

Asthma

Asthma

Asthma, sometimes called bronchial asthma or reactive airway disease, is a chronic lung disease that makes it harder to move air in and out of the lungs^{1,6}. It can be serious, life threatening, and start at any age. With asthma, swollen airways become extra sensitive to things that one is exposed to in the environment every day- asthma “triggers”. When a trigger is breathed in, the airways create extra mucus and swell even more, making it harder to breath⁶.

Symptoms of Asthma

The signs and symptoms of asthma can include coughing (especially at night), wheezing, shortness of breath, and chest tightness, pain, or pressure⁶. Understanding the experiences or exposures that make the asthma flare-up is a key step to better managing the disease.

Treatment of Asthma

Asthma can be treated with inhalers, oral medications, and drugs delivered in a nebulizer or a breathing machine. Making a plan to avoid or limit the environmental exposure to asthma triggers can eliminate asthma symptoms and help control the disease¹. The use of action plans can assist with treatment and identify symptoms to quickly get breathing under control. There are three basic zones: green (stable for time- no coughing), yellow (coughs, wheezing, chest tightness), and red (danger and should seek medical care immediately) that are followed and should be kept up-to-date⁶. Providers can utilize the template from Asthma and Allergy Foundation of America to assist with controlling asthma². There are also apps, such as Asthma Tracker, that can be downloaded to Android or I Phones to assist members with their asthma action plan.



Reminder: Patients with asthma should receive an annual flu shot!
<https://www.cdc.gov/asthma/flu.html>

Asthma



home state health™

Goal

To provide coding and risk adjustment education including documentation on specificity of the disease and enhance the awareness of related HEDIS measures. Encourage open discussions between coder/provider.

Audience

Billers, Coders, Providers, including but not limited to Nurse Practitioners, Physician Assistants, General Practitioners, Family Medicine, Internal Medicine, and Pediatricians.

WAVES Program



The asthma WAVES program is specific to Home State Health. It is a case management initiative program that provides telephonic outreach, education and support services to promote adherence to asthma treatment, prevent exacerbations and optimize functional status for members who have asthma.

Refer a member...

Phone: 1-855-694-4663 ext 607512

Email: HSHPCaseManagement@CENTENE.COM

Fax form: <https://www.homestatehealth.com/content/dam/centene/home-state-health/pdfs/MO-MemberConnections-Referral-Form-REVISED10.02.pdf>

Resources

1. American Lung Association (<http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/>)
2. Asthma and Allergy Foundation of America Asthma Action Plan (<http://www.aafa.org/media/asthma-action-plan-aafa.pdf>)
3. Home State Health website <https://www.homestatehealth.com/providers/tools-resources/coding-page.html>
4. 2019 ICD-10-CM Expert for Physicians: The Complete Official Code Set, Optum360. 2018 Optum360 LLC
5. HEDIS 2019 Technical Specification for Health Plans
6. WebMD: Asthma Health Center (<http://www.webmd.com/asthma/default.htm>)

