



Medi-Cal's Asthma Policies: Activities, Codes, and Funding

With the release of DHCS's [Community Supports: Select Service Definition Updates](#), Asthma Preventive Services and Asthma Remediation will become more integrated; it's likely that Asthma Remediation providers will also accelerate their efforts to contract with managed care plans to become Asthma Preventive Services providers as well.

To assist providers with that process, here is a table to help clarify the different activities under each policy, as well as other important details.

Remember, RAMP can provide technical assistance to help you think through your actual costs and to prepare to negotiate with health plans. Don't hesitate to reach out for assistance.

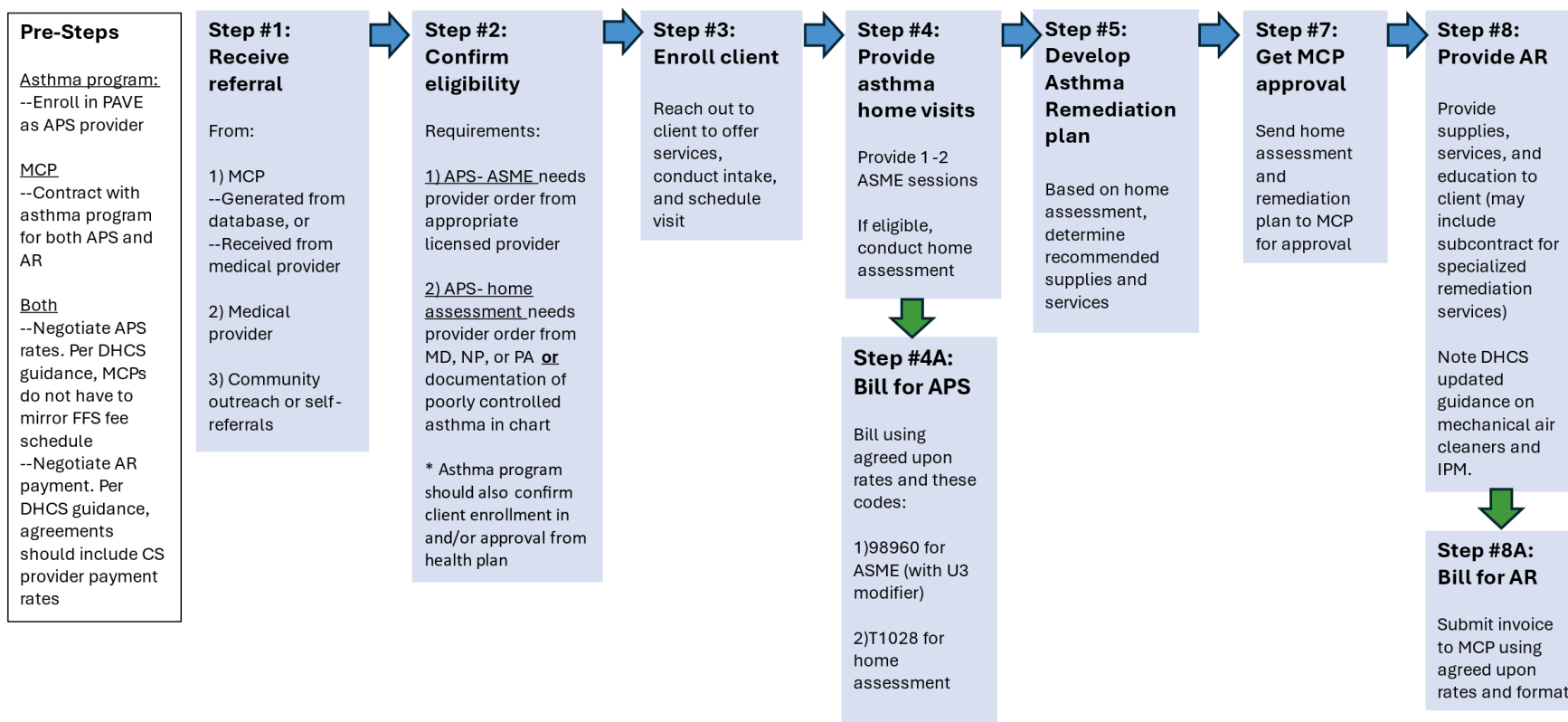
Activity	Policy that Covers the Activity	Code	Funding	Actual Cost (Program Specific)
Asthma self-management education (ASME)	Asthma Preventive Services (APS)	98960 (individual) 98961 (2-4 clients) 98962 (5-8 clients) Modifier: U3 Frequency is 4 30-minute units daily (that is, up to a two-hour visit), up to two times a year. Additional visits possible with prior authorization.	98960: \$26.66 each 30 minutes 98961: \$12.66 each 30 minutes 98962: \$9.46 each 30 minutes These are the fee-for-service rates. Higher rates may be negotiated with managed care plans.	To prepare for your discussions and rate negotiations with health plans, you may want to consider such things as: Salary and benefits of the asthma home visitor; Time spent by the asthma home visitor to outreach, schedule, and document each visit, and; Organizational operating expenses.

In-home asthma trigger assessment	Asthma Preventive Services	<p>T1028</p> <p>Modifiers: 12 (home), 13 (assisted living facility), 14 (group home)</p> <p>Frequency is 2 assessments per year. Additional visits possible with prior authorization.</p>	<p>\$26.66</p> <p>This is the fee-for-service rate. A higher rate may be negotiated with managed care plans.</p>	<p>In your discussions and rate negotiations with health plans, share the amount of time the asthma home visitor spends on each in-home asthma trigger assessment. While RAMP has conveyed to MCPs that in-home trigger assessments can take upwards of 2 hours, you may need to reiterate that message and provide more details about the assessment steps.)</p>
Trigger remediation (supplies and services)	Asthma Remediation under Community Supports	<p>HCPCS code S5165 with Modifier U5</p>	<p>\$7500 lifetime limit per beneficiary (higher expenditures are allowed under certain circumstances).</p> <p>Programs need to negotiate payment arrangements with managed care plans.</p>	<p>To prepare for your discussions and rate negotiations with health plans, you'll want to think about the time required for the asthma home visitor to:</p> <ul style="list-style-type: none"> • Develop a remediation plan and get approval from the MCP (and the medical provider only until the DHCS AR policy revisions are put into place) • Select and order supplies • Deliver supplies and educate the client about using them • Travel to the client's home for supply delivery • (For some clients) Coordinate with contractor for larger remediation activities

<p>Health navigation (e.g., connecting client with other services/resources)</p> <p>Screening and assessment</p> <p>Individual support or advocacy</p> <p>Health education (not including asthma self-management education)</p>	<p>Community Health Worker (CHW) benefit</p>	<p>98960 (individual) 98961 (2-4 clients) 98962 (5-8 clients)</p> <p>Modifier: U2</p> <p>Frequency is four 30-minute units daily (that is, up to a two-hour visit).</p>	<p>98960: \$26.66 each 30 minutes 98961: \$12.66 each 30 minutes 98962: \$9.46 each 30 minutes</p> <p>These are the fee-for-service rates. Higher rates may be negotiated with managed care plans.</p>	<p>To prepare for your discussions and rate negotiations with health plans, you may want to consider such things as: Salary and benefits of the asthma home visitor; Time spent by the asthma home visitor to outreach, schedule, and document each visit, and; Organizational operating expenses.</p>
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For your reference, on the next page is an updated sample workflow that reflects the APS/AR integration.

Workflow for updated policy guidance on APS and AR*



*effective 1/1/2026