NYSSO-HNS Billing CPT Code 95165 - Antigens for Allergen Immunotherapy

Past investigations by the Office of the Inspector General (OIG) in 2002 and by the Program Safeguard Contractor in 2015 have demonstrated that claims for CPT code 95165 are sometimes billed incorrectly. Please review the information below and communicate this with your billing staff.

CPT code 95165 is used to report professional services for the supervision of preparation and provision of antigen maintenance mix for immunotherapy. Effective 1/1/2001, the definition of a billable unit of 95165 changed.

Per CMS guidelines, one (1) unit of 95165 equals one (1) cc aliquot.

**Example:** If a provider creates a 5 cc antigen maintenance mix vial then they may bill 5 units of 95165. Billing one (1) unit of 95165 per one (1) cc holds true regardless of the number of injections, and/or number of antigens. Additionally, once an antigen maintenance mix is created and billed it cannot be further diluted for additional charges.

The following examples are taken from the CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12, and Section 200:

1. If a 10cc multi dose vial is filled to 6cc with antigen, the physician may bill Medicare for 6 doses since six 1cc aliquots may be removed from the vial.
2. If a 5cc multi dose vial is filled completely, the physician may bill Medicare for 5 doses for this vial.
3. If a physician removes ½ cc aliquots from a 10cc multi dose vial for a total of 20 doses from one vial, he/she may only bill Medicare for 10 doses. Billing for more than 10 doses would mean that Medicare is overpaying for the practice expense of making the vial.
4. If a physician prepares two 10cc multi dose vials, he/she may bill Medicare for 20 doses. However, he/she may remove aliquots of any amount from those vials. For example, the physician may remove ½ aliquots from one vial, and 1cc aliquots from the other vial, but may bill no more than a total of 20 doses.
5. If a physician prepares a 20cc multi dose vial, he/she may bill Medicare for 20 doses, since the practice expense is calculated based on the physician's removing 1cc aliquots from a vial. If a physician removes 2cc aliquots from this vial, thus getting only 10 doses, he/she may nonetheless bill Medicare for 20 doses because the PE for 20 doses reflects the actual practice expense of preparing the vial.
6. If a physician prepares a 5cc multi dose vial, he may bill Medicare for 5 doses, based on the way that the practice expense component is calculated. However, if the physician removes ten ½ cc aliquots from the vial, he/she may still bill only 5 doses because the practice expense of preparing the vial is the same, without regard to the number of additional doses that are removed from the vial.

**Related Content:** CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 200 (1 MB)