Asthma Coding Guidance



TIPS:	ICD-10 Mapping & Education																					
<p>➤ ICD-10-CM Codes</p>	<table border="1"> <tr> <td>J45.2-</td> <td>Mild Intermittent Asthma</td> </tr> <tr> <td>J45.3-</td> <td>Mild Persistent Asthma</td> </tr> <tr> <td>J45.4-</td> <td>Moderate Persistent Asthma</td> </tr> <tr> <td>J45.5-</td> <td>Severe Persistent Asthma</td> </tr> <tr> <td>J45.901</td> <td>Unspecified asthma with acute exacerbation</td> </tr> <tr> <td>J45.902</td> <td>Unspecified asthma with status asthmaticus</td> </tr> <tr> <td>J45.909</td> <td>Unspecified asthma, uncomplicated</td> </tr> </table>	J45.2-	Mild Intermittent Asthma	J45.3-	Mild Persistent Asthma	J45.4-	Moderate Persistent Asthma	J45.5-	Severe Persistent Asthma	J45.901	Unspecified asthma with acute exacerbation	J45.902	Unspecified asthma with status asthmaticus	J45.909	Unspecified asthma, uncomplicated	<p>Be sure to check for 6th digit of: 0 = uncomplicated 1 = acute exacerbation 2 = status asthmaticus</p> <table border="1"> <tr> <td>J45.990</td> <td>Exercise induced bronchospasm</td> </tr> <tr> <td>J45.991</td> <td>Cough variant asthma</td> </tr> <tr> <td>J45.998</td> <td>Other asthma</td> </tr> </table>	J45.990	Exercise induced bronchospasm	J45.991	Cough variant asthma	J45.998	Other asthma
J45.2-	Mild Intermittent Asthma																					
J45.3-	Mild Persistent Asthma																					
J45.4-	Moderate Persistent Asthma																					
J45.5-	Severe Persistent Asthma																					
J45.901	Unspecified asthma with acute exacerbation																					
J45.902	Unspecified asthma with status asthmaticus																					
J45.909	Unspecified asthma, uncomplicated																					
J45.990	Exercise induced bronchospasm																					
J45.991	Cough variant asthma																					
J45.998	Other asthma																					
<p>➤ Attempt for more specificity...</p>	<p>Avoid broad terms and unspecified codes such as “Unspecified Asthma”, J45.909 Documentation should include the following: Frequency: <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Environmental Factors: <input type="checkbox"/> Allergies <input type="checkbox"/> Exposure to smoke</p>																					
<p>➤ Use additional code...</p>	<p>To identify any of the following:</p> <table border="1"> <tr> <td>Exposure to second hand tobacco smoke (Z77.22)</td> <td>Tobacco dependence (F17-)</td> </tr> <tr> <td>History of tobacco dependence (Z87.891)</td> <td>Exposure to tobacco smoke in perinatal period (P96.81)</td> </tr> <tr> <td>Tobacco use (Z72.-)</td> <td>Occupational exposure to environmental tobacco smoke(Z57.31)</td> </tr> </table>		Exposure to second hand tobacco smoke (Z77.22)	Tobacco dependence (F17-)	History of tobacco dependence (Z87.891)	Exposure to tobacco smoke in perinatal period (P96.81)	Tobacco use (Z72.-)	Occupational exposure to environmental tobacco smoke(Z57.31)														
Exposure to second hand tobacco smoke (Z77.22)	Tobacco dependence (F17-)																					
History of tobacco dependence (Z87.891)	Exposure to tobacco smoke in perinatal period (P96.81)																					
Tobacco use (Z72.-)	Occupational exposure to environmental tobacco smoke(Z57.31)																					
<p>➤ Asthma Action Plan</p>	<p>Asthma Action Plan is a communication tool that everyone with asthma should utilize. It provides information and instructions for the member. Visit https://www.aafa.org/asthma-treatment-action-plan/</p>																					
<p>➤ Medications and long term use steroids/drug therapy codes...</p>	<p>Verify asthma is documented in the note and addressed in the Assessment & Plan with any medication changes. Below is a list of common asthma medications, but not limited to:</p> <table border="1"> <tr> <td>• Advair</td> <td>• Albuterol</td> <td>• Flovent</td> <td>• Singulair</td> <td>• Pulmicort</td> <td>• Symbicort</td> </tr> </table> <p>Additional codes to identify medication use: Long term (current) use of inhaled steroids (Z79.51) Long term (current) use of systemic steroids (Z79.52) Other long term (current) drug therapy (Z79.899)</p>		• Advair	• Albuterol	• Flovent	• Singulair	• Pulmicort	• Symbicort														
• Advair	• Albuterol	• Flovent	• Singulair	• Pulmicort	• Symbicort																	
<p>➤ HEDIS 2019</p>	<p>Medication Management for People with Asthma (MMA) Members 5-64 years of age identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period. 2 rates are reported: Percentage of members who remained on an asthma controller medication for at least 50% and then 75% of their treatment period.</p> <p>Asthma Medication Ratio (AMR) The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>																					

Asthma Action Plan

Each member with a diagnosis of asthma should have an asthma action plan in writing. An asthma action plan is considered a documentation tool that assists with continuity of care for the member, including schools, nurses, teachers, and other care givers. *Note all disclaimers on the website*

<https://www.aafa.org/asthma-treatment-action-plan>



Green means
Go Zone



Yellow means
Caution Zone



Red means
Danger Zone

GO		Use these daily controller medicines:				
You have <i>all</i> of these: <ul style="list-style-type: none"> Breathing is good No cough or wheeze Sleep through the night Can work & play 	Peak flow: from _____ to _____	MEDICINE	HOW MUCH	HOW OFTEN/WHEN		
		For asthma with exercise, take:				
CAUTION		Continue with green zone medicine and add:				
You have <i>any</i> of these: <ul style="list-style-type: none"> First signs of a cold Exposure to known trigger Cough Mild wheeze Tight chest Coughing at night 	Peak flow: from _____ to _____	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN		
		CALL YOUR ASTHMA CARE PROVIDER.				
DANGER		Take these medicines and call your doctor now.				
Your asthma is getting worse fast: <ul style="list-style-type: none"> Medicine is not helping Breathing is hard & fast Nose opens wide Trouble speaking Ribs show (in children) 	Peak flow: reading below _____	MEDICINE	HOW MUCH	HOW OFTEN/WHEN		

GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.** Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.

