

## Overview of Prior Authorization Requests (PARs) for Allergy Testing

### **CHANGES TAKING PLACE October 1, 2015**

A letter was sent to all providers (8/19/15) who have billed allergy services in the past year to notify them of the following:

In order for providers to receive reimbursement for allergy testing and/or allergy extract services for dates of service after **October 1, 2015**, they will need to submit verification of one of the following to the Medical Professional Unit at OHCA:

- Board certification in Allergy and Immunology; or
- Board eligibility in Allergy and Immunology; or
- Training in Allergy and Immunology in an accredited academic institution with a minimum of one month clinical rotation authenticated by a supporting letter from the institution or mentor,
- SEE ALLERGY PROVIDER APPROVAL LIST

Physicians will have the designation of 310-Allergist in the system, but the Nurse Practitioners and Physician Assistants cannot have this designation. When the Medical Professional Unit starts getting these verifications a spreadsheet of eligible allergy providers will be posted where we all have access. Providers are to send the required documentation to:

Oklahoma Health Care Authority

**ATTN: Medical Professional Unit/Allergy Provider Verification**

4345 N. Lincoln Blvd

Oklahoma City, OK 73105

### **Documentation required for all codes requested:**

- Copy of Order for the service requested, signed/dated by the treating qualified professional; and
- A complete medical and immunologic history and appropriate physical examination must be completed prior to performing diagnostic testing; and
- Documentation of member's immunologic history and physical exam with documentation there is a reasonable probability of exposure in the member's environment to the antigen being used for testing; and
- Documentation that simple medical treatments and avoidance of offending agents(s) have been tried but have not shown adequate response; and
- The efficacy of the allergy testing methodology that is used must be demonstrated through scientific peer-reviewed medical studies; and
- The allergy test must be performed only for symptom/diagnostic evaluations

**Documentation required for 86003 code requested:**

- Medical Necessity Service Requirements listed above have all been met; and
- Direct allergy skin testing is impossible due to any of the following:
  - extensive dermatitis or marked dermatographism; or
  - patient unable to discontinue use of interfering medications (e.g. antidepressants, beta blocking agents, antihistamines); or
  - patient on immune suppressive therapy; or
  - patient with history suggestive of high risk of anaphylaxis from skin test

**Amendments**

If the code requested on the PAR needs to be added/changed or modifiers need to be added/deleted, you may submit an amendment within 30 days of the testing done as long as the approved PA is still active. A copy of the testing results must be included for any change in codes. Please see section on Amendments on the MAU Webpage @ [www.okhca.org](http://www.okhca.org), Providers, Medical Authorization Unit, scroll & click on segment for Amendments.

Codes:

CPT CODE	AGES-YEARS	DESCRIPTION
86003	0-999	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMI QUANTITATIVE, EACH ALLERGEN
95004	0-999	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS
95017	0-999	ALLERGY TESTING, ANY COMINATION 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	0-999	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK) AND INTRACUTANEOUS (INTRADERMAL), SEQUENTIAL AND INCREMENTA, WITH DRUGS OR BIOLOGICALS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS
95024	0-999	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS
95027	0-999	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	0-999	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY NUMBER OF TESTS
95044	0-999	PATCH OR APPLICATION TEST(S), SPECIFY NUMBER OF TESTS
95052	0-999	PHOTO PATCH TEST(S), SPECIFY NUMBER OF TESTS
95056	0-999	PHOTO TESTS
95060	0-999	OPHTHALMIC MUCOUS MEMBRANE TESTS
95065	0-999	DIRECT NASAL MUCOUS MEMBRANE TESTS
95070	0-999	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE, METHACHOLINE OR SIMILAR COMPOUNDS
95071	0-999	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH ANTIGENS OR GASES, SPECIFY NUMBER OF TESTS
95076	0-999	INGESTION OF TEST ITEMS FOR ALLERGIES, 120 MINUTES"
95079	0-999	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)