

Policy Number: CP-MCD22-003B

Effective Date: January 1, 2024

Enhanced Asthma Care Services for Children

The services described in this policy apply to children covered under UCare Prepaid Medical Assistance (PMAP), MNCare, SNBC ONLY, and outlines coverage for certain allergen-reducing products for children with poorly controlled asthma.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare’s Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	✓
UCare Connect (SNBC)	✓
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	✓
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Durable Medical Equipment and related supplies Medical Equipment and Supplies

Definitions or summary

None

Coverage policy

Covered

Eligible members:

- PMAP members under the age of 21 OR MinnesotaCare members under the age of 19
- Member needs to have had a hospital emergency department visit for asthma at least one time in past year OR a hospitalization for treatment of asthma at least one time in past year.

Covered Products require an order from a physician, physician assistant, nurse practitioner, or clinical nurse specialist.

The following allergen-reducing products are covered:

- Allergen encasements for mattresses, box springs, and pillows
- An allergen-rated vacuum cleaner, filters, and bags
- A dehumidifier and filters
- HEPA single-room air cleaners and filters
- Integrated pest management, including traps and starter packages of food storage containers
- A damp mopping system
- If the child does not have access to a bed, a waterproof hospital-grade mattress; and
- For homeowners only, furnace filters.

Other health care professionals, such as registered environmental health specialist, healthy homes specialist, lead risk assessor, certified asthma educator, and public health nurses, can make "recommendations" to MHCP-enrolled treating providers about allergen-reducing products for the child.

The following providers may provide allergen-reducing products:

- Durable medical equipment providers
- Federally qualified health centers
- Home health agencies
- Indian health services
- Medical suppliers
- Pharmacies
- Public health nursing clinics
- Public health clinics
- Rural health clinics

Not Covered

- Items obtained from a provider not listed above
- Items purchased from a retail store of any type
- Furnace filters when child resides in a home and the parent/guardian is not the homeowner.

CPT/ HCPCS/ICD-10 Codes

**Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
E1399	HA	Durable medical equipment, miscellaneous.
T1028	UA	Assessment of home, physical and family environment, to determine suitability to meet patient’s medical needs.

**CPT is a registered trademark of the American Medical Association.*

Prior authorization

Not required.

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
None	

References and source documents

Links to the UCare contracts, Center for Medicare, and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

- [MN 256B.0625 Subd. 67.Enhanced asthma care services.](#)
- [MHCP Providers Manual Allergen-Reducing Products for Children](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	July 1, 2022	New policy; retroactive effective date
V2	Oct. 1, 2022	Revised to add additional products and reflect clarification from MDH
V3	Oct.11, 2023	Minor edits based on updated language from MHCP manual.