



1. BILLING OVERVIEW

FOR IMMUNOTHERAPY

CPT 95165 - Mixing and procurement of allergy immunotherapy – Multi dose vial

CPT 95144 - Mixing and procurement of allergy immunotherapy – Single dose vial*

*(discussed on page 4)

CPT 95165 is billed by # of doses. Maximum of 180 doses is generally what is billed for.

The reason for this is that this is the number of immunotherapy doses that are being prepared for ONE YEAR of therapy is a minimum of 180.

Medicare rate (or minimum rate) at which each unit is billed and paid by insurance: 95165 - \$15.33, 95144 - \$16.75

FOR SKIN TESTING

CPT 95004 is billed by units for skin testing. The “units” correspond to the number of individual allergens tested for. You bill for 40 units. \$5.00 per dose is the average Medicare rate (or minimum) at which each unit is billed and paid by insurance.

Depending on your practice’s billing model, many offices bill 2 times this rate or more.

2. RELEVANT ICD-10 CODES

- Consider using a minimum of 3 relevant ICD-10 codes for Allergy Immunotherapy.

The following list of four ICD-10 codes in BOLD are the codes most closely associated with PAYMENT of CPT codes 95165 and 95144.

- **J30.2- Other Seasonal Allergic Rhinitis**
- **J30.1- Allergic Rhinitis due to pollen**
- **J30.81- Allergic Rhinitis due to Animal (cat/dog) hair and dander**
- **J30.89- Other Allergic Rhinitis (Molds)**

OTHER CODES:

H10.11	Acute atopic conjunctivitis, right eye
H10.12	Acute atopic conjunctivitis, left eye
H10.13	Acute atopic conjunctivitis, bilateral
H65.04	Acute serous otitis media, recurrent, right ear
H65.05	Acute serous otitis media, recurrent, left ear
H65.06	Acute serous otitis media, recurrent, bilateral
H65.21	Chronic serous otitis media, right ear
H65.22	Chronic serous otitis media, left ear
H65.23	Chronic serous otitis media, bilateral
H65.411	Chronic allergic otitis media, right ear
H65.412	Chronic allergic otitis media, left ear
H65.413	Chronic allergic otitis media, bilateral
H65.491	Other chronic nonsuppurative otitis media, right ear
H65.492	Other chronic nonsuppurative otitis media, left ear
H65.493	Other chronic nonsuppurative otitis media, bilateral
H66.91	Otitis media, unspecified, right ear
H66.92	Otitis media, unspecified, left ear
H66.93	Otitis media, unspecified, bilateral
J01.00	Acute maxillary sinusitis, unspecified
J01.01	Acute recurrent maxillary sinusitis
J01.10	Acute frontal sinusitis, unspecified
J01.11	Acute recurrent frontal sinusitis
J01.20	Acute ethmoidal sinusitis, unspecified
J01.21	Acute recurrent ethmoidal sinusitis
J01.30	Acute sphenoidal sinusitis, unspecified
J01.31	Acute recurrent sphenoidal sinusitis
J01.40	Acute pansinusitis, unspecified
J01.41	Acute recurrent pansinusitis
J01.80	Other acute sinusitis
J01.81	Other acute recurrent sinusitis
J01.90	Acute sinusitis, unspecified
J01.91	Acute recurrent sinusitis, unspecified
J04.0	Acute laryngitis
J04.30	Supraglottitis, unspecified, without obstruction
J04.31	Supraglottitis, unspecified, with obstruction
J05.0	Acute obstructive laryngitis [croup]
J30.0	Vasomotor rhinitis
J30.2	Other seasonal allergic rhinitis
J30.5	Allergic rhinitis due to food
J31.0	Chronic rhinitis
J31.1	Chronic nasopharyngitis
J31.2	Chronic pharyngitis
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis

3. ALLERGY IMMUNOTHERAPY BILLING SCHEDULE

For practices that bill for services based on IN-NETWORK contracts with their insurance payors! you should always check with your contracted payors regarding their specific needs.

EXAMPLE BILLING SCHEDULE FOR THE MOST COMMON PAYORS:

BCBS - IN NETWORK: Code 95165, 30 units, billed each month for 6 months.

OUT OF NETWORK: Code 95165, 180 UNITS DAY 1

United - IN NETWORK: Code 95165, 75 units day 1 and day 2. Then 30 units on day 3.

OUT OF NETWORK: Code 95165, 180 UNITS DAY 1

Cigna – IN NETWORK: Code 95165 for 5 units, days 2-6 code 95144 for 30 units and Day 7 code 95144 for 25 units.

OUT OF NETWORK: Code 95165, 180 UNITS DAY 1

Aetna – IN NETWORK: Code 95165 on day 1 for 120 units and 60 units of 95144 on day 2.