Billing Sample #1

Primary Care Physician Documentation: Medical record SOAP format (condensed)



DOS: 11/24/2018
Gender: M **DOB:** XX/XX/2013 **Pulse:** 122 **Temp:** 97.5°F
Weight: 61lb **Height:** 3.9 **BMI:** 21.2, >99th percentile
HPI: A 5 y.o. male with a history of asthma brought in for cough and sore throat. Sore throat started yesterday and gradually worsening.

Problem List/History: Asthma: on Advair, no wheezing today. Otitis Media: resolved 8/2018.

ROS: Positive for cough, congestion, drooling, rhinorrhea and sore throat
 GI: Negative for N/V, abdominal pain, constipation; GU: Negative for difficulty urinating; Skin: Negative for color change; Neurological: Negative for facial asymmetry and speech difficulty; Psych: Negative for behavioral problems
PMH: Up-to-date with immunizations
PSH: Dad smokes in the car/outside of the house

Exam: Vitals reviewed.

Constitutional: Appears well-developed and well-nourished. Active.
HEENT: Normocephalic, Ears clear; Greenish nasal discharge and congestion present.
Mouth/throat: Mucous membranes are moist, pharynx erythema present, tonsils are 1+ bilaterally
Cardiovascular: Normal rate and regular rhythm
Pulmonary Chest: Effort normal and breath sounds normal
Abdominal: Soft, bowel sounds present.
Skin: Warm and dry.

Assessment and Plan:

Sore throat–
 Ordered POCT rapid strep A

Acute URI–
 rapid strep negative, adequate hydration, warm salt water gargles, saline nasal spray, Tylenol for pain/fever

Mild Persistent Asthma without complications– Continue current treatment for asthma, Asthma Action Plan reviewed, continue Advair daily use, if wheezing occurs or congestion continues, should call the office. Encourage dad to quit smoking.

Claim Diagnosis Codes & Rationale		
ICD-10-CM	Description	Medical Record Support
J02.9	Sore throat	<ul style="list-style-type: none"> HPI, Assessment & Plan: Provider noted sore throat started yesterday and gradually worsening; completed a rapid strep A test.
J06.9	Acute, URI	<ul style="list-style-type: none"> Exam, Assessment & Plan: Provider noted greenish nasal discharge and congestion present, listed Acute URI- noted rapid strep negative, adequate hydration, warm salt gargles, saline nasal spray, Tylenol for pain and fever.
J45.30	Mild Persistent Asthma without complications	<ul style="list-style-type: none"> HPI, Assessment & Plan: Provider documented history of asthma, currently on Advair; documented Mild Persistent Asthma without complications to continue current treatment, Action plan reviewed.
Z77.22	Contact with and exposure to environmental tobacco smoke	<ul style="list-style-type: none"> PSH, Assessment & Plan: Provider listed dad smokes in the car/ outside of the house; encouraged dad to quit.
Z79.51	Long term use of inhaled steroids	<ul style="list-style-type: none"> Problem List: Provider stated patient using Advair, no wheezing. Rationale: Codes from Z79- category indicate a patient's continuous use of prescribed drug for long term use of inhaled steroids.
Z68.54	Body Mass Index (BMI percentile), >99th	<ul style="list-style-type: none"> HPI: Patient BMI percentile >99th Rationale: Codes from Z68- category indicates a patient's BMI was documented in the record and this can assist with HEDIS BMI measure.

Billing Sample #2

Specialist Documentation: Medical record SOAP format (condensed)



home state health™

Claim Diagnosis Codes & Rationale

DOS: 11/12/2018

Gender: F **DOB:** XX/XX/2006 **Pulse:** 100 **Temp:** 98.6°F

Weight: 177 lb **Height:** 5.3.6 **BMI:** 30.78

HPI: A 12 y.o. female came in for follow up for her asthma. Current medication, Singulair, is working overall, but is experiencing a cough during nighttime.

