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<b>Title</b>	<b>Allergen Immunotherapy (95165) Unit Limits</b>		
<b>Number</b>	<b>CP.PP.409.v1.5</b>		
<b>Last Approval Date</b>	04/06/26	<b>Original Effective Date</b>	01/01/19
<b>Cross Reference</b>	<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.

<b>Purpose/ Application</b>	The purpose of this policy is to define unit limits for allergen immunotherapy (95165) services that are submitted on a professional claim.
<b>Scope</b>	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.
<b>Definitions</b>	<p><b>Allergen immunotherapy:</b> the repeated administration of specific allergens to a patient with IgE-mediated conditions for the purpose of providing protection against allergy symptoms and inflammatory reactions associated with natural exposure to these allergens.</p> <p><b>Dose:</b> The amount of antigen administered in a single injection from a multiple dose vial or drawn from a treatment board in one syringe.</p>
<b>Policy</b>	<p>Code <b>95165</b> is used to:</p> <ul style="list-style-type: none"> <li>report the physician’s preparation of an antigen(s) for allergen immunotherapy,</li> <li>report the concentration and volume of antigen required, and</li> <li>provide the antigen extract itself.</li> </ul> <p>This code does <b>NOT</b> include the actual administration of the allergen therapy.</p> <p>The unit value submitted for this code should reflect the <b>actual number of doses prospectively planned</b> to be administered for a patient’s course of treatment when the antigen is <b>initially prepared</b>. If the patient’s doses were adjusted and/or diluted and the antigen provided is more or less than originally anticipated, there should be <b>NO</b> 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"> <li>Maximum <b>daily frequency</b> of 150 units per day/per member/per provider</li> <li>Maximum <b>yearly frequency</b> of 250 units per member/per rolling 12-month period (includes ALL provider code submissions)</li> </ul> <p>Immunotherapy includes all professional services necessary for the preparation and provision of allergen immunotherapy.</p>

	<p>If additional separate and distinct services <b>unrelated</b> to the allergen immunotherapy are rendered at the same time as the preparation of the allergen immunotherapy, then an appropriate evaluation and management (E&amp;M) office visit code with modifier 25 may be submitted as long as the medical record documentation supports the E&amp;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>
<b>Codes and Coding Guidelines</b>	<p>Codes applicable to this policy include:</p> <p><b>95165</b> – 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>
<b>Violations of Policy</b>	<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 by the Plan.</p>
<b>Exceptions</b>	<p>Exceptions section: Exceptions to the policy may be made where a provider or employer group contract dictates otherwise.</p>
<b>Laws, Regulations &amp; Standards</b>	<p>N/A</p>
<b>References and Resources</b>	<ul style="list-style-type: none"> <li>• American Medical Association Current Procedural Terminology (CPT) Codebook</li> <li>• AAAAI Practice Management Resource Guide, 2014 edition, Chapter 6: Coding and Billing Basics, Theresa Thompson, BS, CPC, CMSS, CCC</li> <li>• 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</li> <li>• CPT Assistant, April 2000:4: Coding Clarification-Allergy Immunotherapy, Provision of Antigens</li> <li>• Medicare Claims Processing Manual, 100-04, Ch. 12, Section 200-Allergy Testing and Immunotherapy</li> <li>• Medicare Benefits Policy Manual, 100-02, Ch 15, Section 50.4.4-Payment for Antigens and Immunotherapy</li> <li>• Medicare Carrier’s Manual, Part 3, Ch. XV, Section 15050-Allergy Testing and Immunotherapy</li> </ul>

<b>Policy Owner Review</b>	<p>Payment Integrity Oversight Committee</p>
<b>Contact</b>	<p>Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department</p>
<b>Annual Review Dates</b>	<p>04/06/26; 04/07/25; 05/14/24; 09/06/23; 10/13/22; 11/01/21; 11/04/20; 12/04/19; 12/17/18</p>

<b>Version History</b>	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 <b>unrelated</b> to the allergen immunotherapy may be submitted with an E&M service.
	04/07/25	Annual review; no changes
	04/06/26	Annual review; no changes