

## Asthma

Asthma is a heterogeneous chronic inflammatory airway disease characterized by variable respiratory symptoms and reversible airflow limitation. Airway inflammation results in bronchial hyperresponsiveness, bronchoconstriction, mucus production, and airway remodeling. This inflammation may contribute to disease progression and increased exacerbation risk.

Although asthma is often controllable with guideline-directed therapy, uncontrolled disease is associated with significant morbidity, emergency department utilization, hospitalization, respiratory failure, and status asthmaticus.

**Asthma in the United States**

Approximately **28 million** Americans have asthma.

More than **4.5 million children** are affected.

Millions of **outpatient visits result annually**.

It is a significant **cause of preventable emergency department use**.

### Clinical Impact

- Leading cause of preventable emergency department (ED) visits
- Significant contributor to health care utilization
- Associated with lost productivity and reduced quality of life
- Increased risk of respiratory failure during severe exacerbations
- Frequent oral corticosteroid exposure may contribute to long-term complications

### Why Asthma Matters

Providers should recognize asthma management extends beyond symptom control. According to the Global Initiative for Asthma (GINA) current guidelines emphasize both:

- Current symptom control
- Future risk of exacerbations

Documentation should support disease severity, current status, treatment, and associated risk factors.

Asthma Pathophysiology Snapshot					
Trigger Exposure Allergens / Viral / Tobacco / Vaping	Airway Inflammation	Broncho- constriction	Airflow Limitation	Exacerbation Risk	ED Visit / Hospitalization

### Common Trigger Categories

Environmental	Behavioral	Medical
<ul style="list-style-type: none"> <li>• Allergens</li> <li>• Air pollution</li> <li>• Occupational exposures</li> </ul>	<ul style="list-style-type: none"> <li>• Tobacco smoke</li> <li>• Vaping exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Viral respiratory infections</li> <li>• Medication-related triggers</li> </ul>

### Assessment of asthma should include:

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| <ul style="list-style-type: none"> <li>• Severity classification</li> <li>• Current symptom control</li> <li>• Exacerbation history</li> </ul> | <ul style="list-style-type: none"> <li>• Trigger identification</li> <li>• Inhaler technique evaluation</li> <li>• Treatment adherence assessment</li> </ul> |
|--|--|

Clinical management decisions should be based on both symptom burden and future exacerbation risk. Patients with a history of severe exacerbation, hospitalization, ICU admission, or status asthmaticus remain at increased risk for future events regardless of current symptom frequency.

## Asthma Severity, Control Assessment, and Treatment Framework

### Severity Classification (GINA Framework)

Severity is determined by the level of treatment required to maintain asthma control and should be assessed before initiation of long-term controller therapy.

Severity	Symptom Pattern	Night Symptoms	Activity Limitation
Mild Intermittent	≤2 days per week	≤2 per month	None
Mild Persistent	>2 days per week	3–4 per month	Minor
Moderate Persistent	Daily	>1 per week	Some
Severe Persistent	Throughout day	Frequent	Significant

Asthma severity and asthma control are not interchangeable.

A patient with severe asthma may be well controlled on high-intensity therapy, while a patient with mild asthma may remain poorly controlled due to nonadherence, incorrect inhaler technique, or environmental triggers.

### Asthma Control Assessment

GINA recommends assessing symptom control at every encounter.

#### Symptom Control Questions

During the past four weeks:

- Daytime symptoms more than twice weekly?
- Any nighttime awakening due to asthma?
- Reliever use more than twice weekly?
- Any activity limitation due to asthma?

Asthma Control Assessment		
Assessment Area	Well Controlled	Not Well Controlled
Symptoms	Minimal	Frequent
Activity	No/minimal limits	Limited
Reliever Use	Rare	Frequent
Exacerbations	None/recently absent	Increased risk or recent events

Control status should be reassessed at every visit and after any exacerbation, medication change, or hospitalization.

### Exacerbation Risk Assessment

Even patients with minimal symptoms may remain at risk for severe exacerbations.

