ASTHMA PREVENTIVE SERVICES AUTHORIZATION REQUEST FORM

Asthma Preventive Services (APS) provide asthma education in clinics and at home, plus in-home checks for environmental triggers. These services are available for eligible Medi-Cal members of any age when medically necessary and follow certain rules. According to federal law (42 CFR §440.130(c)), a doctor or other licensed health professional must recommend these services within their legal scope of practice. For more information, review the Asthma Preventive Services Guide.

This form will be used to request additional units beyond the maximum frequencies.

Complete and submit this form either online at provider.healthnetcalifornia.com (recommended) or by fax at 800-743-1655.

Request type

☐ **Asthma education authorization request.**

☐ **Asthma environmental trigger assessment authorization request.**

Asthma education eligibility criteria

Billing codes for asthma education

These services may be provided by physicians, nurse practitioners, or physician assistants for individual recipients using appropriate Evaluation and Management CPT codes. These services may also be provided by unlicensed APS providers using the following codes:

- **98960** - Education and training for patient self-management by a qualified, non-physician 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, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; two to four patients.
- **98962** - Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; five to eight patients.

Maximum frequency is four units (two hours) daily per member, any provider, up to two times a year. **Additional visits may be provided with an approved authorization request for medical necessity.**

Providers should use modifier U3 with the above HCPCS code to denote services rendered by APS providers. For more information on allowable modifiers, refer to the *Modifiers Used with Procedure Codes* section in Part 2 of the Provider Manual at https://bit.ly/procedure-code-modifiers.

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 either unlicensed APS providers and by licensed providers.

- In-home environmental trigger assessment visits for eligible members are limited to two visits per year, subject to an override by an authorization request 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 must list a clinically appropriate ICD-10-CM diagnosis code(s) on the claim form in accordance with their scope of practice. Providers should use modifier U3 with the above HCPCS code to denote services rendered by APS providers. For more information on allowable modifiers, refer to the *Modifiers Used with Procedure Codes* section in Part 2 of the Medi-Cal Provider Manual at https://bit.ly/procedure-code-modifiers.

Member information

Member name:		**Date of birth (DOB)**:
Medi-Cal ID:	**Phone number:**	**Preferred language:**
Home address:		
Contact name (if different than member):		**Relationship:**
Phone number:		**Preferred language:**
Member height:		**Member weight:**
Member's diagnosis (related to asthma remediation need):		

Describe the member's need for additional asthma education beyond four units (two hours) daily per member, any provider, up to two times a year:

☐ **Asthma education authorization request**

98960 – include the number of units over the maximum being requested: _____

98961 – include the number of units over the maximum being requested: _____

98962 – include the number of units over the maximum being requested: _____

Describe the member's need for additional asthma environmental trigger assessments beyond two visits per year:

☐ **T1028 – asthma environmental trigger assessment authorization request**

Additional documentation

☐ **In-home trigger assessments:** A current diagnosis of uncontrolled asthma in form of clinical documentation by a licensed practitioner or Recommendation from a licensed practitioner.

Community Supports provider information (servicing organization)

Organization name:	
Tax ID:	**National Provider Identifier (NPI):**

Staff name:	**Title:**
Phone number:	**Fax number**:

Additional information

Effective January 1, 2026, the California Department of Health Care Services (DHCS) removed in-home environmental trigger assessments and asthma self-management education from the Asthma Remediation Community Support program. These services will instead be offered under the APS program, which DHCS launched in July 2022, six months after the initial Asthma Remediation program. The CalAIM special terms and conditions require this shift.

For additional information, refer to the Medi-Cal Provider Manual for APS available at https://bit.ly/Medi-CalAsthmaPreventiveServices.