



ALLERGY IMMUNOTHERAPY BILLING AND CODING

1. RELEVANT CPT CODES

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 95165/95144 is billed by number of doses. For example, 180 is often the number of allergy immunotherapy doses given in a year and billed for.

Medicare national average rate (or minimum rate) at which each unit is billed and reimbursed by insurance:
95165 - \$15.33, 95144 - \$16.75 (subject to minor fluctuations)



INJECTIONS

CPT 95115 - Single Injection

CPT 95117 - Multiple Injections

In-office injections of allergy immunotherapy may be billed separately using the above codes. Frequency of dosing is determined by the provider.

*Use of Modifier 25 may be used when billing for separately identifiable services such as an office visit, injections, mixing of allergy immunotherapy and/or allergy skin testing.

“Modifier 25 is defined as a significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified healthcare professional on the same day of the procedure or other service.”

Adapted from: https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/30471_25/L30471ALRG001CBG010113.pdf

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 examples of the codes most closely associated with reimbursement of CPT codes 95165 and 95144.

Accurate ICD-10 coding is always recommended based on symptomatology, patient test results and a comprehensive patient history.

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

3. EXAMPLES OF ALLERGY IMMUNOTHERAPY BILLING SCHEDULES

It is recommended for practices that bill for services based on IN-NETWORK contracts with their insurance payors, to always check with those payors regarding their specific needs and any and all billing policies and laws related to individual LCDs.

The following examples are intended for educational purposes only and are not guaranteed to be accurate.

BCBS AZ - IN NETWORK: Code 95165: 30 units, days 1-5 (150 units)
Code 95144: 30 units, day 6

OUT OF NETWORK: Code 95165: 150 units, day 1
Code 95144: 30 units, day 1

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

OUT OF NETWORK: Code 95165: 180 units, day 1

Cigna – IN NETWORK: Code 95165: 5 units, day 1
Code 95144: 30 units, days 2-6; 25 units, day 7

OUT OF NETWORK: Code 95165: 180 units, day 1

Humana – IN NETWORK: Code 95165: 5 units, day 1
Code 95144: 30 units, days 2-6; 25 units, day 7

OUT OF NETWORK: Code 95165: 180 units, day 1

Aetna – IN NETWORK: Code 95165: day 1, 120 units
Code 95144: day 2, 60 units.

OUT OF NETWORK: same as Aetna in network codes

Medicare – Code 95165: 5 units, day 1
Code 95144: 30 units, days 2-6; 25 units, day 7

Medicaid – Code 95165: 20 units, days 1- 9 consecutive business days

Medicaid (Mercy Care)– Code 95165: 20 units, days 1- 7
Code 95144: 10 units, days 8-11

TRICARE - Code 95165: 75 units, days 1 and 2; 30 units, day 3

4. DOCUMENTATION - BEST PRACTICES

Adequate documentation is essential for high-quality patient care and to demonstrate the reasonableness and medical necessity of the testing and/or treatment of patients. 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 healthcare 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 conditions that are claimed to justify testing (and/or treatment) must be clearly documented in the record.

Adapted from:

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=36402>



5. PATIENT NOTE EXAMPLE

The following is an example of patient note and treatment plan verbiage which is intended to satisfy required criteria to effectively document medical necessity. Additional information may be included as relevant.

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, 4) failure of allergen avoidance practices, as relevant and 5) 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 of the treatment and decided to proceed with allergy immunotherapy.

TREATMENT PLAN EXAMPLE:

The Allergy Immunotherapy DESENSITIZATION PLAN is to include procurement and mixing of allergens specific to the patient's _____+ mm reaction welts and/or IgE test results. The patient is to follow up in office for ongoing assessments, in-office 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 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 of a systemic reaction to look for.



6. GENERAL DISCLAIMER

While this document represents our best efforts to provide accurate information, we cannot guarantee the accuracy of the provided examples. 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.

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