

Clinical and Payment Policy Update
Effective July 15, 2017
Allergy Testing and Therapy

PURPOSE: Allergy testing is performed to determine immunologic sensitivity or reaction to antigens for the purpose of identifying the cause of the allergic state. This policy addresses immediate (IgE-mediated) hypersensitivity and delayed (cell-mediated) hypersensitivity.

EFFECTIVE DATE: Service dates on or after July 15, 2017

Superior HealthPlan Program SCOPE: STAR, STAR+PLUS, CHIP, STAR+PLUS MMP, STAR Health, STAR Kids

CLINICAL POLICY: Allergy Testing and Therapy, Policy # TX.CP.MP.100
<https://www.superiorhealthplan.com/providers/resources/clinical-payment-policies.html>

MEDICALLY NECESSARY POLICY/CRITERIA:

ALLERGY TESTING: It is the policy of Superior HealthPlan that **allergy testing is medically necessary** for members with clinically significant allergic symptoms and the following indications:

- A.** As part of a complete diagnostic evaluation by a licensed practitioner acting within their scope of practice to perform allergy and immunology services;
- B.** Antigens include only those that are reasonably possible for the member to be exposed to;
- C.** Chosen test and units allowed per year are as follows:
 1. *Percutaneous* testing (also called “scratch testing;” CPT 95004, 95017, 95018) for offending allergens such as pollen, molds, mites, dust, feathers, animal fur or dander, venoms, foods, or drugs, up to 100 units per year.
 2. *Intracutaneous* (intradermal), *sequential and incremental testing* (CPT 95024, 95027, 95028) when percutaneous tests are negative, up to 40 units per year;
 3. *Skin endpoint titration* (95027) for determining the starting dose for immunotherapy for members highly allergic to an inhalant allergen or hymenoptera venom allergy (insect stings), up to 14 titration tests;
 4. *In vitro testing* (CPT 86003, 86005) up to 80 units per year;
 5. *Patch testing* (CPT 95044) up to 20 units per year;
 6. If photo patch test(s) (CPT 95052) are performed (same antigen/same session) with patch or application test(s) (CPT 95044), only the photo patch tests should be reported;
 7. If photo tests (CPT 95056) are performed with patch or application test(s) (CPT 95044), only the photo tests should be reported.

ALLERGY IMMUNOTHERAPY: It is the policy of Superior HealthPlan that **allergy immunotherapy administered in a medical facility is medically necessary** when meeting all of the following indications:

- A.** Positive skin test or serologic evidence of an IgE-mediated antibody for allergens which cause any of the following:
 1. Allergic (extrinsic) asthma,
 2. Dust mite atopic dermatitis,
 3. Hymenoptera (bees, hornets, wasps, fire ants) allergic reactions,
 4. Mold-induced allergic rhinitis,
 5. Perennial allergic rhinitis,
 6. Seasonal allergic rhinitis or conjunctivitis;
- B.** Symptoms of allergic rhinitis or asthma after natural exposure to the allergen; or a life-threatening allergy to insect stings (bees, hornets, wasps, and fire ants);

- C. Avoidance or pharmacologic therapy does not control allergic symptoms or member has unacceptable side effects with pharmacologic therapy;
- D. If rapid desensitization/rush immunotherapy is requested, it is only medically necessary for medication or hymenoptera (bees, hornets, wasps, fire ants) sensitivities;
- E. Antigens are prepared by an allergist, immunologist, or otolaryngologist who has examined the patient;
- F. Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (CPT 95165) do not exceed 84 units per day or 160 units per year.

