National Center for HEALTHY HOUSING

ramp REGIONAL ASTHMA MANAGEMENT & PREVENTION

MEDICAID BILLING CODES FOR ASTHMA HOME VISITING SERVICES

INTRODUCTION

While there are many different approaches to building systems to sustain asthma home visiting services, asthma advocates and partners will often assess opportunities within the healthcare financing sector. Eventually, this will mean interacting with a fundamental component of the healthcare system: billing codes. Medical billing codes help provide uniform reporting of procedures performed as well as the devices, supplies, and equipment acquired for or provided to a patient. Billing codes for asthma home visiting services can vary according to what services are covered by a specific state's Medicaid program, including the type of provider delivering the service, the length of the service provided, and of course, the service itself.

The standardized coding system, Healthcare Common Procedures Coding Systems (HCPCS), is divided into two main subsystems, Level I and Level II.[1]

- HCPCS Level I is comprised of Current Procedural Terminology (CPT®), a numeric coding system maintained by the American Medical Association (AMA) primarily to identify medical services and procedures furnished by physicians and other health care professionals. CPT® codes consist of five numeric digits (e.g., 98960), and lists are maintained by the AMA.
- HCPCS Level II is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT® codes, such as ambulance services or durable medical equipment, when used outside a physician's office. HCPCS Level II codes consist of a single alphabetical letter followed by four numeric digits (e.g., T1028) and are maintained by the Centers for Medicare and Medicaid Services (CMS).

Individual state Medicaid programs determine their own coverage, authorization, and reimbursement policies; while state Medicaid agencies can use most HCPCS codes, they are not required to cover them all. Asthma advocates and partner organizations that are gaining traction in adding asthma home visiting services to state Medicaid coverage may eventually explore the question, "*Which billing codes are appropriate to use?*"

Because there is a wide range of coding options, it can be challenging to determine the best path forward. The National Center for Healthy Housing (NCHH) and Regional Asthma Management & Prevention (RAMP) partner to provide free technical assistance to advocates, agencies, and others needing help navigating this process.[2] While there is some variation, NCHH and RAMP have begun to see some common codes selected across states over the past decade. We have compiled these codes in the tables below. Often, states use different codes for asthma self-management education, as compared to in-home asthma trigger assessments and remediation, so we have divided the codes into those categories. We have also provided examples of where and how each code is used. If you have additional examples, and/or if your state is using different codes, please let us know so that we can update this tool.

ASTHMA SELF-MANAGEMENT EDUCATION

Asthma self-management education (ASME) includes 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.

CODE	DESCRIPTION	EXAMPLES OF WHERE/HOW THE CODE IS USED
98960 98961 98962	Education and training for patient self-management by a qualified, nonphysician health care professional (separate codes for education provided to individual patients, 2-4 patients, 5-8 patients)	**California**: ASME provided by non-licensed professionals who meet qualifications of Asthma Preventive Services providers **Missouri**: Offers a statewide program for asthma preventive education and counseling and in-home assessment program for asthma triggers focusing on youth members who have evidence of uncontrolled asthma **Michigan**: Not used statewide, but some payors use these codes for education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient **Minnesota**: Used for education provided by Community Health Workers (CHWs)
S9441	Asthma education; nonphysician provider	Missouri: Read a **case study** about services in MO. Minnesota: Provided by public health nurses: *Dakota County Billing Procedure* and **Minnesota DHS Physician and Professional Services page**
98966 98967 98968	Via telephone a nonphysician healthcare professional discusses a new health issue and possible treatment or management with an established patient, parent, or guardian (different codes for different lengths of time).	**Michigan**: Not statewide but used by some plans
98970 98971 98972	Using online communication technologies, a nonphysician healthcare professional discusses a health issue and possible treatment or management with an established patient (different codes for different lengths of time).	**Michigan**: Not statewide but used by some plans
99605 99606 99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided (different codes for new patient, established patient, and each additional 15 minute increment)	**Wisconsin**: Piloting the use of these codes for pharmacists to provide education on asthma medications.
94664	Demonstration and/or evaluation of patients using nebulizers and metered dose inhalers.	**Michigan**: Not statewide but used by some plans. Physicians, physician assistants, and nurse practitioners may delegate the device technique evaluation and education to staff, including nurses and respiratory therapists.

