

California's Asthma Preventive Services

Fact Sheet



As of July 1, 2022, Asthma Preventive Services is a covered Medi-Cal 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 works with a broad network of asthma and health equity partners to increase access to these services for low-income Californians.

What is the Asthma Preventive Services benefit?

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 Centers for Medicaid and Medicare Services approved the State Plan Amendment, and the benefit became effective on July 1, 2022. 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.

Do you have questions about Asthma Preventive Services?
RAMP can provide no-cost technical assistance.

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Who is eligible to receive Asthma Preventive Services?

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. Examples include, but are not limited to, physicians, nurse practitioners, physician assistants, and registered respiratory therapists.

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 (which must be documented in the medical record), 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.

Here are two hypothetical authorization scenarios:

- *A nurse practitioner (NP) authorizes a patient to receive Asthma Preventive Services. The NP may also authorize an in-home asthma trigger assessment, whether the client has documented poorly controlled asthma or not.*
- *A registered respiratory therapist authorizes a patient to receive Asthma Preventive Services. Noting the client's medical record shows a recent asthma-related ED visit, the client could also receive the in-home trigger assessment without needing additional authorization from a licensed physician, nurse practitioner, or physician assistant. If the client did not have poorly controlled asthma, or documentation was not included in the medical record, then the client would need additional authorization from a licensed physician, nurse practitioner, or physician assistant for the in-home trigger assessment.*

“ Asthma Preventive Services can improve asthma outcomes, reduce healthcare costs, and reduce health disparities.



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



Need help finding a training program that's right for your team? RAMP can help! Email us at ta@rampasthma.org. Also, our CHW Network meetings are considered continuing education. Learn more [here](#).



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).

To serve in the role of supervisor under this benefit, the qualifying individual or organization must enroll as a Medi-Cal provider. Note that Community Based Organizations (CBOs) and Local Health Jurisdictions (LHJ) are now eligible to enroll through Medi-Cal's PAVE system. Learn more about CBO/LHJ enrollment requirements [here](#) and [here](#).

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.)



What are the billing codes and rates?

The following are the fee-for-service (FFS) rates published by DHCS as part of the Asthma Preventive Services benefit documentation. To serve in the role of supervisor under this benefit, the qualifying individual or organization must enroll as a Medi-Cal provider. Note that Community Based Organizations (CBOs) and Local Health Jurisdictions (LHJ) are now eligible to enroll through Medi-Cal's PAVE system. Learn more about CBO/LHJ enrollment requirements.

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:

Procedure Code	Code description	Rate per unit
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, and the current FFS reimbursement rate is a flat rate of \$26.66 per assessment. As noted above, per DHCS, payments to providers for the APS benefit under managed care do not have to mirror the FFS rates. Managed care plans are encouraged to provide a higher reimbursement rate in negotiation with APS providers: home assessments can often take over two hours; as such, a flat \$26.66 reimbursement is insufficient.

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 more costly medical services. One of the options MCPs may select is Asthma Remediation (AR), 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 dust covers, HEPA filtered vacuums, dehumidifiers, and mechanical HEPA 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.

In April 2025, DHCS updated its Community Supports guidance, clarifying that AR should supplement and not supplant Asthma Preventive Services. Managed care plans have until January 1, 2026, to implement the new guidance. Once implemented, a Medi-Cal beneficiary who received a home environmental trigger assessment under APS within the past twelve months is automatically eligible for AR services if offered by the beneficiary's managed care plan.

To provide a seamless experience for Medi-Cal clients, as well as to maximize program efficiency, ideally Asthma Preventive Services (asthma self-management education and the home environmental 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. See [this fact sheet](#) to learn more about Asthma Remediation. [RAMP's workflow and quick guide](#), which include both APS and AR, may also be helpful.

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. Per DHCS, the CHW and APS benefits have different categories of service and may be provided independent of each other. 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.

Do you have questions or need support?



The Asthma Preventive Services benefit, along with the Asthma Remediation option under Community Supports, represents 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, we can help. You can learn more about our TA [here](#), and additional resources are also available on [our website](#). No matter where you are in the process, please contact us at TA@rampasthma.org.

References and resources

For additional RAMP tools and resources about APS, visit [our website](#).

[The DHCS Asthma Preventive Services provider manual](#), updated July 2022.

[The DHCS CHW provider manual](#), updated April 2025.

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

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

[Community Supports Policy Guide](#), Vol. 1, updated April 2025.

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