



June 2015

Reimbursement Policy

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These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross and Blue Shield (Anthem) benefit plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, we strive to minimize these variations. For more information on these and other Anthem Reimbursement Policies, visit our website at www.anthem.com.

Policy Update

Allergy Treatment: Immunotherapy

(Policy 06-110, effective 09/15/2015)

Reimbursement is allowed for allergy immunotherapy. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the injection, antigen dosage/preparation when meeting the below criteria.

The injection service component code and the antigen dosage/preparation component code (per dose) should be billed separately. Additionally:

- Claims submitted with a procedure code representing the complete service (collectively including the injection service, antigen dose and the antigen preparation) will be denied.
- If the antigen is prepared other than in the physician's office, the physician may bill only for the injection services.
- Physicians using treatment boards must bill with the component codes even though they prepare no vials.
- If multiple antigen doses are prepared in the same setting, either:
 - The injection service and the antigen dosage/preparation service indicating the number of dosages for the injection administered during the first visit must be billed
 - The injection service only for remaining injections administered during subsequent visits must be billed.

[Note: Anthem allows reimbursement of up to 20 doses billed for preparation of single or multiple antigen doses for a 30-day period. **Claims billed for more than 60 doses during a 90-day period will be denied.**]

Providers may not bill for Evaluation and Management (E&M) visits for established patients on the same day as allergy injection services unless the E&M visit represents a significant, separately identifiable service and is appended with Modifier 25. Claims submitted for an E&M visit in conjunction with allergy injection services without the Modifier 25 will be denied. Claims submitted for E&M visits for new patients on the same day as allergy injection services may be reviewed for medical necessity.

For additional information, refer to the reimbursement policies at www.anthem.com.

Your continued feedback is critical to our success. If you have questions, Medicaid providers can call **1-855-558-1443**.

www.anthem.com/wimedicaidoc