

Business of Food Allergy Treatment

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- Billing and coding
- Cash payment
- Managing demand and waiting list

Billing and Coding

There are no “assigned” CPT codes for food oral immunotherapy (OIT)

Billing and Coding: First day of OIT

- Rapid desensitization code 95180
 - x number of units/hours (example; 3 hours and 30 minutes= 3 units, 3 hours and 31 minutes= 4 units).
- Ingestion challenge codes 95076 and 95079
 - 95076 for the first 2 hours (technically up to 2 hours and 30 minutes)
 - 95079 (is billed only in conjunction with 95076 but listed separately) for any additional hours/units (number of units=number of hours), max 6 hours
- For both codes, time starts when patient is roomed, vitals, consent, ...

Billing and Coding: First day of OIT

- Neither Rapid desensitization code 95180 nor the Ingestion challenge codes 95076 and 95079 are specifically assigned for OIT (or SLIT)
- In my opinion, the Rapid desensitization code 95180 is more appropriate.
- If you use the Ingestion challenge codes 95076 and 95079 make sure your procedure note is titled “OIT/Graded challenge” to defend the insurance denials.

Billing and Coding: Follow Up / Up Dosing

- E&M codes if you are giving one dose; level 3 or 4
 - Depending on your documentation
 - Billing based on time is not advisable unless the provider is in the room for the entire time
- Rapid desensitization code 95180 if you give two doses
 - This is usually one hour(one unit) since the visit will be done between 31 and 90 minutes

Billing and Coding: Code G2211

- Beginning Jan. 1, 2025, CMS allowed code G2211 when an E/M code (CPT 99202-99205, 99211-99215) is reported on the same day
- However, **G2211 cannot be billed for any other service reported with modifier 25.**
- The CMS reimbursement rate for G2211 is \$15.53, Commercial Insurance payments vary (\$15-\$28)

Billing and Coding: Code G2211

- What is Code G2211?
- *“Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient’s single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established).”*
- OIT and SLIT care qualifies for G2211 BUT (consider having coverage for after hours care)

Billing and Coding: Code G2211

- Allergists may bill HCPCS code G2211 if they are managing the ongoing care for a patient's complex or serious disease or condition. Allergists who treat conditions requiring multiple visits or an ongoing treatment plan for a single, complex or serious condition may appropriately bill HCPCS code G2211. **(This is what OIT and SLIT care is)**
- Allergists may bill HCPCS code G2211 if they are the continuing focal point for all needed patient services.
- There are no specific time limitations on how often G2211 can be billed (BILL WITH EVERY OIT VISIT)
- G2211 can be used with telemedicine visits, when appropriate, including audio-only services.

Billing and Coding: Code G2211

- Appropriate supporting documentation could include, but is not limited to:
- Information included in the medical record or claims history that support a particular patient/practitioner combination, such as diagnoses, or the complexity or seriousness of the condition..
- The practitioner's assessment and overall plan of care for the visit.
- Other service codes billed.
- <https://www.cms.gov/files/document/hcpcs-g2211-faq.pdf>

Billing and Coding: How to Improve Timely Payments

- Before starting OIT, verify insurance coverage for the specific codes you are planning to use, know the deductible and copays (inform the patient or the family what to expect).
- If the family has deductible, have a “valid” credit card on file
- Collect copays the day of the service
- If the family has HSA, provide a monthly bill

Billing and Coding: How to Improve Timely Payments

- Perfect documentation by the nursing staff and the provider (please include a procedure note, risks and plan)
- Bill on the same day of service and check the EOBs when payments received.
- If you receive a denial, check your billing (correct codes and diagnosis, number of units) and call the insurance company. Have the family call the insurance company too.
- **2024 ICD-10-CM Diagnosis Code Z51.6** (required by some insurances)
 - desensitization to allergens Z51.6 (Z51.6 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes).

Cash Payment

Cash Payment

- **There are three categories of OIT related cash services:**
- Nonrefundable fee to wait list the patient: this is not a common practice.
- Nonrefundable Fee (Access Fee), (Previously known as Supplies Fees) (\$200-\$500)
- The entire OIT process, no insurance charge: wide range \$4,000-\$12,000 per food ?Multifood discount

Managing Demands and Waiting List

Managing Demands and Waiting List

- Before you open more days, add more hours, higher new staff, or build a new office, check:
 - How are you scheduling OIT patients? Anytime, any day?
 - Are you optimizing the office space use?
 - Do you have the right staff for the Job?
- More OIT patients = more time on the phone after hours

Managing Demands and Waiting List

- If you have doubt about a patient and or the parents' psychological state /anxiety, use the waiting period to have proper psychological evaluation and therapy and activate them in the waiting list after completing psychotherapy
- If you are not planning to have a full time OIT practice, Keep track of your income and maintain a balance of regular allergy and asthma patients, OIT patients