ConnectiCare

Reimbursement Policy:

Allergy Testing and Immunotherapy

(Commercial and Medicare)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20210008	3/01/2022	**RPC (Reimbursement Policy Committee)**

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

Allergen immunotherapy is a treatment program for individuals who have hypersensitivity to one or more allergens. The objective of the therapy is to lesson 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 is able to continue on a maintenance dose level.

Policy Statement:

This policy describes ConnectiCare reimbursement process for allergens and immunotherapy CPT codes. ConnectiCare aligns with the Centers for Medicare and Medicaid Services (CMS) guidelines on codes 95115 through 95170 representing the administration of antigens and their preparation and single codes representing both the antigens and their injection.

Reimbursement Guidelines:

- Always use the component codes (95115, 95117, 95144-95170) when reporting allergy immunotherapy Services
    - Codes 95115-95117 describe the professional service for the injection of the antigen but does not include the supply of the antigen.
    - 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.*

- 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 mixes (white and yellow hornets and yellow jackets).

  CPT code 95144 is used to report regular antigens, other than stinging insect. Use this code to report single dose vials. Use this code only when the allergist actually prepares the extract.

  Code 95144 (single dose vials of antigen) should be reported only if the physician providing the antigen is providing it to be injected by someone *other* than himself/herself. The number of single-dose vials prepared and provided should be specified when reporting this code. *If this code is mistakenly reported in conjunction with an injection (95115 or 95117), payment will be made under code 95165.*

- CPT procedure codes 95115, 95117 and 95144 are payable only in an office setting (11).
- CPT procedure codes 95145-95170 are payable in the office (11) and in a hospital outpatient department (22). *These codes are also payable in a skilled nursing facility (31), but only if the physician is present.*
- CPT 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. *Note: 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.

  - Supervision of preparation and provision of single or multiple antigens for allergen immunotherapy may be considered medically necessary for a cumulative total of 137 doses/units per benefit period.
  - A dose is defined as the amount of antigen(s) administered in a single injection from a multiple dose vial.
  - Supervision of preparation and provision of single or multiple antigens for allergen immunotherapy represents single or multiple-dose vials of non-venom antigens. Common practice for mixing a multi-dose vial of antigens is to prepare a 10cc vial then remove 1-cc doses. Reimbursement may be made up to a maximum of 10 doses per vial.
- 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 actual antigen provided is 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 a single dose vial (95144) or multiple dose vials (95165) and is 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.
- CMS 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.

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Allergen Immunotherapy:

ConnectiCare will reimburse for a reasonable supply of antigens that have been prepared for a member when:

- The antigens are prepared by a physician who is a doctor of medicine or osteopathy, *and*
- The physician who prepared the antigens has examined the patient and has determined a plan of treatment and a dosage regimen.
- Antigens must be administered in accordance with the documented plan of treatment and by a doctor of medicine or osteopathy or by a properly instructed person (who could be the patient) under the supervision of the doctor.

Frequency of Allergy Studies:

In accordance with CMS, Allergy studies (CPT codes 95004, 95017, 95018, 95024 or 95027), ConnectiCare allows up to 137 tests within one year, which should cover all the percutaneous and intradermal tests for the member's evaluation.

ConnectiCare limits reimbursement for these codes to one unit per day and will not reimburse duplicate services on facility claims (e.g. when a provider and facility both bill for the same service). This includes allergy testing for intradermal test, patch tests, and/or percutaneous scratch tests.

Other regional CMS policies indicate that an evaluation may require up to 75 percutaneous tests for inhalant allergies followed by up to 20 intracutaneous tests (performed when percutaneous tests are negative). Thirty (30) tests may be needed for a combination of percutaneous and intracutaneous tests with venoms (CPT Code 95017) and 12 tests may be needed for a combination of percutaneous and intracutaneous tests with drugs or biologicals (CPT Code 95018).

Frequency of Preparation and Provision of Antigen Doses:

In accordance with Joint Task Force on Practice Parameters commissioned by the American Academy of Allergy, Asthma and Immunology (AAAAI); the American College of Allergy, Asthma and Immunology (ACAAI) and the joint Council of Allergy, Asthma and Immunology, the reporting and supervision of preparation of single or multiple antigen doses (CPT Code 95165) should not exceed 137 units per year.

- Reimbursement may be made for 30 doses per day. Any more than 30 doses per day requires medical records to support number of doses and vials prepared.
- ConnectiCare will not reimburse 95165 for additional units.

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Applicable CPT Codes:

The following CPT Codes are reimbursed when coding guidelines described in this are met:

CPT Code	Description
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	Patch or application test(s) (specify number of tests)
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms

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CPT Code	Description
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)

The following CPT Codes are <u>not</u> separately reimbursed by ConnectiCare:

CPT Code	Description
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms

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.
2. Medicare Benefit Policy Manual, Chapter 15, §20.2 – Physician Expense for Allergy Treatment and §50.2 – Determining Self-Administration of Drug or Biological.
3. American Medical Association: Current Procedural Terminology (CPT) 2013; Allergen Immunotherapy

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Revision History

Company(ies)	DATE	REVISION
ConnectiCare	10/9/2025	• Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after **January 1, 2026**.
ConnectiCare	10/9/2025	• Transferred policy content to individual company-branded template. No changes to policy title or policy number.
EmblemHealth ConnectiCare	7/2023	• For clarity, frequency requirements for CPT Code 95165 moved from Coding Guidelines section to the Frequency of Preparation and Provision of Antigen Doses section
EmblemHealth ConnectiCare	5/2023	• Updated to clarify facility fees for allergy testing is limited to one unit per day (CPT codes 95004, 95017, 95018, 95024 or 95027) effective 9/13/2023.
EmblemHealth ConnectiCare	10/2022	• Clarification on 95165, which may be billed up to 30 units per day and 137 units per benefit period.
ConnectiCare	10/2021	• New Policy

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