



March 6, 2025

SUBMITTED ELECTRONICALLY

Anne Docimo, MD
Chief Medical Officer
UnitedHealthcare
P.O. Box 1459
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Anne.Docimo@uhc.com

RE: UnitedHealthcare's Reimbursement Policy Concerning the Definition of a Dose for Purposes of Allergen Immunotherapy (CPT Code 95165)

Dear Dr. Docimo:

The Advocacy Council of the American College of Allergy, Asthma and Immunology ("ACAAI"), together with its sponsoring organization—the ACAAI, write to urge UnitedHealthcare ("UHC") to reconsider its reimbursement policy 2025R0060A defining a dose for purposes of Current Procedural Terminology ("CPT") code 95165 as "one – (1) cc aliquot from a single multidose vial." The Advocacy Council and the ACAAI represent the interests of more than 6,000 allergists-immunologists and allied health professionals nationwide. Many of our members provide allergen immunotherapy services to your enrollees to treat allergic rhinitis, allergic conjunctivitis, allergic asthma, and hymenoptera sensitivity. Allergen immunotherapy, which is administered through subcutaneous injections, is tailored to the unique needs of the enrollee and is described by three CPT codes. CPT codes 95115 and 95117 describe the subcutaneous injection of allergen extracts. CPT Code 95165 describes "professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)."

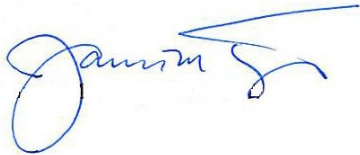
It has been brought to our attention that UHC is using an inappropriate definition of "dose" for purposes of reimbursement for allergy immunotherapy as described by CPT code 95165. The American Medical Association's ("AMA's") CPT book requires physicians to bill by the dose and to indicate on the claim the number of doses prepared. The CPT code book defines a dose as "the amount of antigen(s) administered in a single injection from a multiple dose vial." Under standard practice, the number of doses billed is based on the total number of doses the allergist expects to administer based on the prescribed dosage and frequency schedule.

We acknowledge that Medicare's definition of a dose deviates from the CPT definition. Medicare's approach reflects a misunderstanding of the way allergen immunotherapy is prepared and provided. It is important to understand that the value placed on 95165 by the AMA's RVU Update Committee ("RUC") is based on practice survey data for the code 95165 which includes physician work, and actual practice expense (including the cost of the allergen extracts) to determine the Relative Value Units for this code. Requiring allergists to bill by the cc, rather than by the number of clinical doses, is inconsistent with CPT and with the way that immunotherapy is administered. If clinical doses actually administered differ from the dose for billing purposes, this creates substantial billing and documentation problems.

UHC should follow the CPT definition for billing. Treatment begins with a build-up phase during which a patient receives increasing concentrations of antigen. Depending on the number of antigens a patient is sensitive to and the types of antigens, the allergists may prepare two or three separate vials, each with different antigens. During the initial or build-up phase, patients typically receive injections up to three times per week. Usually, by the end of 3-6 months, a patient is on a maintenance dose and receives injections once a week and, ranging from six to twelve months later, up to once a month. Maintenance injections are administered subcutaneously, and fewer doses are required once a patient has reached maintenance therapy. To address potential overutilization, UHC may implement annual limits that take into consideration the need for both build-up and maintenance doses. This approach is more appropriate and more consistent with clinical practice.

We hope that this explanation of the dosing and administration of allergen immunotherapy is useful. **It is urgent that UHC revise its policies related to allergen immunotherapy to prevent this inappropriate restriction on access to care.** We are available to meet with you to discuss this letter and answer any questions. If you have any questions or to schedule a meeting, please contact Dr. Allen Meadows at jallenmeadows@gmail.com.

Sincerely,



James M. Tracy, DO, FAAAAI
President, ACAA



Travis A. Miller, MD, FAAAAI
Chair, Advocacy Council