
Asthma Preventive Services (APS)

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Program Coverage

Medi-Cal Asthma Preventive Services (APS) will comprise clinic-based asthma self-management education, home-based asthma self-management education and in-home environmental trigger assessments for eligible beneficiaries of any age, as medically necessary, subject to applicable utilization controls. Pursuant to Title 42 of the Code of Federal Regulations, Section 440.130(c), asthma preventive services must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.

Definitions

APS is defined as information about the basic facts of asthma, proper use of long-term controllers and quick relief medications, evidence-based self-management techniques and self-monitoring skills, and actions to mitigate or control environmental exposures that exacerbate asthma symptoms.

“In-home environmental trigger assessments” are defined as the identification of environmental asthma triggers commonly found in and around the home, including allergens and irritants. This assessment will guide the self-management education about actions to mitigate or control environmental exposures.

“Poorly controlled asthma” is defined as:

1. Having a score of 19 or lower on the Asthma Control Test, or
2. An asthma-related emergency department visit or hospitalization or two instances of sick or urgent care asthma-related visits in the past 12 months.

Eligibility Criteria

Medi-Cal will provide asthma self-management education to all beneficiaries with a diagnosis of asthma. Beneficiaries must have a current diagnosis of poorly controlled asthma, or on the recommendation of a licensed physician, nurse practitioner (NP), or physician assistant (PA), in order to receive an “in-home environmental trigger assessment.”

Billing Codes for Asthma Education

These services may be provided by physicians, NPs, or PAs for individual recipients using appropriate Evaluation and Management (E&M) CPT® codes.

These services may also be provided by unlicensed asthma preventive service providers using the following codes:

Procedure Code	Code Description
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients

«Maximum frequency is four units (two hours) daily per beneficiary, any provider, up to two times a year. Additional visits may be provided with an approved *Treatment Authorization Request* (TAR) for medical necessity.

Community-Based Organizations (CBOs) and Local Health Jurisdictions (LHJs) must use modifier U3 with the above CPT codes to denote services rendered by Asthma Preventive Service providers. Other supervising providers should use modifier U3 for services provided by Asthma Preventive Service providers. For more information on allowable modifiers, refer to the [Modifiers Used with Procedure Codes](#) section in Part 2 of the Provider Manual.»

Billing Codes for Assessment of Environmental Triggers

HCPCS code T1028 (assessment of home, physical and family environment, to determine suitability to meet patient's medical needs) is used for environmental trigger assessment. In-home assessments may be provided by unlicensed asthma preventive service providers and by licensed providers.

In-home environmental trigger assessment visits for eligible beneficiaries are limited to two visits per year, subject to an override by a TAR demonstrating medical necessity for additional visits and/or when there has been a change of primary residence.

Place of service for T1028 is: 12 (home), 13 (Assisted Living Facility), 14 (Group home).

Providers should use modifier U3 with the above HCPCS code to denote services rendered by Asthma Preventive Service providers. For more information on allowable modifiers, refer to the [Modifiers Used with Procedure Codes](#) section in Part 2 of the Provider Manual.

Asthma Preventive Service Providers

Asthma prevention services may be provided by licensed providers such as Physicians, NP's and PA's. These services may also be provided by unlicensed providers such as community health workers (CHW), promotores, or community health representatives who meet the qualifications of an asthma preventive service provider as stated below.

For more information, refer to the *Community Health Worker (CHW) Preventive Services* section in Part 2 of the Provider Manual.

Asthma Education and Home Assessments for Environmental Triggers

CHWs who have not met the qualifications listed below may not provide asthma education or in-home environmental trigger assessments, but they may provide CHW services for health education and navigation, as defined in the Provider Manual for CHWs, to individuals with asthma.

Unlicensed asthma preventive service providers must be supervised by either a physician, physician assistant, nurse practitioner, clinic, hospital, local health jurisdiction, or community-based organization.

Asthma preventive service providers must have completed either of the following:

- A certificate from the [California Department of Public Health Asthma Management Academy](#), or
- A certificate demonstrating completion of a training program consistent with the guidelines of the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma with core competences in the following areas:
 - Basic facts of asthma's impact on the human body, including asthma control
 - Roles of medications
 - Environmental control measures
 - Teaching individuals about asthma self-monitoring
 - Implementation of a plan of care
 - Effective communication strategies including at a minimum cultural and linguistic competency and motivational interviewing
 - Roles of a care team and community referrals
- And both of the following:
 - Completed a minimum of 16 hours of face-to-face client contact focused on asthma management and prevention.
 - Four hours annually of continuing education on asthma.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.