CPT Code Table 1: Procedure codes considered medically necessary	
CPT* Codes	Description
86003	Allergen specific IgE; quantitative or semiquantitative, each allergen
86005	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk)
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	Patch or application test(s) (specify number of tests)
95052	Photo patch test(s) (specify number of tests)
95056	Photo tests
95060	Ophthalmic mucous membrane tests
95065	Direct nasal mucous membrane test
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (list separately in addition to code for primary procedure)
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom

CPT Code Table 1: Procedure codes considered medically necessary	
CPT* Codes	Description
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199	Unlisted allergy/clinical immunologic service or procedure

ICD-10-CM Code Table 1: Diagnoses that support medical necessity for CPT codes 86003, 86005, 95004, 95017, 95018, 95024, 95027, 95028	
ICD-10-CM Code	Description
H10.01* – H10.45	Conjunctivitis
J30.1 – J30.9	Allergic rhinitis
J31.0*	Chronic rhinitis
J45.2* - J45.998	Asthma
L20.84 – L20.9	Atopic dermatitis
L23.0 – L23.9*	Allergic contact dermatitis
L25.1 – L25.9	Unspecified contact dermatitis
L27.0 – L27.9	Dermatitis due to substances taken internally
L50.0	Allergic urticaria
L50.6	Contact urticaria
T36.0X5A – T50.995S	Adverse effect of drugs
T63.001* - T63.94*	Toxic effects of venoms
T78.00X*– T78.1XXS	Anaphylactic reaction due to food
T78.49XA – T78.49XS	Other allergy
T80.52XA – T80.52XS	Anaphylactic reaction due to vaccination
T88.6XXA – T88.6XXS	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered

ICD-10-CM Code Table 2: Diagnoses that support medical necessity for CPT code 95044	
ICD-10-CM Code	Description
L20.84 – L20.9	Intrinsic (allergic) eczema
L23.0 - L23.9	Allergic contact dermatitis, due to other agents
L50.0	Allergic urticaria
L50.6	Contact urticaria

ICD-10-CM Code Table 3: Diagnoses that support medical necessity for CPT codes 95052, 95056

ICD-10-CM Code	Description
L56.1	Drug photoallergic response
L56.2	Photocontact dermatitis (berloque dermatitis)
L56.3	Solar urticaria

ICD-10-CM Code Table 4: Diagnoses that support medical necessity for CPT codes 95076, 95079

ICD-10-CM Code	Description
L27.2	Dermatitis due to ingested food
T36.0X5A - T50.995S	Adverse effect of drugs
T78.00X*- T78.1XXS	Anaphylactic reaction due to food
Z88.0 – Z88.9	Allergy status to drugs, medicaments and biological substances

ICD-10-CM Code Table 5: Diagnoses that support medical necessity for CPT codes 95115, 95117, 95145, 95146, 95147, 95148, 95149, 95165, 95170, and 95199

ICD-10-CM Code	Description
H10.01* – H10.45	Conjunctivitis
J30.1 – J30.9	Allergic rhinitis
J31.0*	Chronic rhinitis
J45.20 – J45.998	Asthma
L20.84 – L20.9	Other atopic dermatitis
L23.0 – L23.9*	Allergic contact dermatitis
L25.1 – L25.9	Unspecified contact dermatitis
L27.0 – L27.9	Dermatitis due to substances taken internally
L50.0	Allergic urticaria
L50.6	Contact urticaria
T36.0X5A – T50.995S	Adverse effects of drugs
T63.001* - T63.94*	Toxic effects of venoms
T78.49XA – T78.49XS	Other allergy
T80.52XA – T80.52XS	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered
Z88.0 – Z88.9	Allergy status to drugs, medicaments, and biological substances
Z91.030 – Z91.038	Insect allergy status

ICD-10-CM Code Table 6: Diagnoses that support medical necessity for CPT code 95180

ICD-10-CM Code	Description
T36.0X5A - T50.995S	Adverse effect of other drugs, medicaments and biological substances
Z91.030 – Z91.038	Insect allergy status

ICD-10 codes with an * indicate additional digits are needed.

