

# Allergy & Immunology Health Services ( ) Allergy Immunotherapy Agreement

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Below is important information regarding the billing of your allergy immunotherapy.

1. Desensitization may take 3 to 5 years to complete. During this time vials which contain the antigen will be prepared for your use.
2. The preparation of your antigen is a critical and time consuming process. Because of this they will need to be prepared prior to receiving your shots.
3. **Due to the large number of patients Allergy & Immunology Health Services cannot notify you when the new vials will be prepared. When you have used up the antigen new vials are prepared. Once the vials have been mixed they cannot be used for anyone else. Should you at any time decide not to continue with therapy or should your insurance change, terminate or deny this service for any reason you will be liable for the vials that have already been prepared. Should you decide to stop treatment you must notify us immediately.**
4. The vials are billed according to the number of doses prepared. When you start therapy this is called the “build up” phase. During this time you will see approximately 18 doses being prepared.
5. When you reach the “maintenance” phase approximately 48 doses will be prepared. Because we are mixing more at one time we will be mixing less often.
6. You will see separate charges on your statement, one for the antigen (ex. 95145-95149, 95165) and one for your injection (s) (ex. 95115 – 95117).
7. Due to the frequency of this service it is important to keep your account balance current. If your account is overdue we may have to reschedule your injections until payment has been made.
8. Fees are subject to change without notice. The charge for the antigen can be in the hundreds of dollars due to the number of doses being prepared.

## **Provider of service.**

Please be aware that due to coding guidelines we must bill your allergy injection under the physician that is on site when the shots are given; this doctor is considered the supervising physician and may not be your treating physician.

## **Coverage and Benefits:**

**ENT & Allergy Health Services does not verify coverage or benefits (what your plan covers); this is the patient’s responsibility. We strongly urge you to verify coverage and benefits.** The codes that pertain to your services will be marked below. Some questions you may want to ask are:

Is this service a covered benefit under my plan?

What are the benefits? (is there a deductible, co-ins, co-pay etc?)

Is the diagnosis covered under my plan?

Do I have a pre-existing condition clause that may affect the processing of this service?

Is my policy in effect?

<b>CPT Codes</b>	<b>Description</b>
<b>95115 - 95117</b>	<b>Injection</b>
<b>95165</b>	<b>Antigen (grass, pollen, etc.)</b>
<b>95145 – 95146 – 95147 95148 - 95148</b>	<b>Antigen (stinging insect)</b>

<b>ICD-10 Codes</b>	<b>Description</b>
<b>J30.1</b>	<b>Rhinitis allergic due to pollen</b>
<b>J30.2</b>	<b>Rhinitis allergic – seasonal - Other</b>
<b>J30.81</b>	<b>Rhinitis allergic due to animal (cat) (dog) hair and dander</b>
<b>J30.89</b>	<b>Rhinitis allergic - Other</b>
<b>T63.441</b>	<b>Toxic effect of venom of bees, accidental (unintentional)</b>
<b>T63.451</b>	<b>Toxic effect of venom of hornets, accidental (unintentional)</b>
<b>T63.461</b>	<b>Toxic effect of venom of wasps, yellow jacket, accidental (unintentional)</b>

I have read and understand the above and I authorize ENT & Allergy Health Services to prepare the antigen vials for my immunotherapy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guardian \_\_\_\_\_