

Limitations of Allergy Immunotherapy

Allergen immunotherapy is defined as the parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage that is maintained as maintenance therapy. The appropriate procedure code is: 95165. The following table shows the valid diagnosis codes for the procedure code 95165:

Diagnosis Codes							
37214	38100	38101	38102	38103	38104	38105	38106
38110	38119	4770	4778	4779	49300	49301	49302
49310	49311	49312	49320	49321	49322	49390	49391
49392	7080	9895					

Cook Children's Health Plan is implementing the following policy for claims submission:

- No more than 45 doses will be payable within a 90-day period
- Doses should not exceed 160 doses per year

** Diagnosis codes 78607 and 7862 will no longer be valid procedure codes*

For patients that will exceed 160 doses per year, please refer to 9.2.4.1.1 as referenced below

Prior Authorization for Allergy Immunotherapy

*According to 9.2.4.1.1 Prior Authorization of Allergy Immunization, Texas Medicaid Provider Procedures Manual: Vol. 2 – December 2013, authorization is not required for immunotherapy services; requests for services beyond the established limits of 160 does per one-year period for **procedure code 95165** may be considered for prior authorization with documentation of medical necessity.*

Cook Children's Health Plan requires the following to approve doses in excess of the 160 doses per one-year period:

- Copy of the allergen testing results
- Severity and periodicity of symptoms
- Physical limitations created by the symptoms
- Concurrent drug treatment
- Explanation of how efficacy has not been achieved with prior treatment and the objectives of the new anticipated treatment program
- Rationale for mixing and billing quantities greater than 45 doses /160 per year. Provide detail of office procedures including vial diluent manufacturer, size and expiration date.