ROS: Negative for fever and chills. No ear pain, no eye pain Negative for shortness of breath and wheezing. Negative for chest pain and palpitations. No nausea or vomiting. Negative for dysuria and frequency. Positive for environmental allergies- seasonal allergies. No rashes. No dizziness or headaches. No behavioral issues.

PFS History:

No known allergies, immunizations are up-to-date

Nonsmoker

Mom and sister has asthma

Medication List:

Albuterol-inhale 2.5 mg every 4 hours, as needed

Cetirizine- take 10 mg by mouth daily

Singulair- take 1 tablet by mouth nightly

Exam:

Constitutional: She appears well-developed. She is obese due to excess calorie intake. HEENT: normal.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft, bowel sounds are normal, no tenderness.

Assessment/Plan:

Body Mass Index- 30.78 >95th percentile for age. Will ask PCP to monitor.

Mild, intermittent asthma- continue current medications and encouraged her to use albuterol as needed but not to exceed 4 times a day. Reviewed her asthma action plan and asthma triggers.

Seasonal allergies- Continue to take Cetirizine daily and monitor asthma triggers.

ICD-10-CM	Description	Medical Record Support
J45.20	Mild intermittent asthma, uncomplicated	<ul style="list-style-type: none"> HPI: Provider documents patient came in for follow up for asthma. Provider noted the medication is working but is experiencing nighttime coughing. Rationale: Provided documented mild, intermittent asthma with continue use of medications. She is to use albuterol as needed.
J30.2	Other seasonal allergic rhinitis	<ul style="list-style-type: none"> ROS & Medication List: Provider documents patient is positive for environmental allergies- seasonal allergies, reviewed the medication list- Cetirizine. Assessment & Plan: Provider noted for patient to continue Cetirizine daily and monitor asthma triggers.
E66.09	Other obesity due to excess calories	<ul style="list-style-type: none"> Exam: Provider documented patient is obese due to excess calories. Rationale: Provider documented the reason for the obesity; therefore can code as such.
Z68.54	Body mass index (BMI percentile) >95 percentile for age	<ul style="list-style-type: none"> Exam: Patient BMI documented as 30.78 Rationale: Codes from Z68- category indicates a patient's BMI was documented in the record and this can assist with HEDIS BMI measure.
Z79.899	Other long term (current) drug therapy	<ul style="list-style-type: none"> Assessment & Plan: Patient has been taking Singulair. Rationale: Codes from Z79- category indicate a patient's continuous use of prescribed drug for the long-term treatment of a condition.
Z82.5	Family history of asthma	<ul style="list-style-type: none"> PFS History: Provider documents her mother and sister has asthma. Rationale: ICD 10 guidelines state to code family history who has a particular disease that causes the patient to be at a higher risk of the disease.

Billing Sample #3



home state health™

Acute Asthma Exacerbation Note: Medical record SOAP format (condensed)

DOS: 10/3/2018

Gender: M **DOB:** XX/XX/2012 **Pulse:** 93 **Temp:** 98.6°F

Weight: 42lb **Height:** 45 in **BMI:** 14.6 (24th percentile) **SpO2:** 95%

HPI:

The patient is a 6-year-old male presents with history of asthma and approximately 12 hours of wheezing and congested cough. He has been hoarse and some shortness of breath. Father does smoke in the house. He misplaced his albuterol as the family has been packing up the house getting ready to relocate.

Exam:

Appetite is normal. No fever. Exam: Active, no distress. Mouth/Throat: Mucous membranes are moist, Oropharynx is clear, Pharynx is normal. Eyes: Equal, round, and reactive to light. Conjunctivae and EOM are normal, no discharge. Pulmonary/Chest: Effort normal, normal air entry, no stridor, no respiratory distress. Air movement is not decreased. He has wheezes (scattered inspiratory and expiratory). No rhonchi, rales no retraction. Abdominal: soft, bowel sounds normal. Genitourinary: normal. Neurological: alert. Skin is warm and dry, no rashes.

Assessment/Plan:

The patient's breath sounds improved with an albuterol nebulized treatment. Patient was also given Prelone 3mg/mL oral solution. Asthma Action plan was initiated, reviewed with patient and mother. They were instructed to give a copy to the school nurse. The patient should stay home from school and rest today. No physical activities for the remainder of the day.

Diagnosis:

Mild intermittent asthma with acute exacerbation. Take Oraped by mouth 10mL daily for 5 days. Continue to use albuterol- inhale 2 puffs every 4 hours as needed for wheezing and shortness of breath. Second hand smoke exposure- Encouraged dad to quit smoking and to not smoke in the house or car.

