



Frequently Asked Questions for Patients about Antigen and Injections

Your antigen is prepared especially for you, as prescribed by your Doctor, and is meant to last approximately one year. We will bill out your antigen within the 1st 30 days of when your antigen is made. It may have to be broken out into multiple days depending on your insurance.

How much do I pay out of pocket? This set of instructions will try to help you navigate this often confusing process. There are two codes for which our office will bill your insurance: the first is for your unique allergy shot mixture (called antigen), and the second is for the injection visit.

The first step: try to get a rough idea of how many allergy shot vials (called antigen vials) you will need. Most of our patients need 1, 2 or 3. On occasion someone will need 4.

The second step: Contact your insurance representative and ask them the following questions.

- **What is the allowed amount for CPT code 95165?** This is the billing code for the antigen. Your insurance company will give you the allowed amount per unit. If you receive a 6 cc vial - 1 injection, your insurance will be billed for 50 units per year. If you receive 2 injections, your insurance will be billed 100 units per year. If you receive 3 or more injections, your insurance will be billed for 150 units per year. If you receive an 8+ cc vial - 1 injection, your insurance will be billed for 67 units per year. If you receive 2 injections, your insurance will be billed 134 units per year. If you receive 3 or more injections, your insurance will be billed for 201 units per year. You will then need to ask your insurance company if these services are applied to your deductible (if you have one), and if there is any co-insurance or copay any how much.

For example, let's say that your insurance allowed amount is \$1000/year (250/quarter) and you have a \$500 deductible and a 30% coinsurance responsibility. That means your out of pocket cost for code 95165 could be \$500 in deductible (providing you don't have deductible for any other medical expenses that calendar year) plus 30% of the remaining \$500 (or \$150.00) for a total of \$650.

Some people have a copay amount for each unit of 95165 instead of deductible and co-insurance. If this is the case, find out what that copay amount is due for you per quarter.

- **What is the allowed amount for 95115 (if you receive only one allergy shot) or 95117(if you receive more than one allergy shot)?** This code is for the actual injection visit (this is not an office visit) and is billed to your insurance each time you get an allergy shot. For patients that are in the "build-up" phase, this number will be higher since there are more shot visits (1-3/week). For patients in the maintenance period this number will be lower since most maintenance shots are given every 2-4 weeks. Again you will want to get the allowed amount for either 95115 or 95117 and see if there is any of this number applied towards your deductible or if you have co-insurance or copay. Again, you can get information on what your cost per shot visit will be.

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