OUT OF NETWORK: SAME AS ABOVE

Medicare – Code 95165 for 5 units on day 1. For days 2-6 use code 95144 for 30 units each day. On day 7, use code 95144 for 25 units.

Medicaid – Code 95165 for 180 units (no daily limits). *In Texas, Molina max units - 160

TRICARE - Code 95165 at 75 units for day one and two. On day three, 30 units of 95165.





4. DOCUMENTATION REQUIREMENTS

Adequate documentation is essential for high-quality patient care and to demonstrate the reasonableness and medical necessity of the testing. Documentation must support the criteria for coverage as described in the Coverage Indications, Limitations, and/or Medical Necessity section of an LCD.

There should be a permanent record of the allergy test and its interpretation including the test methodology and either the measurement (in mm) of reaction size of both the wheal and erythema response, or blood test result. An official interpretation (final report) of the testing should be included in the patient's medical record. Retention of the allergy test(s) should be consistent both with clinical need and with relevant legal and local health care facility requirements.

The medical record must document the elements of the medical and immunologic history including but not limited to:

- correlation of symptoms occurrence of symptom
- exposure profile documentation of allergic sensitization by accepted means
- where attempts at avoidance have proven unsuccessful (or the impracticality of avoidance exists)
- copy of the sensitivity results
- the physical examination

The history should support that attempts to narrow the area of investigation were taken so that the minimal number of necessary tests might deliver a diagnosis.

Testing results need to justify the diagnosis and code on each claim form. The clinical condition that is claimed to justify this test must be clearly documented in the record.

5. PATIENT NOTE TEMPLATE

The following is an example of patient note and treatment plan verbiage which is intended to include all required criteria for Medical Necessity:

PATIENT NOTE:

In consideration of the: 1) patient's self-reporting of long standing and significant allergy symptoms, 2) failure of OTC allergy medications to adequately control allergy symptoms, 3) advancement of allergy related sequelae and 4) multiple, strongly positive results of objective allergen challenge testing, it was recommended that the patient consider allergy immunotherapy.

The patient was informed of the risks, cost and projected length the treatment and decided to proceed with allergy immunotherapy.

TREATMENT PLAN:

The Allergy Immunotherapy desensitization plan is to include procurement and mixing of allergens specific to the patient's 5mm+ reaction welts. The patient is to follow up in office for ongoing assessments, injections and for all "step-up" visits.

Phase One of the treatment will entail 12 months of continuous desensitization therapy using the prepared vials in increasing concentration. At the end of Phase 2, maintenance therapy will be initiated for an additional 12 months. Patient is to be re-assessed as needed for adjustments in toward tolerance and efficacy along the 24 month timeline and beyond.

Patient also prescribed an epinephrine auto injector to have available for treatment of any life-threatening allergic reaction. Patient was given instructions on the proper use of epinephrine pen and the signs and symptoms to look for.



6. General Disclaimer

While this document represents our best efforts to provide accurate information, we cannot guarantee that third-party payers will recognize and accept the coding and documentation recommendations. As CPT®, ICD-10-CM and HCPCS codes change annually, you should reference the current CPT®,

ICD-10-CM and HCPCS manuals and follow the "Documentation Guidelines for Evaluation and Management Services" for the most detailed and up-to-date information. This information is taken from publicly available sources. Nationwide Allergy cannot guarantee reimbursement for services as an outcome of the information and/or data used and disclaims any responsibility for denial of reimbursement. This information is intended for informational purposes only. Current Procedural Terminology (CPT®) is copyright and trademark of the 2016 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT®. Nationwide Allergy assumes no liability for the data contained herein. All medical coding must be supported with documentation and medical necessity.

Comments, information or advice (collectively referred to as “information”) provided by the coding specialists and staff sourced by Nationwide Allergy reflect their current understanding of the proper use and application of CPT®1, ICD, HCPC codes, and claims modifiers. The information provided is solely intended as general information. Ultimately, it is the provider’s responsibility to determine medical necessity, and to correctly submit appropriate codes, charges, and modifiers for services that are rendered. The coverage and payment requirements of both government and private payor plans are quite complex, often vary and are subject to frequent change. Any information provided by Nationwide Allergy or its staff is intended as general guidance only. Nationwide Allergy and its staff cannot make any representations regarding the appropriateness of use or the likelihood of reimbursement with respect to a specific code. Any information provided by Nationwide Allergy and its staff is for informational purposes only, and is not meant as a substitute for professional medical and/or legal advice, both of which should be obtained independently from qualified professionals.

All third-party vendors are independently responsible for their work and NA does not warrant or accept any responsibility for the services they may provide.

CPT® Disclaimer:

CPT® Copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained.