)
- Document oxygen use



This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.

NOTE: This tool is intended to assist with documentation only and not intended to take the place of clinical analysis. Information regarding any law or regulation does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws or regulations. Reference Official ICD-10-CM coding guidelines and manuals or electronic medical coding software for accurate ICD-10-CM codes and specificity.