ASTHMA TRIGGER ASSESSMENT AND REMEDIATION

An asthma trigger assessment is identification of environmental asthma triggers commonly found in and around the home, including allergens and irritants. Remediation includes supplies and services to reduce exposure to asthma triggers.

CODE	DESCRIPTION	EXAMPLES OF WHERE/HOW THE CODE IS USED
T1028	In-home asthma trigger assessment	**California**: Conducted by non-licensed asthma preventive service providers or by licensed providers. Minnesota: Included in **Enhanced Asthma Care Law**. **Sample health plan policy**. Missouri: Read a **case study** about services in MO.
S5165	Asthma remediation	**California**: Covers supplies and services to remediate asthma triggers identified through the assessment covered by T1028 **New York**: Covers the dwelling assessment and most trigger remediation supplies and services.
T2025	Asthma remediation	**New York**: Covers technical review and quality assurance of dwelling assessment plus specific remediation services (such as mold, insulation, HVAC filters). Provided in tandem with S5165.
E1399	Durable medical equipment	Minnesota: trigger remediation supplies are considered DME in **Enhanced Asthma Care Law**. **Sample health plan policy**.

RELATED CODES

While not directly related to asthma home visiting services, codes used for Targeted Case Management and community health integration services may be useful for those providing home-based asthma services.

CODE	DESCRIPTION	EXAMPLES OF WHERE/HOW THE CODE IS USED
T1017	Targeted Case Management	Case coordination, billed by local health jurisdictions or other county agencies.
G0019 G0022	Services performed by certified or trained auxiliary personnel, including CHWs, under the direction of a physician or other practitioner	Community health integration (CHI) services which address social determinants of health (SDOH) affecting a patient's medical care. G0019 covers the first 60 minutes of service per month, while G0022 covers each additional 30.

SUSTAINABILITY IN ACTION

Like many asthma home visiting programs, **Breathe Southern California** (Breathe SoCal) had traditionally relied upon grant funding to provide home-based asthma services. Although grant funding is an essential source of support for non-profit organizations like Breathe SoCal, grants come and go, causing disruptions in service. When California's **Medi-Cal** program launched new policies that support asthma home visiting for eligible beneficiaries, the team at Breathe SoCal was excited to explore this new source of sustainable support. Now, Breathe SoCal is contracted with multiple Medi-Cal managed care plans to provide home-based asthma services in multiple counties across Southern California. Contracted organizations like Breathe SoCal, along with clinics, local health departments, community-based organizations and others, can use billing codes to get reimbursed for services provided. Through a partnership with **L.A. Care**, a local Medi-Cal managed care plan, Breathe SoCal staff get reimbursed for asthma-self management education by using the CPT code 98960 for a rate of $26.66 per 30-minute increment. They use code T1028 to get reimbursed $285 for an in-home asthma trigger assessment. Lastly, they use code S5165 to cover asthma remediation supplies, such as air cleaners and HEPA vacuums, and services, like integrated pest management and mold remediation. They use that same code to bill for service coordination, up to $1,000 per client. Although the policies are new and the number of clients referred is still inconsistent, these new billing codes serve as an important step toward sustainable financing for home-based asthma services.

Community health integration (CHI) codes are for services that "auxiliary personnel," including community health workers (CHWs), may perform after identifying and documenting in a patient's treatment plan unmet social determinants of health needs that significantly limit their ability to treat the patient. Activities under the CHI codes include such things as:

- Coordinating patient services from a range of provider types (e.g., healthcare, home- and community-based services, social services), facilitating access to social services as well as services and financing supports for broader healthy housing repairs and improvements, and communicating with providers about patient goals, needs, and preferences.
- Coordinating care transitions, including follow-up after emergency department visits or discharges from hospitals or skilled nursing facilities,
- Building patient self-advocacy skills to promote more effective treatment,
- Helping the patient navigate healthcare systems, including identifying providers and making appointments,
- Assisting with social and emotional supports, and
- Drawing on lived experience to support patients to meet treatment goals.

All claims for CHI must include at least one ICD-10-CM diagnosis code(s) that documents the unmet social needs. These codes are Z55-Z65 and include factors such as problems related to employment and unemployment, occupational exposure to risk factors, problems related to physical environment, and problems related to housing and economic circumstances.

