



California's Asthma Preventive Services Fact Sheet

On July 1, 2022, Asthma Preventive Services became a covered Medi-Cal benefit.

What led to this new benefit?

Recognizing that asthma home visiting is an evidence-based intervention that has been proven in study after study to improve asthma outcomes, lower healthcare utilization costs, and reduce disparities, RAMP has been working with a broad network of asthma and health equity partners to increase access to these services for low-income Californians.

As a result of our advocacy, the Department of Health Care Services submitted a State Plan Amendment pursuant to 42 CFR Section 440.130(c), which allows certain preventive services to be provided by non-licensed providers, so long as the service is recommended by a licensed medical provider and meets particular requirements around scope, qualifications, and supervision. The State Plan Amendment was approved, and the benefit became effective on July 1, 2022.

What is the Asthma Preventive Services benefit?

The Asthma Preventive Services (APS) benefit includes:

- Asthma self-management education including: 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, meaning the identification of environmental asthma triggers commonly found in and around the home, including allergens and irritants. This assessment guides the self-management education about actions to mitigate or control environmental exposures.

Who is eligible to receive Asthma Preventive Services?

Asthma self-management education is available to all Medi-Cal beneficiaries with a diagnosis of asthma.

In-home environmental trigger assessments are available to Medi-Cal beneficiaries with poorly controlled asthma, or on the recommendation of a licensed physician, nurse practitioner, or physician assistant. 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 sick or urgent care asthma-related visits in the past 12 months.

Where can Asthma Preventive Services be provided?

Asthma self-management education can be provided in a clinic or in a home, group home, or assisted living facility.

The environmental asthma trigger assessment can be provided at a home, group home, or assisted living facility.

Who can provide Asthma Preventive Services?

Asthma Preventive Services may be provided by licensed providers such as, physicians, nurse practitioners, or physician assistants.

Asthma Preventive Services may also be provided by non-licensed Asthma Preventive Services providers, which can be community health workers (CHW), *promotoras*, community health representatives, or others who meet the following qualifications of an Asthma Preventive Services provider.

- A certificate of completion of an approved training program, which can be either:
 - The [California Department of Public Health's Asthma Management Academy](#), OR
 - 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:
 - 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

Who can supervise Asthma Preventive Services providers?

Non-licensed Asthma Preventive Service providers must be supervised by either a physician, physician assistant (PA), nurse practitioner (NP), clinic, hospital, local health jurisdiction, or community-based organization (CBO).

If supervisors have a state-level pathway to enroll as a Medi-Cal provider (such as, physicians), they must do so in order to serve in the role of supervisor under this benefit. Where there is no corresponding state-level enrollment pathway (such as, community-based organization, though DHCS plans to create a pathway in 2023), Managed Care Plans must have a process for vetting suitability as a supervisor. Plans must develop their own vetting process. (See this [All-Plan Letter](#) for the Community Health Worker benefit for examples of the types of considerations.)

How can different types of organizations receive payment for providing these services?

Organizations that are already enrolled Medi-Cal providers (exclusive of federally qualified health centers):

- Typically, for other Medi-Cal services, providers and Managed Care Plans negotiate payment rates either on a per member-per month (PMPM) or capitated basis, or on a fee-for-service (FFS) basis. Contracts may vary by Plan and by provider type and practice setting.
- With the new benefit, providers can revisit those arrangements with the Plans to provide this additional service.

Federally-Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs):

- Services provided by a licensed billable practitioner within the clinic (e.g., asthma education) may be billed under the current established FQHC Prospective Payment Services (PPS) or RHC All-Inclusive rate (AIR).
- Though FQHCs or RHCs are allowed to provide asthma prevention services, they may not bill for services provided by non-licensed professionals (e.g., CHWs), or non billable practitioners (e.g., Registered Nurses). FQHCs or RHCs can add the costs of these services in the PPS or AIR through the rate-setting (for new sites) or change in scope (for existing sites) processes.

Organizations that are not Medi-Cal providers (for example, community-based organizations):

- The organization must have a National Provider Identifier (NPI). For organizations that do not already have a NPI, there is a [step-by-step guide](#).
- The organization will need to enter into a contract with one or more Managed Care Plans. In the contracting process, organizations and Plans can negotiate reimbursement rates. That is, the rates are not limited to the listed Asthma Preventive Services benefit rates as a contract with a Plan would be outside Medi-Cal's standard fee-for-service arrangement.

