

Medical Coverage Policy | Allergy Immunotherapy Injections



EFFECTIVE DATE: 02/17/2009
POLICY LAST UPDATED: 12/04/2012

OVERVIEW

This policy documents Blue Cross & Blue Shield of Rhode Island's (BCBSRI) reimbursement process for allergens and immunotherapy CPT codes. BCBSRI will follow the Centers for Medicare and Medicaid Services (CMS) ruling on codes 95115 through 95170 representing the administration of antigens and their preparation and single codes representing both the antigens and their injection.

PRIOR AUTHORIZATION

None

POLICY STATEMENT

BlueCHiP for Medicare and Commercial:
Allergy injections are a covered benefit.

1. Codes 95115-95117 describe the professional service for the injection of the antigen but does not include the supply of the antigen.
2. Codes 95120-95134 describe complete service codes representing the combined preparation and supply of antigen for allergy immunotherapy in addition to the allergy injection provided. **Medicare does not use these codes for payment purposes.**
3. Codes 95144-95170 are for the preparation and provision of a single dose of antigen (see below for multiple dose vials code 95165). The reimbursement amounts for the antigen codes are for a single dose. The provider should specify the number of doses provided in the units field.

° Code 95144 describes the allergist's preparation of single-dose vial(s) of antigens to be administered by another physician. A single-dose vial contains one dose of antigen that is administered in one injection.² The vials are intended for use only when there is concern about accuracy of measurement doses from a multi-dose vial by a nonallergist office. The number of single-dose vials prepared and provided should be specified when reporting this code.

Example: Use of Code 95144

An individual's allergist prepares two single-dose vials of allergenic extract for a patient who plans to travel to another city within the state during the time the injections are due. The patient receives the two allergy injections from the single-dose vial from a primary care physician.

The allergist reports code 95144 with the unit number of 2 specifying the number of vials prepared and provided.

The primary care physician reports code 95117 with the unit number of 1 indicating that two or more injections were administered at that visit.

° Code 95165 describes the allergist's preparation of single or multiple-dose vials of non-venom antigens to be administered by another physician. A dose is the amount of antigen(s) administered in a single injection from a multiple dose vial. Some non-venom antigens cannot be mixed together. Common practice for mixing a multi-dose vial of antigens is to prepare a 10cc vial and then remove 1cc doses. Medicare considers a standard dose to be 1cc. Despite the number of 1cc doses removed

from the vial, the reimbursement will be according to the preparation for a 10cc vial. A provider should not bill the vial preparation code for more than 10 doses per vial.

Example: Use of code 95165

If a physician uses 1/2 cc doses from a 10cc multiple-dose vial for a total of 20 doses, they should bill for no more than 10 doses.

If a physician prepares two 10cc multi-dose vials and uses 1/2cc from one vial, and 1cc from the other vial, they should bill for no more than 20 doses.

° Codes 95145-95149 and 95170 are used to report the allergist's preparation of stinging insect venoms. Venom doses are prepared in separate vials and not mixed together- except in the case of the three vespid mix (white and yellow hornets and yellow jackets).

NOTE:

Allergy injection codes and E/M codes should not be filed on the same day unless the E/M is separately identifiable. If the E/M is separately identifiable, append modifier -25 to the office visit.

Code 96372 does not include injections for allergen immunotherapy. For allergen immunotherapy injections, use 95115-95117.

If a patient's doses are adjusted, due to a reaction, and the antigen provided is actually more or less doses than originally anticipated, no changes should be made in the number of doses to be billed. Report the number of doses actually anticipated at the time of the antigen preparation for both venom and non-venom antigen codes.

Regardless of whether a provider uses or files for a single dose vial (95144) or multiple dose vials (95165) and are billing for the administration of the injection at the same time (95115 or 95117) they will be reimbursed at the multiple dose vial rate of CPT code 95165.

Medicare considers a reasonable supply of antigens to be not more than a 12-month supply of antigens that has been prepared for a particular patient at any one time. The purpose of the reasonable supply limitation is to assure that the antigens retain their potency and effectiveness over the period in which they are to be administered to the patient.

MEDICAL CRITERIA

None

BACKGROUND

Allergen immunotherapy is a treatment program for individuals who have hypersensitivity to one or more allergens. The objective of the therapy is to lessen or diminish symptoms when the individual is exposed to the allergen in the future. Immunotherapy consists of injections that contain progressively larger amounts of allergen until the individual reaches and then is able to continue on a maintenance dose level.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage or Subscriber Agreement for the applicable allergist office visits benefits/coverage.

CODING

BlueCHiP for Medicare and Commercial:

The following codes covered:

95115 95117 95144 95145 95146 95147 95148 95165 95170

The following codes are not separately reimbursed:

95120 95125 95130 95131 95132 95133 95134

RELATED POLICIES

None

PUBLISHED

Provider Update	Feb 2013
Provider Update	April 2009

REFERENCES

1. CMS Manual System, Internet Only Manual, Medicare Claims Processing Manual Chapter 12-Physicians/Nonphysicians Practitioners. Section 200-Allergy Testing and immunotherapy (Rev. 504, Issued: 03-11-05, Effective/Implementation: N/A): B. Allergy Immunotherapy. Retrieved 1/12/09, 10/22/2012 from <http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf>
2. American Medical Association: Current Procedural Terminology (CPT) 2013; Allergen Immunotherapy
3. CMS Manual System, Internet Only Manual, Medicare Benefits Policy Manual, CMS Pub. 100-02 Chapter 15, section 50.4.1- Payment for Antigens and Immunizations (Rev.1,10-01-03) section 50.4.4, Antigens (Rev. 1, 10-01-03) B3-2049.4. Retrieved 1/12/09, 10/22/12 <http://www.cms.hhs.gov/Manuals/downloads/bp102c15.pdf>

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