Claim Diagnosis Codes & Rationale

ICD-10-CM	Description	Medical Record Support
J45.21	Mild intermittent asthma with acute exacerbation	<ul style="list-style-type: none"> HPI, Assessment & Plan: Provider documented that the patient had history of asthma and assessed the patient with having mild intermittent asthma with acute exacerbation.
Z68.52	Body mass index (BMI), 5 th percentile to less than 85 th , children	<ul style="list-style-type: none"> HPI: The BMI percentile documented as 24th percentile. Rationale: Codes from Z68- category indicates a patient's BMI was documented in the record and this can assist with HEDIS BMI measure.
Z77.22	Contact with and exposure to environmental tobacco smoke	<ul style="list-style-type: none"> HPI: The patient is exposed to second hand smoke as father smokes in the home. Rationale: ICD 10 CM coding guidelines state to assign status code Z77.22 when a patient has exposure to second hand smoke.
Z79.52	Long term (current) use of systemic steroids	<ul style="list-style-type: none"> Diagnosis: Patient was instructed to take Oraped by mouth 10mL daily for 5 days Rationale: Codes from Z79.5- category indicates patient's long term (current) use of steroids
Z79.899	Other long term (current) drug therapy	<ul style="list-style-type: none"> Assessment & Plan: Patient has been on albuterol. Rationale: Codes from Z79- category indicate a patient's continuous use of prescribed drug for the long-term treatment of a condition.

MORE CODING TIPS:



One way to document & code **chronic conditions** is by utilizing the acronym **MEAT**:

<u>M</u>onitor	<ul style="list-style-type: none">• symptoms• disease progression/regression• ordering of tests• referencing labs/other tests
<u>E</u>valuate	<ul style="list-style-type: none">• test results• medication effectiveness• response to treatment• physical exam findings
<u>A</u>ssess/ <u>A</u>dress	<ul style="list-style-type: none">• discussion, review records• counseling• acknowledging• documenting status/level of condition
<u>T</u>reat	<ul style="list-style-type: none">• prescribing/continuation of medications• surgical/other therapeutic interventions• referral to specialist for treatment/consultation• plan for management of condition

General Notes:

- Chronic Conditions can be coded during any type of visit even if they are stable.
- Verify the condition, any medications, DME, injections, infusions.
- Documentation must support that the condition was either monitored, evaluated, assessed, or treated in order to support code assignment

What are the ICD-10-CM Guidelines?

The **ICD-10-CM Official Guidelines for Coding and Reporting** are rules that supplement the conventions and instructions within the ICD-10-CM classification. Adherence to these guidelines is required under the Health Insurance Portability and Accountability Act (HIPAA).

ICD-10-CM Official Guidelines for Coding and Reporting FY 2019 (October 1, 2018 - September 30, 2019)

Narrative changes appear in bold text

Items underlined have been moved within the guidelines since the FY 2018 version

Italics are used to indicate revisions to heading changes

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as a companion document to the official version of the ICD-10-CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO).

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.



Physician's Role

Risk adjustment is an important process that allows the State and Federal government to gauge the acuity of a member populations and consequently allocate resources to the members health plan accordingly. This process ensures that members with the highest risk of incurring medical expenses have the resources available to facilitate high quality care and meet their healthcare needs.

- ❑ Physician data (coding information submitted on physician claims) is critical for accurate risk adjustment.
- ❑ Physician claims data is the largest source of medical data for the risk adjustment models which help to determine how resources are allotted for care of the population.
- ❑ Specificity of diagnosis coding is substantiated by the medical record. Accurate coding helps to best reflect the cost of caring for members/patients:
 - ✓ It demonstrates the level of complexity for the patient encounters.
 - ✓ It is vital to a healthy revenue cycle, and more important, to a healthy patient.
- ❑ Each progress note must:
 - ✓ Support what is coded and billed (ICD-10-CM, CPT, and HCPCS).
 - ✓ “Stand alone” ensuring all information necessary to support medical necessity for services rendered on a given date of service are documented within each progress note for that date of service alone. Providers may not use documentation from a previous progress note to support medical necessity for services rendered on a subsequent date of service.
 - ✓ Ensure all work for which the provider is given credit towards their medical decision making is clearly documented within the progress note. This includes referrals, lab and imaging orders, independent review of completed imaging or lab results and any mental work completed by the provider in determining a definitive diagnosis.
 - ✓ Be complete and contain legible signature, credentials, and date.

“Document for others as you would want them to document for you.”

