

Tip Sheet for Diagnosing Asthma Severity

Why is Coding the Appropriate Asthma Severity Level Important?

Your practice's cost performance within value-based agreements is dependent on risk adjusted cost. Coding to the appropriate severity of asthma and other chronic conditions ensures your risk adjusted cost appropriately reflects the complexity of patients managed at your practice! [Click here to learn more about risk adjustment.](#)

Asthma Severity	Diagnosis Codes	Clinical Indications / Tips
Severe Persistent Asthma	J45.50 J45.51 J45.52	Symptoms: Throughout the day Nighttime Awakenings: Often 7x per week Rescue Reliever Use: Several times per day Interference with Normal Activity: Extremely limited Not often managed by pediatrician. Typically managed by pediatric specialist <i>Important: The pediatrician should code severe persistent asthma if the patient has severe persistent asthma and asthma management (i.e. medications current, review of recent exacerbations, review of specialist care plan, etc.) is reviewed and documented in the EMR. Coding for severe persistent asthma is ok even if the pediatric specialist is directing the patient's asthma care.</i>
Moderate Persistent Asthma	J45.40 J45.41 J45.42	Symptoms: Daily Nighttime Awakenings: >1x per week, not nightly Rescue Reliever Use: Daily Interference with Normal Activity: Some limitation
Mild Persistent Asthma	J45.30 J45.31 J45.32	Symptoms: >2 days/week but <u>not daily</u> Nighttime Awakenings: 3-4 times per month Rescue Reliever Use: >2 days/week but <u>not daily</u> Interference with Normal Activity: Minor limitation
 Patients prescribed daily controller medications should be diagnosed as Persistent Asthma 		
Intermittent Asthma	J45.20 J45.21 J45.22	Most common asthma diagnosis. Patient has occasional wheezing.
 Patients prescribed 2 or more rescue inhalers should be diagnosed as Intermittent Asthma 		
Exercise Induced Bronchospasm	J45.990	- Exercise induced asthma - May also consider classifying as intermittent asthma
Cough Variant Asthma	J45.991	- Type of asthma in which main symptom is a dry, non-productive cough. - Often considered as an <u>additional asthma diagnosis</u> to intermittent or persistent asthma (i.e. code with other applicable asthma severity diagnosis)
Unspecified Asthma	J45.901 J45.902 J45.909	AVOID / DO NOT USE! All patients presenting with asthma should be coded with applicable type of asthma.
Other Asthma	J45.998	AVOID / DO NOT USE! All patients presenting with asthma should be coded with applicable type of asthma.

3 Complication Levels for Each Type of Asthma Severity

J45.X0 "... uncomplicated": Use for a basic office visit (i.e. annual preventive visit, non-asthma related sick visit) when asthma is not the primary reason for the visit.

J45.X1 "... with (acute) exacerbation": Use for a sick visit when patient presenting for asthma-related concern.

J45.X2 "... with status asthmaticus": Rarely used in primary care setting. Unable to manage asthma in clinic and need to send patient to hospital for further evaluation.

Children 0-4 Years Old					
COMPONENTS OF SEVERITY		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment	Symptoms	≤2 days/wk	>2 days/wk but not daily	Daily	Throughout day
	Nighttime Awakenings	None	1-2x/month	3-4x/month	>1x/week
	SABA use for Symptoms	≤2 days/wk	>2 days/wk but not daily	Daily	Several times daily
	Interference with Normal Activity	None	Minor limitation	Some limitation	Extremely limited
Risk	Episodes Requiring Oral Steroids	0-1/year	> 2 episodes in 6 months requiring oral steroids, OR ≥4 in 1 year lasting >1 day AND risk factors for persistent asthma		
		Consider severity & interval since last episode. Frequency & severity may fluctuate over time for patient of any severity class.			
Recommended Step for Initiating Therapy		Step 1	Step 2	Step 3; consider oral steroid burst	
		Re-evaluate control in 2-6 weeks and adjust therapy accordingly			