High-Risk Asthma Alert Box	
<b>Major historical predictors of severe future exacerbations:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> History of hospitalization</li> <li><input type="checkbox"/> Prior ICU admission</li> <li><input type="checkbox"/> Prior intubation</li> <li><input type="checkbox"/> Prior status asthmaticus</li> <li><input type="checkbox"/> Frequent oral steroid use within previous year</li> </ul>	<b>Current/modifiable risk factors associated with future exacerbations:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tobacco use</li> <li><input type="checkbox"/> Vaping exposure</li> <li><input type="checkbox"/> Poor medication adherence</li> <li><input type="checkbox"/> Incorrect inhaler technique</li> <li><input type="checkbox"/> Elevated eosinophils</li> </ul>

Any high-risk feature should prompt closer monitoring, treatment optimization, inhaler technique review, trigger assessment, and complete documentation. Patients with recurrent exacerbations may warrant specialist referral and evaluation for severe asthma phenotypes or biologic therapy.

### Key Provider Takeaways

- ✓ Severity is assessed before treatment initiation.
- ✓ Control is assessed at every follow-up visit.
- ✓ Exacerbation risk must be evaluated separately from symptom control.
- ✓ GINA recommends Inhaled Corticosteroids (ICS) containing therapy across all treatment steps.
- ✓ Persistent exacerbations despite guideline-directed therapy warrant specialist referral and evaluation for severe asthma phenotypes.

## Documentation and Coding Tips

### ICD-10-CM Structure: Category J45.-

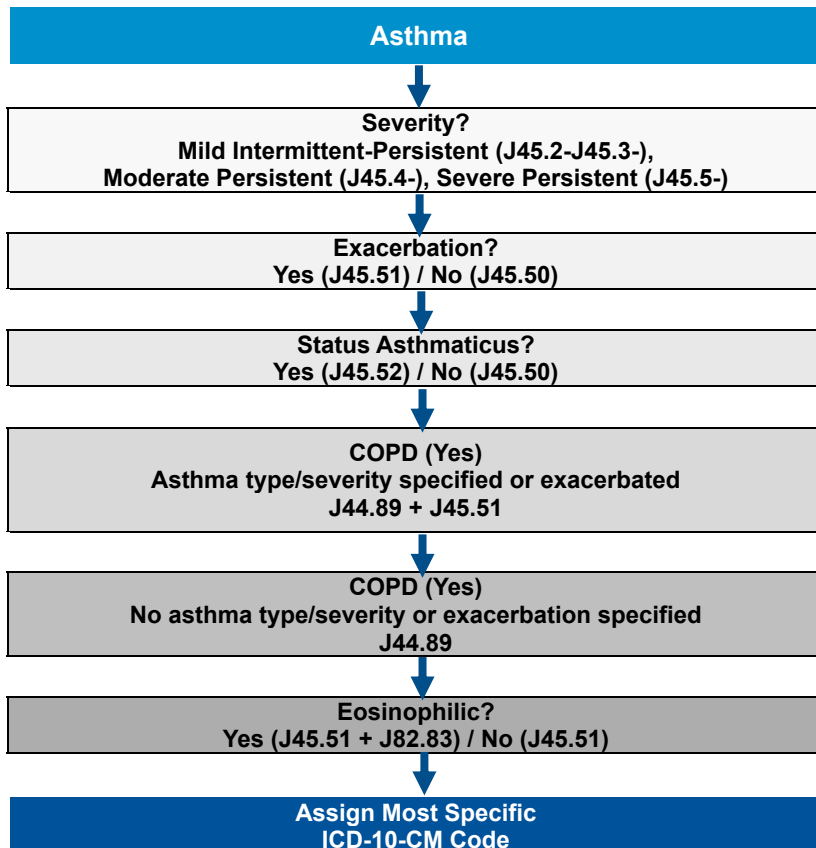
Asthma diagnoses are classified under category **J45.-**

- **Third Character** → Asthma Severity (e.g., mild persistent, moderate persistent, severe persistent)
- **Fourth Character** → Current clinical status (presence or not of acute exacerbation or status asthmaticus)
- *Use additional codes to identify:*
  - Eosinophilic asthma → **J82.83**
  - Tobacco dependence → **F17-F17.299**

