

Asthma Management Services - Service Authorization

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	99202	New patient	\$136.00
Level 2	99212	Established patient	\$ 89.00	99203	New patient	\$197.00
Level 3	99213	Established patient	\$143.00	99204	New patient	\$299.00
Level 4	99214	Established patient	\$203.00	99205	New patient	\$377.00
Level 5	99215	Established patient	\$289.00			

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	\$ 9.00
94760	Pulse oximetry, single	\$ 6.00	J7644	Ipratropium Bromide (Atrovent)	\$ 2.00
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	\$ 3.00			
S8120	Oxygen	\$ 7.00 (per 5 minutes)			
J7510	Prednisolone	\$18.00 (per 5ML)			

Fees for today's Visit:

	You do not have insurance coverage for today's visit
	A problem has been identified with your insurance coverage
	Services are not covered by your insurance
<i>The financially responsible party will be liable for all charges rendered at today's visit. A 20% discount maybe applied to the total amount if paid in full at the time of service.</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