NOT MEDICALLY NECESSARY TESTING, TESTS AND SERVICES

It is the policy of Superior HealthPlan that the following are considered **not medically necessary** because safety or effectiveness have not been established:

A. Testing for the following antigens:

1. Newsprint
2. Tobacco smoke
3. Dandelion
4. Orris root
5. Phenol
6. Alcohol
7. Sugar
8. Yeast
9. Grain mill dust
10. Soybean dust (except when the patient has a known exposure to soybean dust such as a food processing plant)
11. Wool (unless patient has history of continuous exposure to sheep or unprocessed wool)
12. Marigold
13. Honeysuckle
14. Fiberglass
15. Green tea
16. Chalk

B. The following tests for the evaluation of allergic reactions:

1. Antigen leukocyte cellular antibody (ALCAT) automated food allergy testing
2. Applied kinesiology or Nambudripad's allergy elimination test (NAET) (i.e., muscle strength testing or measurement after allergen ingestion)
3. Candidiasis test
4. Chemical analysis of body tissues (e.g., hair)
5. Chlorinated pesticides (serum)
6. Complement (total or components)
7. C-reactive protein
8. Cytokine and cytokine receptor assay
9. Cytotoxic testing for food, environmental or clinical ecological allergy testing (Bryans Test, ACT)
10. Electrodermal testing or electro-acupuncture
11. ELISA/Act qualitative antibody testing
12. Food immune complex assay (FICA)
13. Immune complex assay
14. Ingestion challenge food testing for diagnosing rheumatoid arthritis, depression, or respiratory disorders not associated with anaphylaxis or similar systemic reactions
15. In vitro metal allergy testing
16. Iridology
17. Leukocyte histamine release test (LHRT)/basophil histamine release test
18. Lymphocyte function assay
19. Lymphocytes (B or T subsets)
20. Lymphocyte Response Assay (LRA) by ELISA/ACT and Lymphocyte Mitogen Response Assays (LMRA) by ELISA/Act
21. Mediator release test (MRT)
22. Ophthalmic mucus membrane tests/conjunctival challenge test
23. Prausnitz-Kustner (P-K testing) passive cutaneous transfer test

24. Provocative and neutralization testing and neutralization therapy (sublingual, intracutaneous and subcutaneous) also referred to as the Rinkel Test, for food allergies, inhalants, and environmental chemicals because available evidence does not show these tests and therapies are effective.
25. Provocative nasal test
26. Pulse test (pulse response test, reaginic pulse test)
27. Rebeck skin window test
28. Sage Complement Antigen Test
29. Testing for multiple chemical sensitivity syndrome (a.k.a., idiopathic environmental intolerance [IEI], clinical ecological illness, clinical ecology, environmental illness, chemical AIDS, environmental/chemical hypersensitivity disease, total allergy syndrome, cerebral allergy, 20th century disease)
30. Testing of specific immunoglobulin G (IgG) (e.g., by Radioallergosorbent [RAST] or Enzyme-linked immunosorbent assay [ELISA])
31. Testing of total serum IgG, immunoglobulin A (IgA) and immunoglobulin M (IgM)

C. The following services in relation to allergy testing and immunotherapy:

1. Desensitization with commercially available extracts of poison ivy, poison oak, or poison sumac
2. Desensitization for hymenoptera sensitivity using whole body extracts, with the exception of venom extracts and fire ant extracts
3. Desensitization with bacterial vaccine (BAC: bacterial, antigen complex, streptococcus vaccine, staphylo/strepto vaccine, serobacterin, staphylococcus phage lysate)
4. Food allergenic extract immunotherapy
5. Intracutaneous desensitization (Rinkel Injection Therapy, RIT)
6. Neutralization therapy (intradermal and subcutaneous)
7. Repository emulsion therapy
8. Sublingual provocative therapy
9. Urine autoinjection (autogenous urine immunotherapy)
10. Allergen immunotherapy for the management of skin and mucous membrane disease such as urticaria, and Candida vulvovaginitis
11. Home administration of allergy immunotherapy
12. Ingestion challenge food testing performed by the patient in the home
13. Intradermal testing for food allergies
14. Food allergen testing for patients who present with gastrointestinal symptoms suggestive of food intolerance;
15. Rush immunotherapy for inhalant allergens.