

## Asthma Education

Description

Asthma education provided to the member by either a provider or in educational classes.

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Document history

The document history for the past 12 months is outlined below.

Date	Description
1.8.24	Updated to new template.

Commercial

Introduction	<p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>				
Benefits (all except MMP)	<p>Quote office visit benefits.</p> <ul style="list-style-type: none"><li>• Covered under office visit benefits when provided by a physician (one on one).</li><li>• Services must be physician-ordered.</li><li>• If performed by a provider licensed to provide this service, (example: a certified asthma educator), the provider must bill under the supervising physician and must also provide one on one education.</li><li>• Group educational classes are excluded in most plan documents.</li></ul>				
Mayo Medical Plan (MMP)	<p>Quote office visit benefits.</p> <ul style="list-style-type: none"><li>• Covered under office visit benefits when provided by a physician (one on one).</li><li>• Services must be physician-ordered.</li><li>• If performed by a provider licensed to provide this service, (example: a certified asthma educator), the provider must bill under the supervising physician and must also provide one on one education.</li><li>• Group educational classes are excluded in most plan documents.</li></ul>				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>Refer to <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>Service is not covered.</li><li>Follows Medicare guidelines.</li><li>Medicare is the primary payer.</li><li>If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li></ul>				
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Quote office visit benefits.</p> <ul style="list-style-type: none"><li>Must be received from a physician or certified asthma educator, and under the guidance of a contracted provider.</li><li>Medica is the only payer.</li></ul>				
Cost (Prime)	<p>Service is not covered.</p> <ul style="list-style-type: none"><li>Follows Medicare guidelines.</li></ul>				
Med Advantage	<p>Service is not covered.</p> <ul style="list-style-type: none"><li>Follows Medicare guidelines.</li><li>Medica is the only payer.</li></ul>				
Med Supp (Select, Signature)	<p>Service is not covered.</p> <ul style="list-style-type: none"><li>Follows Medicare guidelines.</li><li>Medicare supplement.</li><li>Medicare is the primary payer.</li></ul>				
Medicaid	<p>Quote office visit benefits.</p> <ul style="list-style-type: none"><li>Must be received from a physician or certified asthma educator, and under the guidance of a contacted provider.</li></ul>				
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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>				
Benefits	<p>Quote office visit benefits.</p> <ul style="list-style-type: none"><li>• Services must be physician-ordered.</li><li>• If performed by a provider licensed to provide this service, (example: a certified asthma educator), the provider must bill under the supervising physician and must also provide one on one education.</li><li>• Group educational classes are excluded in most policies.</li></ul>				
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