ADVOCATING FOR BILLING CODES FOR ASTHMA HOME VISITING SERVICES

Medicaid is the nation's main public health insurance program for lower-wealth people of all ages. Developing new healthcare payment policies to pay for care

delivered in new places (like homes) and often by new people (like community health workers) is complex work.

Billing codes are just one component of any state Medicaid change (and you can read more about additional components below). When considering billing codes, one of the first questions to ask is whether the state Medicaid agency already has a code in use that could be used for the services you'd like to cover. If there is a code in place, some questions include:

- *What are the associated reimbursement rates and do they adequately cover the costs of providing services?*
- *Are there limitations on the types of providers that can use the code?*
- *Are there preauthorization requirements?*

In some cases, the codes dictate the answers to these questions (for example, some codes can only be used by certain types of providers). In other cases, the state Medicaid agency has the authority to determine the answer (for example, states set their own reimbursement rates).

If there is an ideal code that is not already in use by the state, it typically requires federal approval from the Centers for Medicare & Medicaid Services (CMS) to "turn on" or add a new Medicaid code, typically through one of the following processes.

- ***State Plan Amendments (SPAs)***: SPAs make permanent amendments to the benefits covered by a state Medicaid agency. Some states have used SPAs to allow community health workers, promotoras, or other qualified nonlicensed professionals to provide asthma self-management education and other services. This approach takes advantage of the federal preventive services rule, which provides state Medicaid agencies with the option to pay for preventive services provided by professionals that may fall outside of a state's clinical licensure system (e.g., certified asthma educators, healthy homes specialists and other community health workers) upon the recommendation of a physician or licensed practitioner. Check out examples from Missouri and California.
- ***In Lieu of Services (ILOS)***: ILOS is an option states may consider employing in Medicaid managed care programs to improve health outcomes and address unmet health-related social needs, such as housing instability and nutrition insecurity, through the use of a service or setting that is provided to an enrollee in lieu of a service or setting (ILOS) covered under the state plan. Some states have used ILOS to pay for the remediation of environmental asthma triggers in homes. In those states, Medicaid managed care plans can opt to offer the ILOS service to their members. Check out California's Community Supports program, which uses the ILOS option.
- ***Section 1115 Waivers***: In the case of asthma, services like pest management or supplies like air cleaners may be essential for a patient to manage asthma triggers in their home, but these supplies/services are not reimbursable under Medicaid rules. State Medicaid programs can seek a waiver of Medicaid rules to test new ways to deliver and pay for health care services in Medicaid. This is typically done via a Section 1115 waiver, which gives states additional flexibility to design and improve their Medicaid programs by using innovative delivery and payment systems or by providing services not typically covered. Waivers are time-limited, typically expiring or renewing after five years. Check out New York's Social Care Networks, funded through a 1115 waiver.

Regardless of whether a code is already in place, or a new process to acquire federal approval is required, broad and committed partnerships are a tremendous strength to support State Medicaid changes.

Contact us to share other codes in use that could be included in this document.
TA@rampasthma.org or **askanexpert@nchh.org**

SUSTAINING ASTHMA HOME VISITING SERVICES WITHOUT CODES

There are other options for using state and federal funds to support asthma home visiting services without using billing codes. Select examples follow.

Health Services Initiatives (HSI), provided under the federal Children's Health Insurance Program (CHIP), give states a flexible opportunity to leverage federally matched funds to provide home-based asthma services to children in low-wealth households. CHIP HSIs are targeted initiatives aimed at directly improving the health of eligible children in low-wealth households.[3] Using a portion of its administrative allotment, a state may fund a wide range of programs to improve child health. Eligible uses of HSIs include any services that target the needs of children under age 19 who are either enrolled in or potentially eligible for CHIP or Medicaid. Maryland was the first state to use an HSI for home-based asthma services. Wisconsin has also allocated HSI funds to asthma home visiting.

States may also incorporate quality improvement provisions in their managed care contracts to encourage or require managed care organizations to address social determinants of health, such as healthy housing. These types of contract provisions may be set up in various ways, such as through providing additional payments, withholding payments, or scoring their contract proposals. For example, Louisiana's managed care request for proposals included a component for value-added benefits, where MCOs were scored on their proposals to address eight topic areas for members, one of which directly addressed healthy housing.[4]

TECHNICAL ASSISTANCE AND TOOLS AVAILABLE

Regional Asthma Management & Prevention (RAMP) and the National Center for Healthy Housing (NCHH) provide free technical assistance and training to expand and sustain in-home environmental asthma interventions through support from the U.S. Environmental Protection Agency.

