



Texas Medicaid and CHIP Guidance on Asthma Education Coverage

Reminder

The Texas Health and Human Service Commission (HHSC) is encouraging our providers to educate our Medicaid and CHIP members on asthma.

Cost of Asthma

In 2019, for STAR and CHIP, asthma was cited as the second most potentially preventable admission (PPA). For STAR Kids, asthma was cited as the ninth most PPA. In addition, for CHIP, asthma was cited as the 17th most potentially preventable emergency department visit (PPV). For STAR and STAR Kids, asthma was cited as the 20th most PPV.

Medicaid STAR and STAR Kids Asthma Coverage

- We must cover services the same as Medicaid fee-for-service regarding amount, duration and scope. This is described in the [Texas Medicaid Provider Procedures Manual \(TMPPM\)](#).
- We may choose to cover asthma education services beyond the limitation described in the TMPPM.

Asthma education in the home setting

The respiratory care practitioner must be certified by the National Asthma Educator Certification Board (NAECB) as a certified asthma educator.

Note: The provider submitting the claim is responsible for accurately coding the service performed. Submit claims for medically necessary services with the appropriate diagnoses codes and modifier.

Procedure Code	Providers	Covered Services
S9441 and 98960	Certified respiratory care practitioners who are: Physician providers, home health agencies respiratory therapists	<ul style="list-style-type: none"> • Clients ages 0-20 only with chronic underlying respiratory illness or newly diagnosed long-term respiratory condition, resulting in suboptimal respiratory status. • Provide asthma education in the home setting • Each limited to once per day, by any provider, twice per lifetime • Will not be reimbursed in any combination if submitted on the same date of service by any provider

Please refer to [TMPPM Certified Respiratory Care Practitioner \(CRCP\) Services Handbook](#)

Asthma education in group clinical visit

For additional information regarding Group Clinical Visits, please refer to TMPPM [Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook](#) Chapter 9.2.56.2 Group Clinical Visits and Chapter 9.2.56.3 Group Clinical Visits for Asthma.



Note: The provider submitting the claim is responsible for accurately coding the service performed. Submit claims for medically necessary services with the appropriate diagnoses codes and modifiers.

Procedure Code	Providers	Covered Services
99078	Physician, advanced practice nurses (NP, CNS) or physician assistants (PA), registered nurses	<ul style="list-style-type: none"> • May provide office and outpatient hospital setting for clinical services and educational counselling to a group of asthma clients. • Payable for all ages covered for Texas Medicaid. • Group visits must be at least one hour and no longer than two hours with a minimum of two clients and max. of 20 clients. • Group visits for conditions of asthma are limited to a max of four per year for any provider. • Group visits are only for established patients and must include CDC-approved asthma education and prevention programs.

Group clinical visits are benefits of Texas Medicaid for management of asthma when submitted with the following diagnoses codes:

J440, J441, J449, J4520, J4521, J4522, J4530, J4531, J4532, J4540, J4541, J4542, J4550, J4551, J4552, J45901, J45902, J45909, J45990, J45991, J45998

Asthma education in telemedicine or telehealth

BCBSTX may reimburse for remote delivery of asthma education with **modifier 95**.

Note: The provider submitting the claim is responsible for accurately coding the service performed. Submit claims for medically necessary services with the appropriate diagnoses codes and modifiers.

Procedure Code	Providers	Description
99078 w/ modifier 95	Remote group clinical visits	BCBSTX is prohibited by law from denying reimbursement for a medically necessary Medicaid covered benefit due to service was delivered remotely.
S9441 or 98960 w/ modifier 95	Individual asthma education	

CHIP Asthma coverage

- Asthma education is covered by CHIP under Physician/Physician Extender Professional Services.
- CHIP coverage includes remote delivery as telehealth or telemedicine services. We may reimburse for remote delivery of asthma education with **modifier 95**.
- We may choose to cover additional asthma education services as a value-added service.



Note: The provider submitting the claim is responsible for accurately coding the service performed. Submit claims for medically necessary services with the appropriate diagnoses codes and modifiers

Procedure Code	Providers	Description
S9441	Non-physician provider	Per session of Asthma education
98960	Qualified, non-physician health care professional	30 minutes each of education and training for patient self-management using a standardized curriculum, face-to-face with the patient (could include caregiver/family).
99078	Physician, or other qualified health care professional	Education services provided in a group clinical setting.

Resources

[Texas Medicaid Provider Procedures Manual \(TMPPM\)](#)

[Texas Healthcare Learning Collaborative Portal](#)

[DSHS Asthma Program](#)

DSHS Resource: [Emergency Department Visit Rates for Asthma, Child Asthma, and Adult Asthma by Demographics, Public Health Region, County, and Total Charges by Primary Payer, Texas 2018.](#)

Texas Medicaid Provider Procedures Manual TMPPM [Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook](#) Chapter 9.2.56.2 Group Clinical Visits and Chapter 9.2.56.3 Group Clinical Visits for Asthma. (April 2021.)

Have questions?

Contact our BCBSTX Medicaid Provider Service Center at 1-877-560-8055 or contact your BCBSTX Medicaid Provider Network Representative at 1-855-212-1615.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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