OVERVIEW

This policy documents the coverage determination for Asthma Management Services. Asthma management services are used to teach members and/or families how to successfully manage asthma.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Only certified asthma educators, or hospital based clinics contracted and recognized by the Plan, or recognized by another Blue Cross and Blue Shield Association (BCBSA) Plan, will be reimbursed.

Physicians, nurse practitioners, and physician assistants should utilize evaluation and management codes unless certified as an asthma educator.

Asthma management services are medically necessary when rendered in a physician’s office, outpatient department of a hospital, or a hospital based clinic.

NOTE: Services are not separately reimbursed when they are rendered on an inpatient basis.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Asthma management services are used to teach members and/or families how to successfully manage asthma. Education is an important component in the treatment and management of asthma. Self-management leads to reduced asthma symptoms, decreased physician and emergency room visits, and a higher quality of life. Asthma management services may use a group education component.

The National Asthma Education Certification Board is a voluntary testing program used to assess qualified health professional's knowledge in asthma education. This testing is used to ensure educational and experience requirements. Certification is voluntary and not required by law for employment.

COVERAGE

Asthma management services are covered only when ordered by a physician.

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable office visit, clinic, durable medical equipment, or pharmacy benefits/coverage.
CODING
Blue CHiP for Medicare and Commercial
Only certified asthma educators may only use the codes listed in this policy when filing for asthma education services.

The following code is covered under the member’s office visit/clinic benefit/coverage:
S9441 - Asthma education, non-physician provider, per session.

RELATED POLICIES
None

PUBLISHED
Provider Update September 2018
Provider Update May 2017
Provider Update May 2013
Provider Update May 2008
Provider Update May 2007

REFERENCES

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.