

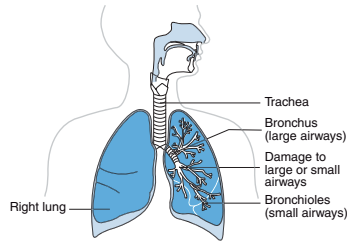
GUIDELINES Section I.C.10.a

The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.

CODING TIP ✓ When the physician reports chronic obstructive asthma or chronic asthmatic bronchitis, and the type of asthma is specified, an additional code from category J45.- should be reported.

AHA: 1Q 2017, 25
AHA: 2Q 2017, 30

Chronic obstructive pulmonary disease



J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection HCC

Code also:
to identify the infection

CODING TIP ✓ Assign a code from J44.0 when a patient has both a condition classifiable to J44 and a diagnosis of a lower respiratory tract infection. An additional code should be assigned to report the infection. If the physician confirms both a diagnosis of a lower respiratory tract infection and exacerbation of the condition classifiable to J44, both J44.1 and J44.0 should be assigned, followed by a code for the specific lower respiratory infection. Lower respiratory infections include pneumonia, bronchitis and bronchiolitis.

AHA: 3Q 2016, 15-16
AHA: 1Q 2017, 26
AHA: 2Q 2017, 30
AHA: 4Q 2017, 75

J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation HCC

Decompensated COPD
Decompensated COPD with (acute) exacerbation
EXCLUDES 2 chronic obstructive pulmonary disease [COPD] with acute bronchitis (J44.0)
lung diseases due to external agents (J60-J70)

CODING TIP ✓ Documentation: Do not assign J44.1 unless the physician has confirmed that the condition is exacerbated. An exacerbation may not be assumed without physician confirmation, and changes in treatment and medication regimen do not presume an exacerbation.

AHA: 1Q 2016, 36
AHA: 3Q 2016, 15-16
AHA: 1Q 2017, 26
AHA: 4Q 2017, 75

J44.9 Chronic obstructive pulmonary disease, unspecified HCC

Chronic obstructive airway disease NOS
Chronic obstructive lung disease NOS
EXCLUDES 2 lung diseases due to external agents (J60-J70)

AHA: 4Q 2013, 109, 129
AHA: 4Q 2014, 21
AHA: 1Q 2016, 36-37
AHA: 1Q 2017, 24
AHA: 1Q 2017, 25
AHA: 4Q 2017, 76
AHA: 4Q 2017, 76

J45 Asthma

- INCLUDES**
- allergic (predominantly) asthma
 - allergic bronchitis NOS
 - allergic rhinitis with asthma
 - atopic asthma
 - extrinsic allergic asthma
 - hay fever with asthma
 - idiosyncratic asthma
 - intrinsic nonallergic asthma
 - nonallergic asthma

Use additional code to identify:
eosinophilic asthma (J82.83)
exposure to environmental tobacco smoke (Z77.22)
exposure to tobacco smoke in the perinatal period (P96.81)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

- EXCLUDES 1**
- detergent asthma (J69.8)
 - eosinophilic asthma (J82)
 - miner's asthma (J60)
 - wheezing NOS (R06.2)
 - wood asthma (J67.8)

- EXCLUDES 2**
- asthma with chronic obstructive pulmonary disease (J44.9)
 - chronic asthmatic (obstructive) bronchitis (J44.9)
 - chronic obstructive asthma (J44.9)

GUIDELINES Section I.C.10.a

The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.

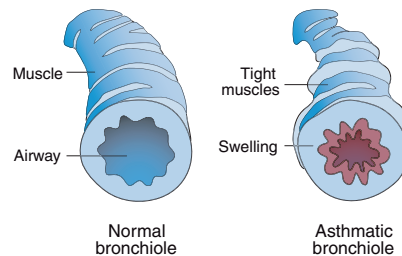
CODING TIP ✓ Assign J43.9 with a code from J45 for emphysema, COPD and asthma. (AHA: 1Q 2019)

CODING TIP ✓ Documentation: When reporting a code from category J45.-, do not report the condition as exacerbated without physician confirmation of the diagnosis. An exacerbation may not be assumed without physician confirmation, and changes in treatment and medication regimen do not presume an exacerbation.

DEFINITION Asthma is also known as reactive airway disease. It is an inflammatory process of the lining of the airways of the lungs and is considered reversible. Patients with asthma typically develop wheezing, shortness of breath and cough. Because the inflammation of the lining of the airways is considered reversible, asthma symptoms are intermittent and cover a spectrum from mild-to-severe disease. Several symptoms overlap in patients with COPD and asthma. A history of wheezing strongly suggests a diagnosis of asthma, whereas chronic cough productive of sputum is more indicative of COPD.

AHA: 1Q 2019, 27

Asthma



J45.2 Mild intermittent asthma

J45.20 Mild intermittent asthma, uncomplicated

Mild intermittent asthma NOS

J45.21 Mild intermittent asthma with (acute) exacerbation

J45.22 Mild intermittent asthma with status asthmaticus

J45.3 Mild persistent asthma