COMPONENTS OF CONTROL		Classification of Asthma Control		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week but not >1/day	>2 days/wk or many times on ≤ 2 days/wk	Throughout day
	Nighttime Awakenings	≤1x/month	>1x /month	>1x/week
	SABA use for Symptoms	≤2 days/wk	>2 days/wk	Several times/day
	Interference with Normal Activity	None	Some limitation	Extremely limited
Risk	Episodes Requiring Oral Steroids	0-1x /year	2-3x/year	>3x/year
	Treatment-Related Adverse Effects	The intensity of medication-related side effects does not correlate to specific levels of control, but should be considered in the overall assessment of risk		
Recommended Action for Treatment		- Maintain current step. - Regular follow-up every 1-6 months - Consider step down if well controlled ≥ 3 mo.	Step up 1 step	Consider oral steroids Step up 1-2 steps
			- Re-evaluate in 2-6 weeks - Adjust therapy accordingly	

Stepwise Approach for Managing Asthma							
Quick Relief Medication for All Patients: SABA pm for symptoms. Treatment intensity depends on symptom severity. May take up to 3 treatments at 20 minute intervals as needed. Short course of oral steroids may be needed. Use of SABA >2 days a week for symptom control (not to prevent EIB) indicates inadequate control and need to step up treatment.							
Intermittent Asthma	Persistent Asthma: Daily Medication					Step 6	
	Consult with asthma specialist at step 3 or higher						
	Consider consultation at step 2						Step 5
Step 1	Step 2		Step 3		Step 4		
	Preferred: Low-dose ICS Alternative: LTRA; Cromolyn		Preferred: Medium-dose ICS		Preferred: Medium-dose ICS + either LABA OR Singulair		
Preferred SABA pm					Preferred: High-dose ICS + either LABA OR Singulair		Preferred: High-dose ICS + Oral Steroid + either LABA OR Singulair
Each Step: Patient Education and Environmental Control							

Adopted from the NHLBI 2007 Guidelines for the Diagnosis and Management of Asthma Expert Panel Report 3. See CMHN [Asthma Guidelines Brochure](#) for additional information.

Children 5-11 Years Old					
COMPONENTS OF SEVERITY		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment	Symptoms	≤2 days/week	>2 days/wk, not daily	Daily	Throughout day
	Nighttime Awakenings	≤2x /month	3-4x/month	>1x /week but not nightly	Often 7x/week
	SABA use for Symptoms	≤2 days/week	>2 days/wk, not daily	Daily	Several times daily
	Interference with Normal Activity	None	Minor limitation	Some limitation	Extremely limited
	Lung Function	Normal FEV ₁ between episodes			
8-19 yr 85%	FEV ₁ or Peak Flow	>80%	>80%	60-80%	<60%
	FEV ₁ /FVC	>85%	>80%	75-80%	<75%
Risk	Episodes Requiring Oral Steroids	0-1/year	≥2 /year		
		Consider severity & interval since last episode. Frequency & severity may fluctuate over time for patient of any severity class.			
Recommended Step for Initiating Treatment		Step 1	Step 2	Step 3-4; consider oral steroid burst	
		Re-evaluate control in 2-6 weeks and adjust therapy accordingly			

COMPONENTS OF CONTROL		Classification of Asthma Control		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week but not more than once on each day	>2 days/wk or many times on ≤2 days/week	Throughout day
	Nighttime Awakenings	≤1x/month	≥2x /month	≥2x /week
	SABA use for Symptoms	≤2 days/week	>2 days/week	Several times/day
	Interference with Normal Activity	None	Some limitation	Extremely limited
	FEV ₁ or Peak Flow FEV ₁ /FVC	>80% >80%	60-80% 75-80%	<60% <75%
Risk	Episodes Requiring Oral Steroids	0-1x /year	≥2 /year	
	Progressive Loss of Lung Function	Evaluation requires long-term follow-up care		
	Treatment-Related Adverse Effects	Intensity of medication-related side effects does not correlate to specific levels of control but should be considered in the overall assessment of risk		
Recommended Action For Treatment		• Maintain current step • Regular follow-up every 1-6 months • Consider step down if well controlled ≥ 3 mo.	Step up 1 step	Consider oral steroids
				Step up 1-2 steps
			• Re-evaluate in 2-6 weeks • Adjust therapy accordingly	

