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Coding Clarification

Allergy Immunotherapy-Provision of Antigens

In 1994, the allergen immunotherapy section of CPT was revised. The changes primarily involved those codes containing allergenic extract, and most importantly, allergy vials. In CPT 1994, codes [95150](#) and [95155](#) were deleted and replaced with code [95165](#), Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple antigens,(specify number of doses), with the intent to accurately identify the actual number of doses prospectively planned to be administered on a given dose schedule, when the vial is provided. Before CPT 1994, codes [95150](#) and [95155](#) were used to describe one or more multi-dose vials. Since that time, however, the reporting of has been interpreted differently by various users of CPT. A common question we receive is, "what constitutes a dose?"

Coding Review

As a reminder, code [95165](#) describes the for the supervision and provision of antigens for allergy immunotherapy, whether single or multiple antigens.

Code [95115](#) describes the single of an allergenic extract administered at a given patient encounter.

Code [95117](#) describes multiple (more than one) of an allergenic extract administered at a given patient encounter.

Code [95165](#) include the procedure(s) per se. Therefore, when a physician prepares the allergenic extract(s) (same or different antigens), and administers the extract(s) using single or multiple injections, code [95165](#) should be reported in addition to either [95115](#) or [95117](#).

Definition

For allergy immunotherapy reporting purposes, the definition of a dose is the amount of antigen administered in a single injection from a multiple dose vial, or drawn from a treatment board in one syringe.

Clinical Example One

A physician prepares a 10 dose multi-vial for a patient. At that same encounter, one dose from this vial is administered by one injection to the patient.

Coding the Example

[95165](#) x 10 in the units box + one injection code [95115](#).

In this example, code [95165](#) should be reported with the number 10 placed in the units box of the claim form. Code [95115](#) should be additionally reported for the one injection performed.

Example Two

A physician prepares two different multi-dose vials, each contains different antigens, and each vial contains 10 doses (total doses prepared: $2 \times 10 = 20$). At that same encounter, one dose from the first vial is administered to the patient in one injection, and one dose from the second vial is administered to the patient in a second injection. Each injection contains one dose from each of the two "multi-dose" vials (two doses would be drawn from the treatment board in two syringes as noted above).

The patient is also seen for an interval history and examination to assess the clinical status and adjust the prescription drug treatment. The physician also questions the patient about reactions to injections from previously supplied vials.

The patient is then given the two vials to take to the primary care physician for administration of the remaining number of injections on the dosage schedule.

In clinical example two, if the patient normally receives two doses, and the two injections are performed on the same day, there should be 18 remaining doses in the vials given to the patient to then take to the primary care physician.

Coding the Example

[95165](#) x 20 in the units box + one injection code [95117](#), and the appropriate level E/M code with the modifier -25 appended

In example number two, code [95165](#) should be reported with the number 20 placed in the units box of the claim form. Code [95117](#) should be additionally reported, as two injections were performed. Also reported is an appropriate level evaluation and management service code with the modifier -25 appended.

Clinical example two includes the scenario wherein immunotherapy administration will be performed by the primary care physician (eg, pediatrician, family physician, internist). In this instance, code [95165](#) should be reported since the allergy immunotherapy has already been determined, prepared, and the vial(s) provided to the patient. For this specific coding example, the primary care physician would report code [95117](#) should that be according to the prescribed dosage schedule. If the key components of an evaluation and management service code have been met, then the appropriate level E/M should also be reported, with the modifier -25 appended. ■