- The organization does not need to have a licensed medical provider on staff. However, assuming the organization is the supervising entity, the Plan may have a process for vetting suitability as a supervisor. Plans are allowed to develop their own vetting process. (See this [All-Plan Letter](#) for the Community Health Worker benefit for examples of the types of considerations.)
- DHCS does not currently have a pathway for CBOs to enroll in Medi-Cal but will make this path available in 2023. Until then, CBOs cannot provide Asthma Preventive Services to fee-for-service clients.

What are the billing codes and rates?

The following are the fee-for-service rates published by DHCS as part of the Asthma Preventive Services benefit documentation. Note that when organizations providing Asthma Preventive Services contract with managed care plans, different rates may be negotiated.

Asthma self-management education services may be provided by physicians, NPs, or PAs for individual recipients using appropriate Evaluation & Management Current Procedural Terminology (CPT) codes. Non-licensed Asthma Preventive Service providers may provide education services by using the following codes:

<i>Procedure Code</i>	<i>Code Description</i>	<i>Rate per Unit</i>
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	\$26.66
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	\$12.66
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	\$9.46

Providers should use modifier U3 with the above CPT codes 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.

Frequency is 4 daily, any provider, up to two times a year. Additional visits may be provided with an approved Treatment Authorization Request (TAR).

In-home environmental trigger assessments may be provided by non-licensed asthma preventive service providers and by licensed providers. Regardless of license status, the code is T1028. DHCS is reviewing the rate for the assessment.

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

Because in-home environmental trigger assessments may be provided in different locations, there are modifiers: 12(home), 13(Assisted Living Facility), 14 (Group home).

How does the APS benefit relate to Asthma Remediation under Community Supports?

As part of a broad Medi-Cal reform effort called CalAIM, on January 1st, 2022, DHCS launched the Community Supports program, which allows Medi-Cal managed care plans to use Medi-Cal funding to support specified non-medical interventions designed to avoid costlier medical services. One of the options MCPs may select is Asthma Remediation, which covers mild to moderate environmental trigger remediation for Medi-Cal members with poorly controlled asthma. Examples of remediation include supplies like mattress and pillow dustcovers, HEPA filtered vacuums, de-humidifiers, and air cleaners, and services like minor mold removal and remediation, ventilation improvements, or Integrated Pest Management (IPM). See [here](#) for a list of MCPs offering Asthma Remediation. Note that most MCPs are contracting with third party organizations to serve as Asthma Remediation providers. Ideally, Asthma Preventive Services (self-management asthma education and environmental asthma trigger assessment) and Asthma Remediation services (environmental asthma trigger remediation supplies and services) will be provided by the same entity to ensure efficient and coordinated delivery of care. Combined, these two sources of Medi-Cal funding can support comprehensive asthma home visiting services. Where that's not possible, effective coordination between Asthma Remediation and Asthma Preventive Service providers is needed.

How does the APS benefit relate to the new CHW benefit?

In addition to the Asthma Preventive Services benefit, on July 1, 2022, the Department of Health Care Services added a [Community Health Worker Services benefit](#) to the Medi-Cal program. Under the new benefit, CHWs may address a range of issues that include, but are not limited to, the control and prevention of chronic conditions or infectious diseases; mental

health conditions and substance use disorders; need for preventive services, perinatal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic violence; and violence prevention.

There is a strong history and evidence base of CHWs effectively providing asthma self-management education and in-home environmental trigger assessments. However, it's important to note that there are differences in the Medi-Cal policies regarding Asthma Preventive Services providers and CHWs. For the Asthma Preventive Services benefit:

- Asthma Preventive Services providers are not required to also qualify as CHWs under the new CHW benefit to bill for asthma preventive services.
- Individuals, including CHWs, are eligible to become Asthma Preventive Services providers by meeting the Asthma Preventive Services qualifications described above.
- CHWs and other individuals who have not met the Asthma Preventive Services provider qualifications listed above may not provide asthma self-management education or in-home environmental trigger assessments.

For additional information

The Asthma Preventive Services benefit, along with the Asthma Remediation option under Community Supports, represent an opportunity to increase access to comprehensive asthma home visiting services and help sustain asthma home visiting programs.

If you'd like additional information about these benefits, related policies, and technical assistance and training opportunities to support program implementation, please contact us at info@rampasthma.org.

References

The DHCS newsflash announcement about the CHW and APS benefits, published June 29, 2022: https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31781_01.aspx

The DHCS Asthma Preventive Services provider manual, updated July 2022: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/asthprev.pdf>

The CHW All-Plan Letter is posted [here](#). (DHCS will not publish be an All-Plan letter specific to the Asthma Preventive Services Rule.)

The DHCS CHW provider manual, updated July 2022: <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/chwprev.pdf>

For Medi-Cal rates, click [here](#).