

Congress of the United States
House of Representatives
Washington, DC 20515-2503

March 6, 2025

Tim Noel
Chief Executive Officer
UnitedHealthcare
9700 Health Care Ln
Minnetonka, MN 55343

Dear Mr. Noel:

I am writing to express my concern that UnitedHealthcare's recent policy change to allergy immunotherapy reimbursement will severely impact patients' access to this treatment.

As a board-certified allergist and clinical immunologist and a Member of Congress, I am very familiar with the effectiveness of allergy immunotherapy and the relief it provides patients. Allergy immunotherapy has been used for over 100 years to provide customized, patient-specific treatment for allergic rhinitis, asthma, and eczema.¹ There is currently no satisfactory alternative available to patients, and no other treatment provides *remission* of allergic diseases, and no other treatment is cost-effective.

For that reason, I was concerned to hear that UnitedHealthcare's recent reimbursement policy 2025R0060A defines "dose" for the purpose of Current Procedural Terminology (CPT) code 95165 as "one – (1) cc aliquot from a single multidose vial."² This definition ignores the American Medical Association (AMA) CPT billing guidance by requiring providers to bill by the cc instead of the number of clinical doses.

I am very concerned that this reimbursement policy will reimburse providers at a fraction of the actual cost of providing allergy immunotherapy. Such a policy will likely prevent allergists from providing this treatment to UnitedHealthcare patients. This could significantly limit patients' access to asthma, eczema and hay fever treatments.

I appreciate your attention to this issue, and I urge you to reconsider this policy decision to preserve patients' access to allergy immunotherapy.

Sincerely,



Robert Onder, M.D.
Member of Congress

¹ doi: 10.1016/j.anai.2024.09.011

² [Maximum Frequency Per Day Policy, Professional - Reimbursement Policy - UnitedHealthcare Commercial and Individual Exchange plans](#)