

cmi_171648

Title	Allergen Immunotherapy (95165) Unit Limits		
Number	CP.PP.409.v1.5		
Last Approval Date	05/14/24	Original Effective Date	01/01/19
Replaces			
Cross Reference	<i>Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service on Same Day of Procedure or Other Service</i>		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose/ Application	The purpose of this policy is to define unit limits for allergen immunotherapy (95165) services that are submitted on a CMS-1500 paper claim form or an 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products. Medicare Advantage products are not subject to this policy.
Definitions	<p>Allergen immunotherapy: the repeated administration of specific allergens to a patient with IgE-mediated conditions for the purpose of providing protection against the allergy symptoms and inflammatory reactions associated with natural exposure to these allergens.</p> <p>Dose: the amount of antigen administered in a single injection from a multiple dose vial or drawn from a treatment board in one syringe.</p>
Policy	<p>Code 95165 is used to:</p> <ul style="list-style-type: none"> report the physician's preparation of an antigen(s) for allergen immunotherapy, report the concentration and volume of antigen required, and provide the antigen extract itself. <p>This code does NOT include the actual administration of the allergen therapy.</p> <p>The unit value submitted for this code should reflect the <u>actual number of doses prospectively planned</u> to be administered for a patient's course of treatment when the antigen is initially prepared. If the patient's doses were adjusted and/or diluted and the antigen provided is more or less doses than originally anticipated, there should be NO change in the number of doses for which the provider already anticipated billing.</p> <p>The following unit limits are applied to code 95165:</p> <ul style="list-style-type: none"> Maximum daily frequency of 150 units per day/per member/per provider Maximum yearly frequency of 250 units per member/per rolling 12-month period (includes ALL provider code submissions)

	<p>Immunotherapy includes all professional services necessary for the preparation and provision of allergen immunotherapy.</p> <p>If additional separate and distinct services unrelated to the allergen immunotherapy are rendered at the same time as the preparation of the allergen immunotherapy, then an appropriate evaluation and management (E&M) office visit code with modifier 25 may be submitted as long as the medical record documentation supports the E&M service being billed as a significant and separately billable service unrelated to the procedure performed.</p> <p>Additional separate and distinct services must be substantial to qualify for payment and be fully documented in the patient’s medical record. Such documentation must be made available upon request for review.</p>
<p>Codes and Coding Guidelines</p>	<p>Codes applicable to this policy include:</p> <p>95165 – Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple dose antigens (specify the number of doses)</p>
<p>Violations of Policy</p>	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined at the Plan’s sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
<p>Exceptions</p>	
<p>Laws, Regulations & Standards</p>	
<p>References and Resources</p>	<ul style="list-style-type: none"> • American Medical Association Current Procedural Terminology (CPT) Codebook • AAAAI Practice Management Resource Guide, 2014 edition, Chapter 6: Coding and Billing Basics, Theresa Thompson, BS, CPC, CMSS, CCC • Allergen Immunotherapy: A practice parameter third update, American Academy of Allergy, Asthma and Immunology, 2010, Editors: Lind Cox MD, Harold Nelson MD and Rachel Lockey MD • CPT Assistant, April 2000:4 : Coding Clarification-Allergy Immunotherapy, Provision of Antigens • Medicare Claims Processing Manual, 100-04, Ch. 12, Section 200-Allergy Testing and Immunotherapy • Medicare Benefits Policy Manual, 100-02, Ch 15, Section 50.4.4-Payment for Antigens and Immunotherapy • Medicare Carrier’s Manual, Part 3, Ch. XV, Section 15050-Allergy Testing and Immunotherapy

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department	
Annual Review Dates	05/14/24; 09/06/23; 10/13/22; 11/01/21; 11/04/20; 12/04/19; 12/17/18	
Version History	12/17/18	Initial creation of Policy
	12/04/19	Clarified the “per year” calculation
	11/04/20	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 paper or 837P electronic claim forms. Minor clarification of wording in third paragraph of Policy section
	11/01/21	Removed listing of E&M codes
	10/13/22	Annual review; no changes
	09/06/23	Revised the first paragraph in the Policy section into bullet points.
	05/14/24	In the Policy, minor clarification made to the fifth paragraph to indicate billing for separate and distinct services unrelated to the allergen immunotherapy may be submitted with an E&M service.