

## Asthma Management Services - Service Authorization

You or your child has been identified as someone who could benefit from Asthma Management Service.

This service is offered by our providers and clinical staff members that include education, medication management and spirometry as ways to improve asthma care.

Please understand that this service will be submitted to your insurance and will be billed based on the services that were provided in today's visit. It is your responsibility to pay for any services that are not covered by your insurance. The billing (CPT) code and fee can be found next to each service.

**Evaluation and Management Codes:** Cannot be determined until after patient is seen and evaluated.

Level 1	99211	Established patient	\$ 37.00	99201	New patient	\$ 80.00
Level 2	99212	Established patient	\$ 80.00	99202	New patient	\$136.00
Level 3	99213	Established patient	\$133.00	99203	New patient	\$197.00
Level 4	99214	Established patient	\$196.00	99204	New patient	\$299.00
Level 5	99215	Established patient	\$264.00	99205	New patient	\$377.00

**Preventive Counseling Codes:** If service was provided by a Clinical Staff Member

99401	Preventive 15 min	\$ 66.00
99402	Preventive 30 min	\$112.00
99403	Preventive 45 min	\$158.00
99404	Preventive 60 min	\$203.00

**Education & Training Codes:** Education for patient self-management

98960	1 unit= 30 mins	\$ 75.00
-------	-----------------	----------

**Asthma Care:**

96160	Asthma Control Test	\$ 8.00	Neb Medications	(Subject to cost)
94010	Spirometry	\$65.00	J7613	Albuterol
94760	Pulse oximetry, single	\$ 6.00	J7644	Ipratropium Bromide (Atrovent)
94761	Pulse oximetry, multiple	\$ 8.00		
94664	Teach use of neb/dose inhaler	\$32.00		
94640	Neb Treatment (ea)	\$34.00		
A7015	Aerosol mask used w/DME neb	\$ 8.00		
S8120	Oxygen	\$ 7.00 (per 5 minutes)		
J7510	Prednisolone	\$ 6.00 (per 5MG)		

<b>Insurance eligibility status</b>	<b>Insurance Plan :</b>
As of today's date, your insurance indicates that your coverage is ACTIVE.	
<b>A problem has been identified with your insurance coverage:</b>	
CAP Providers are not participating with your plan.	If uninsured, a 20% discount is available for fees that are paid in full at time of service.
Your insurance coverage is inactive or not on file	
An eligibility issue has been identified (Name or DOB mismatch)	
Services require a referral or authorization and one has not been obtained from your PCP	
PCP not selected or CAP provider not selected- (Required By Your Insurance)	
<i>The financially responsible party will be liable for all charges rendered at today's visit if claims are denied and/or new insurance information is not supplied within 30 days of today's visit.</i>	

I acknowledge that I have been given information and fees related to today's visit.

DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Name of Legally authorized patient/accompanying adult**