



Last updated on: 9/15/2014

**Children's Hospital Association of Texas**  
*An Association for the Advancement of Children's Healthcare in Texas*

**DIAGNOSIS AND MANAGING ASTHMA  
DATA COLLECTION FORM**

**Readmission Data (ED and IP)**

*(Please check all that applies and include specific data)*

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| <p>1. Hospital code</p> <ul style="list-style-type: none"><li><input type="checkbox"/> 01 - Texas Children's Hospital (Houston)</li><li><input type="checkbox"/> 02 - Children's Medical Center (Dallas)</li><li><input type="checkbox"/> 03 - Children's Hospital of San Antonio</li><li><input type="checkbox"/> 04 - Dell Children's Medical Center (Austin)</li><li><input type="checkbox"/> 05 - Cook Children's Medical Center (Fort Worth)</li><li><input type="checkbox"/> 06 - Covenant Children's Hospital (Lubbock)</li><li><input type="checkbox"/> 07 - Driscoll Children's Hospital (Corpus Christi)</li><li><input type="checkbox"/> 08 - El Paso Children's Hospital</li></ul> <p>2. Patient</p> <ul style="list-style-type: none"><li>a. Name (First Name and Last name) _____</li><li>b. Patient ID used at each CHAT institution _____</li><li>c. Hospital account ID (for use by Hospital only) _____</li><li>d. DOB (MM/DD/YYYY): __/__/__</li><li>e. Gender: Male /Female _</li><li>f. Insurance:<ul style="list-style-type: none"><li><input type="checkbox"/> Private</li><li><input type="checkbox"/> State funded (Medicaid and CHIP)</li></ul></li><li>g. Patient type<ul style="list-style-type: none"><li><input type="checkbox"/> ED</li><li><input type="checkbox"/> IP</li><li><input type="checkbox"/> Obs</li></ul></li><li>h. Patient Zip code _____</li><li>i. Triage /Admission date (MM/DD/YYYY): __/__/__</li><li>j. Triage /Admission time (in 24:00): __:__</li><li>k. Discharge date (MM/DD/YYYY): __/__/__</li><li>l. Discharge time (in 24:00): __:__</li><li>m. <b>Admission Diagnosis</b> - Primary OR secondary admission diagnosis must be asthma</li><li>n. <b>Readmission Diagnosis</b> - Same cause for any diagnosis of asthma (even if it is primary, secondary, third or fourth diagnosis)</li></ul> <p><b>ICD9</b></p> <ul style="list-style-type: none"><li>493 ASTHMA</li><li>493 EXTRINSIC ASTHMA</li><li>493 EXTRINSIC ASTHMA, UNSPECIFIED</li><li>493.01 EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS</li><li>493.02 EXTRINSIC ASTHMA WITH EXACERBATION</li></ul> |
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**DIAGNOSIS AND MANAGING ASTHMA  
DATA COLLECTION FORM**

- 493.1 INTRINSIC ASTHMA
- 493.1 INTRINSIC ASTHMA, UNSPECIFIED
- 493.11 INTRINSIC ASTHMA WITH STATUS ASTHMATICUS
- 493.12 INTRINSIC ASTHMA WITH EXACERBATION
- 493.2 CHRONIC OBSTRUCTIVE ASTHMA
- 493.2 CHRONIC OBSTRUCTIVE ASTHMA, UNSPECIFIED
- 493.21 CHRONIC OBSTRUCTIVE ASTHMA WITH STATUS  
ASTHMATICUS
- 493.22 CHRONIC OBSTRUCTIVE ASTHMA WITH EXACERBATION
- 493.8 OTHER FORMS OF ASTHMA
- 493.81 EXERCISE INDUCED BRONCHOSPASM
- 493.82 COUGH VARIANT ASTHMA
- 493.9 UNSPECIFIED ASTHMA
- 493.91 UNSPECIFIED ASTHMA, WITH STATUS ASTHMATICUS
- 493.92 UNSPECIFIED ASTHMA, WITH EXACERBATION
- OTHER; IF OTHER PLEASE SPECIFY: ICD9 CODE