

Overview of Prior Authorization Requests (PARs) for Immunotherapy

CHANGES TAKING PLACE October 1, 2015

A letter was sent to all providers (8/19/15) who have billed allergy services in the past year to notify them of the following:

In order for providers to receive reimbursement for allergy testing and/or allergy extract services for dates of service after **October 1, 2015**, they will need to submit verification of one of the following to the Medical Professional Unit at OHCA:

- Board certification in Allergy and Immunology; or
- Board eligibility in Allergy and Immunology; or
- Training in Allergy and Immunology in an accredited academic institution with a minimum of one month clinical rotation authenticated by a supporting letter from the institution or mentor,
- SEE ALLERGY PROVIDER APPROVAL LIST

Physicians will have the designation of 310-Allergist in the system, but the Nurse Practitioners and Physician Assistants cannot have this designation. When the Medical Professional Unit starts getting these verifications a spreadsheet of eligible allergy providers will be posted where we all have access. Providers are to send the required documentation to:

Oklahoma Health Care Authority
ATTN: Medical Professional Unit/Allergy Provider Verification
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

Documentation required for all codes requested:

- History and physical examination (indicating existence of acute or chronic state of allergy); and
- Report of allergy testing; and
- Provider's order for allergy immunotherapy, including type of immunotherapy, details of treatment and length of treatment; and
- Documentation detailing the antigen vial mixture, and date mixed; and
- Patient reaction to treatment, etc., must be available for review in the medical record.

Reimbursement for CPT 95165 (professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens) is limited to up to 10 units per vial in accordance with CMS guidelines. This payment is only for the preparation of antigen vial set, as SoonerCare does not reimburse for additional dilutions of this vial. A unit is based on a 1-cc aliquot as per CMS guidelines.

The system is set to allow 20 units per 90 days and a total of 80 units per 12 month rolling period for CPT code 95165. A PA override is allowed when medically indicated.

Codes:

CPT CODE	AGES-YEARS	DESCRIPTION
95144	0-999	ANTIGEN THERAPY SERVICES, SINGLE DOSE VIAL(S), SPECIFY NUMBER OF VIALS
95156	0-999	ANTIGEN THERAPY SERVICES, SINGLE OR MULTIPLE ANTIGENS, SPECIFY NUMBER OF UNITS