Our shared approach to TA prioritizes responsiveness and flexibility over a prescriptive approach by meeting TA participants "where they are," building on their organizational and community strengths and needs, and understanding the broader policy and systems context in which they work.

Examples of our TA include the following:

- Providing strategic guidance on program and policy development.
- Serving as a thought partner in establishing and achieving goals.
- Sharing best practices from other programs across the country.
- Strategizing to overcome challenges and continue progress.
- Facilitating peer-to-peer learning.
- Supporting fundraising by identifying opportunities and supporting proposals.
- Sharing examples of tools developed by programs across the country.
- Helping to develop new tools by providing content and providing feedback.
- Conducting presentations to build capacity of TA recipients and their partners.
- Highlighting TA partners' successes to advance the field.

In addition to providing direct TA, our team facilitates peer learning opportunities and develops tools in response to identified needs. A few examples of those tools are described below.

- **Building Systems to Sustain Home-Based Asthma Services** is an e-learning and technical assistance platform to support the launch and growth of large-scale, evidence-based, sustainable asthma home visiting

programs. With guidance on topics such as Medicaid reimbursement opportunities and other financing options, developing a business case, scaling up, referrals and eligibility, staffing and training, supplies and services, community resources, and evaluation and reporting, each of the primary e-learning modules offers a deeper look into some of the topics and strategies to consider while working to design and implement home-based asthma services.

- **Unlocking the Power of Home-Based Asthma Services: Model Health Benefit Packages** is a tool for managed care plans and allies describing the scope, staffing, and services associated with home-based asthma services that identify and address environmental asthma triggers in the home environment. The tool includes tiers of services to provide a range of options for payers at different levels of readiness and includes recommendations to support action from critical stakeholders.
- **Roadmap to Sustainable Asthma Home Visiting** is an interactive tool to support action to provide in-home asthma services. Nine rearrangeable, primary waypoints are provided along with one possible route as an example for those who want a premade path.
- **Sustainable Financing for Home-Based Asthma Services: Snapshots of Innovation and Progress Across the Country** provides an overview of what progress and pathways for building systems to expand and sustain access to home-based asthma services might look like. Progress can take a long time, and there are many pathways for achieving similar outcomes. As such, progress can look different from one place to the next. The tool features success stories from across the country, highlighting both state Medicaid policy advances, and stories about local partnerships, pilot programs, and other innovations that create a groundswell for statewide change; all serving as models for new community action.

For more information, contact:

TA@rampasthma.org or **askanexpert@nchh.org**

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[1] Centers for Medicare & Medicaid Services. (2026, April 17). Healthcare Common Procedure Coding System (HCPCS). Retrieved from https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system

[2] In 2016, the National Center for Healthy Housing (NCHH) developed a tool that listed billing codes in use at that time for home-based asthma services. In the decade since its development, many of those codes—specifically ones that were in use for demonstration projects—are no longer in use. This illuminates both the flexibility states have and the challenge of identifying and replicating best practices related to coding.

[3] Families USA, Childhood Asthma Leadership Coalition, Green & Healthy Homes Initiative, & National Center for Healthy Housing. (2019, July). *Health services initiatives: Using a CHIP state plan option to address asthma among children in low-income households*. Retrieved from https://nchh.org/resource-library/technical-brief_health-services-initiatives_using-a-chip-state-plan-option-to-address-asthma.pdf

[4] Green & Healthy Homes Initiative. (2022, November). *Reimbursement strategies for healthy homes services*. Retrieved from https://www.greenandhealthyhomes.org/wp-content/uploads/GHHI-State-Medicaid-Reimbursement-11.10.22.pdf

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Regional Asthma Management & Prevention (RAMP) and the National Center for Healthy Housing (NCHH) are working together to improve the capacity of states and communities to expand and sustain home-based asthma services. We support organizations in: using data to prioritize in-home asthma interventions; developing infrastructure; building collaboration across sectors; supporting the access to, delivery and financing of in-home asthma interventions; and making these interventions more sustainable. We aim to support organizations and advance the field by providing individualized TA, facilitating opportunities for peer learning, producing tools in response to needs, and sharing stories about successes, challenges, and lessons learned.

For more information, visit:

www.rampasthma.org
www.nchh.org

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