

Risk factors

Close to 26 million people in the U.S. have asthma, equating to nearly 1 in 13 people. This includes 21 million adults and almost 4.8 million children.¹ Several underlying factors can play a role in the development of asthma.

Risk factors	
Medical	Environmental
Allergies	Occupational Exposures
Viral Respiratory infections	Air Pollution
Obesity	Cold dry air
Gastroesophageal reflux disease	Personal behavior/history
Aspirin	Family History
Other nonsteroidal anti-inflammatory drugs	Smoking
	Inhaled Irritants

Classification of asthma severity

Components of severity	Intermittent	Mild persistent	Moderate persistent	Severe persistent ⁱⁱ
Symptoms and Risk Measures	All ages: \leq 2 days/week	All ages: $>$ 2 days/week, not daily	All ages: Daily	All ages: Throughout the day
Nighttime Awakenings	Adults and children \geq 5 years: \leq 2 times/month; Children 0-4 years: 0	Adults and children \geq 5 years: 3-4 times/month; Children 0-4 years: 1-2 times/month	Adults and children \geq 5 years: $>$ 1 time/week but not nightly; Children 0-4 yrs: 3-4 times/month	Adults and children \geq 5 years: Often 7 times/week; Children 0-4 years: $>$ 1 time/week
SABA Rescue Inhaled Use for Symptoms	\leq 2 days/week	Adults and children \geq 5 years: $>$ 2 days/week but not daily; Children 0-4 years: $>$ 2 days/week but not daily	Daily	Several times per day
Interference with Normal Activity	None	Minor limitation	Some limitation	Extreme limitation
FEV1	Adults and children \geq 5 years: $>$ 80%; Children 0-4 years: N/A	Adults and children \geq 5 years: $>$ 80%; Children 0-4 years: N/A	Adults and children \geq 5 years: 60-80%; Children 0-4 years: N/A	Adults and children \geq 5 years: $<$ 60%; Children 0-4 years: N/A
FEV1/FVC	Adults and children \geq 12 years: Normal; Children 5-11 years: $>$ 85%; Children 0-4 years: N/A	Adults and children \geq 12 years: Normal; Children 5-11 years: $>$ 80%; Children 0-4 years: N/A	Adults and children \geq 12 years: Reduced 5%; Children 5-11 years: 75-80%; Children 0-4 years: N/A	Adults and children \geq 12 years: Reduced $>$ 5%; Children 5-11 years: $<$ 75%; Children 0-4 yrs: N/A
Risk of an Asthma Exacerbation Requiring Oral Corticosteroid Burst	0-1/year	Adults and children \geq 5 years: \geq 2/year; Children 0-4 years: \geq 2 in 6 months or wheezing \geq 4 times/year lasting $>$ 1 day AND risk factors for persistent asthma	More frequent and intense events indicate greater severity	More frequent and intense events indicate greater severity

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

Documentation requirements

To ensure accurate coding of asthma, the documentation must clearly indicate:

- The severity of the patient’s asthma using the terms intermittent, mild persistent, moderate persistent and severe persistent in accordance with the National Heart, Lung, and Blood Institute (NHLBI).
- Identify if the patient is experiencing an additional infection, condition or an exacerbation of their asthma.
- Document tobacco use or exposure clearly, as appropriate.
- If any other environmental or occupational exposure existed, the provider should also document this information for proper diagnosis capture.

Documentation examples

Asthma

- HPI:** Patient is here for a follow up of their asthma and taking medications as ordered. They’re complaining of symptoms, consisting of an increased need for their albuterol rescue inhaler on a daily basis and this is limiting their normal activity. Patient is a current 1-pack per day smoker. PFT test from last week resulted in FEV1 of 70% predicted and FEV1/FVC of 75% predicted.
- PE:** Vitals normal: PE normal except for some slight wheezing; ROS negative
- A:** **J45.40 Moderate persistent asthma, uncomplicated**
F17.210 Nicotine dependence, cigarettes, uncomplicated
- P:** Add low dose steroid metered dose inhaler, 1 inhalation twice daily; recheck in 3 weeks to assess efficacy and discuss further options. Counseled patient to stop smoking; gave informative pamphlets and discussed treatment options.

Asthma and COPD

- HPI:** Patient is here for a follow up of their COPD and asthma. They’re taking their medications as ordered, using their rescue inhaler more frequently these last three weeks. Patient is a former 1-pack per day smoker for 18 years;; quit 5 years ago. A PFT test was completed 5 days ago and shows FEV1 of 60% predicted and FEV1/FVC of 65% predicted.
- PE:** Vitals normal: PE normal except for some expiratory wheezing; ROS negative
- A:** **J44.9 Chronic Obstructive Pulmonary Disease (Chronic Obstructive Asthma), unspecified**
Z87.891 Personal history of nicotine dependence
- P:** Continue current treatment plan as prescribed;; will recheck patient in 3 months. Refill for rescue inhaler sent to pharmacy. Sent referral to pulmonology.

ⁱ [Asthma Facts | AAFA.org](https://www.aafa.org)

ⁱⁱ [Source: Asthma - Pulmonary Disorders - Merck Manuals Professional Edition](#)