Stepwise Approach for Managing Asthma					
Quick Relief Medication for All Patients: SABA prn for symptoms. Treatment intensity depends on symptom severity. May take up to 3 treatments at 20 minute intervals as needed. Short course of oral steroids may be needed. Use of SABA >2 days a week for symptom control (not to prevent EIB) indicates inadequate control and need to step up treatment.					
Intermittent Asthma	Persistent Asthma: Daily Medication				
	Consult with asthma specialist at step 4 or higher				
	Consider consultation at step 3				
	Step 3		Step 4		Step 5
	Preferred:		Preferred:		Preferred:
	Alternative:		Alternative:		Alternative:
Step 1	Preferred:	Preferred:	Medium-dose	Preferred:	Step 6
Preferred:	Low-dose ICS	Either Low-dose ICS + either LABA OR LTRA OR Theophylline	ICS + LABA	High-dose ICS + LABA	
	Alternative	OR	Alternative:	Alternative:	
	Cromolyn, LTRA or Theophylline	Medium-dose ICS	Medium-dose ICS + either LTRA OR Theophylline	High-dose ICS + either LTRA OR Theophylline	Preferred: High-dose ICS + LABA + Oral Corticosteroid
					Alternative: High-dose ICS + either LTRA OR Theophylline + oral corticosteroids
Each Step: Patient Education and Environmental Control					

Children ≥ 12 Years and Adults					
COMPONENTS OF SEVERITY		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment	Symptoms	≤2 days/week	>2 days/week but not daily	Daily	Throughout day
	Nighttime Awakenings	≤2x /month	3-4x/month	>1x /week, not nightly	Often 7x/week
	SABA use for Symptoms	≤2 days/week	>2 days/wk (not daily and not >1/day)	Daily	Several times daily
	Interference with Normal Activity	None	Minor limitation	Some limitation	Extremely limited
	Lung Function	Normal FEV ₁ between episodes >80% Normal	>80% Normal	60-80% Reduced 5%	<60% Reduced 5%
Risk	Episodes Requiring Oral Steroids	0-1/year	≥2 /year		
	Consider severity and interval since episode. Frequency & severity may fluctuate over time for patients in any severity class.				
Recommended Step for Initiating Treatment		Step 1	Step 2	Step 3	Step 4 or 5
		Re-evaluate control in 2-6 weeks and adjust therapy accordingly.			
COMPONENTS OF CONTROL		Classification of Asthma Control			
		Well Controlled	Not Well Controlled	Very Poorly Controlled	
Impairment	Symptoms	≤2 days/week	>2 days/week	Throughout day	
	Nighttime Awakenings	≤2x/month	1-3x /week	≥4x/week	
	SABA use for Symptoms	≤2 days/wk	>2 days/wk	Several times/day	
	Interference with Normal Activity	None	Some limitation	Extremely limited	
	FEV ₁ or Peak Flow	>80%	60-80%	<60%	
	Validated Questionnaires ATAQ ACQ ACT	0 ≤0.75 ≥20	1-2 ≥1.5 16-19	3-4 N/A ≤15	
Risk	Episodes Requiring Oral Steroids	0-1x /year	≥2 /year		
	Progressive Loss of Lung Function	Evaluation requires long-term follow-up care			
	Treatment-Related Adverse Effects	Intensity of medication-related side effects does not correlate to specific levels of control, but should be considered in the overall assessment of risk			
Recommended Action For Treatment			• Maintain current step. • Regular follow-up every 1-6 months • Consider step down if well controlled ≥ 3 mo.	Step up 1 step	Consider oral steroids Step up 1-2 steps
			• Re-evaluate in 2-6 weeks • Adjust therapy accordingly		
Stepwise Approach for Managing Asthma					
Quick Relief Medication for All Patients: SABA pm for symptoms. Treatment intensity depends on symptom severity. May take up to 3 treatments at 20 minute intervals as needed. Short course of oral steroids may be needed. Use of SABA >2 days a week for symptom control (not to prevent EIB) indicates inadequate control and need to step up treatment.					
Intermittent Asthma	Persistent Asthma: Daily Medication				Step 6 Preferred: High-dose ICS + LABA + Oral Corticosteroid
	Consult with asthma specialist at step 4 or higher				
	Consider consultation at step 3				Step 5 Preferred: High-dose ICS + LABA AND Consider:
	Step 3 Preferred: Low-dose ICS + LABA OR Medium-dose ICS Alternative: Low-dose ICS + either LTRA, Zileuton OR Theophylline		Step 4 Preferred: Medium-dose ICS + LABA Alternative: Medium-dose ICS + either LTRA OR Zileuton OR Theophylline		
Step 1 Preferred: SABA pm	Step 2 Preferred: Low-dose ICS Alternative: Cromolyn OR LTRA, OR Theophylline		Olanizumab for patients with allergies		AND Consider: Olanizumab for patients with allergies
Each Step: Patient Education and Environmental Control					