### Structural Breakdown

Code Subcategory	Description
J45.-J45.99	Asthma severity (mild intermittent/persistent, moderate persistent, severe persistent, other)
4 <sup>th</sup> Character (J45.51)	Current clinical status (with acute exacerbation, with status asthmaticus, uncomplicated)
J45.9-	<i>Includes:</i> Asthmatic bronchitis, childhood asthma and late onset asthma
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J82.83	Eosinophilic asthma

### Asthma Documentation and Coding Decision Tree



### Provider Documentation Tips

Document **both**:

- ✓ **Asthma Severity:**
  - Mild Intermittent
  - Mild Persistent
  - Moderate Persistent
  - Severe Persistent

#### AND

- ✓ **Current Status:**
  - Stable
  - Acute Exacerbation
  - Status Asthmaticus

*Severity alone is not sufficient for assignment of the most specific ICD-10-CM code.*

**Status asthmaticus** represents a severe asthma exacerbation that does not adequately respond to standard treatment and requires urgent medical intervention. Documentation should clearly identify:

- Asthma severity
- Presence of status asthmaticus
- Associated respiratory complications

## Documentation Matters: Specificity in Action

Example 1: Severity Missing	
<b>✗ Before:</b>	<b>✓ After:</b>
Asthma. Continue inhalers.	Moderate persistent asthma, currently well controlled on maintenance inhaled corticosteroid therapy.
<i>Why this matters: Captures disease severity and supports treatment intensity (J45.40)</i>	

Example 2: Acute Exacerbation	
<b>✗ Before:</b>	<b>✓ After:</b>
Asthma flare.	Moderate persistent asthma with acute exacerbation requiring oral corticosteroid treatment.
<i>Why this matters: Supports assignment of exacerbation-specific ICD-10-CM codes (J45.41)</i>	

Example 3: Status Asthmaticus	
<b>✗ Before:</b>	<b>✓ After:</b>
Severe asthma attack.	Moderate persistent asthma with status asthmaticus and acute hypoxic respiratory failure.
<i>Why this matters: Supports accurate code assignment and reflects increased clinical severity (J45.42 + J96.01)</i>	

Example 4: Eosinophilic Asthma	
<b>✗ Before:</b>	<b>✓ After:</b>
Severe persistent asthma.	Severe persistent eosinophilic asthma with acute exacerbation.
<i>Why this matters: Supports additional disease specificity and code assignment (J45.51 + J82.83)</i>	

## Final Asthma Documentation Checklist

At each asthma encounter, confirm:

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| <input type="checkbox"/> Asthma diagnosis documented                         | <input type="checkbox"/> Trigger assessment documented                         |
| <input type="checkbox"/> Asthma severity documented (mild, moderate, severe) | <input type="checkbox"/> Tobacco or vaping exposure documented when applicable |
| <input type="checkbox"/> Persistence documented (intermittent or persistent) | <input type="checkbox"/> Treatment plan updated                                |
| <input type="checkbox"/> Current control status documented                   | <input type="checkbox"/> Medication adherence assessed                         |
| <input type="checkbox"/> Exacerbation status documented when present         | <input type="checkbox"/> Inhaler technique evaluated                           |
| <input type="checkbox"/> Status asthmaticus documented when present          | <input type="checkbox"/> Specialist involvement documented when applicable     |

## References

- Global Initiative for Asthma (GINA), Global Strategy for Asthma Management and Prevention, 2025
- National Heart, Lung, and Blood Institute (2020 Focused Updates to the Asthma Management Guidelines)
- Centers for Disease Control and Prevention (Asthma Data, Statistics, and Surveillance)
- Fiscal Year 2026 ICD-10-CM Official Guidelines for Coding and Reporting
- Centers for Medicare & Medicaid Services Medicare Advantage Risk Adjustment Resources
- American Hospital Association (AHA) Coding Clinic for ICD-10-CM/PCS

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