

## OHCA Guidelines

<b>Medical Procedure Class:</b>	<b>Allergy Testing</b>
Initial Implementation Date:	8/1/2014
Last Review Date:	8/29/2019
Effective Date:	10/1/2019
Next Review/Revision Date:	September 2022
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Description</b>	
Allergy is a hypersensitive reaction that is usually manifested in the clinical form of allergic asthma, hay fever or eczema developing within minutes to a few hours after exposure to an antigen. The most common types of allergies are rhinitis, asthma, food allergy, insect sting allergy, drug allergy and contact dermatitis. Allergy testing is focused on determining what allergens cause a particular reaction and the degree of the reaction and provides justification for recommendations of specific avoidance measures in the home or work environment or the institution of particular medicines or immunotherapy.	
<b>Covered CPT Codes</b>	
<b>CPT codes covered <u>requiring</u> PA:</b> 86003, 86008, 95027, 95028, 95052, 95056, 95060, 95065, and 95071 <b>CPT codes covered <u>not requiring</u> PA:</b> 95004, 95017, 95018, 95024, 95044, 95070, 95076, and 95079	
<b>***NOTE:</b> Reimbursement for allergy testing is limited to a total of 60 tests every 3 years. Repeat allergy testing for the same allergy(s) within 3 years will require prior authorization. Any service related to allergy testing beyond predetermined limits must be submitted with the appropriate documentation for prior authorization consideration.	
<b>Approval Criteria:</b>	
I. Allergy testing is considered medically necessary when <b>all</b> of the following criteria are met: <ul style="list-style-type: none"> <li>A. Diagnostic allergy testing must be ordered by the treating qualified medical professional; <b>and</b></li> <li>B. A complete medical and immunologic history and appropriate physical examination must be completed prior to performing diagnostic testing; <b>and</b></li> <li>C. Any allergy testing must be based on the member's documented immunologic history and physical exam with a reasonable probability of exposure in the member's environment to the antigen being used for testing; <b>and</b></li> <li>D. Documentation that simple medical treatments and avoidance of the offending agent(s) have been tried but have not shown adequate response; <b>and</b></li> <li>E. The efficacy of the allergy testing methodology that is used must be demonstrated through scientific peer-reviewed published medical studies; <b>and</b></li> </ul>	

- F. The allergy test must only be performed for symptom/diagnostic evaluations for immunotherapy; **and**
- G. For serum allergy tests, documentation in the record must show that direct allergy skin testing is impossible due to **any** of the following:
  - 1. Extensive dermatitis or marked dermatographism; **or**
  - 2. Patient unable to discontinue use of interfering medications, (e.g., antidepressants, beta blocking agents, antihistamines); **or**
  - 3. Patient on immune-suppressive therapy; **or**
  - 4. Patient with history suggestive of high risk of anaphylaxis from skin test.

**Notes:** 1) The decision to test for an allergen must be related to the history, physical findings, and clinical judgement specific to the individual. It would not be expected that all members would receive the same number or types of tests.  
2) Allergy testing determined to be investigational or experimental in nature can not be reimbursed.

### **Allergy Test Descriptions:**

**86003** – This type of testing refers to allergy testing to detect antigen specific IgE antibodies in the patient’s blood serum using **crude allergy extract**. These types of tests include: radioallergosorbent test (RAST), multiple radioallergosorbent tests (MAST), fluorescent allergosorbent test (FAST), and enzyme-linked immunosorbent assay (ELISA). As a note, antihistamines and steroids do not interfere with this test.

**86008** – This type of testing refers to allergy testing to detect antigen specific IgE antibodies in the patient’s blood serum using **recombinant or purified component allergy extract**. These types of tests include: radioallergosorbent test (RAST), multiple radioallergosorbent tests (MAST), fluorescent allergosorbent test (FAST), and enzyme-linked immunosorbent assay (ELISA).

**95004** – In this type of testing, the provider introduces small amounts of different antigens into the epidermis and non-vascular superficial dermis through scratch, puncture or pricks on the skin. After a predetermined interval of time (e.g., 15 minutes) the provider visually checks the target area for any visible wheal and flare reaction, which indicates that a person may or may not be allergic to the particular allergen. This testing must be accompanied by a positive and negative control.

**95017** – This test is two types-percutaneous and intracutaneous or intradermal. In the percutaneous test, a drop of solution containing a possible allergen (**venom**) is placed on the skin. A needle is used to perform a series of scratches or pricks which allows the solution to enter the skin. If the skin develops a red, raised, itchy area, it indicates that the person is allergic to that allergen. Usually the reaction takes place almost immediately. When a substance does not cause a reaction in the skin prick test but is still suspected as an allergen (**venom**) then an intradermal test is performed. A small amount of the allergen solutions is injected into the skin’s deeper layers which produces allergic response if the person is allergic to that substance.

**95018** – This test is two types-percutaneous and intracutaneous/intradermal. In the percutaneous test, a drop of solution containing a possible allergen (**a drug or biological substance**) is placed on the skin. A needle is used to perform a series of scratches or pricks which allows the solution to enter the skin. If the skin develops a red, raised, itchy area, it indicates that the person is allergic to that allergen. Usually the reaction takes place almost immediately. When a substance does not cause a reaction in the skin prick test but is still suspected as an allergen (**a drug or biological substance**)

then an intradermal test is performed. A small amount of the allergen solutions is injected into the skin's deeper layers which produces allergic response if the person is allergic to that substance.

**95024** – In this type of test, the provider introduces small amounts of different allergens into the epidermis and nonvascular superficial dermis through intracutaneous (intradermal) injections. After a predetermined interval time (e.g., 15 minutes) the area is visually checked for any visible allergic reaction, which indicates that a person may or may not be allergic to the particular allergen.

**95027** – This type of test refers to serial endpoint testing. A small amount of airborne allergens or extracts are introduced into the epidermis and nonvascular superficial dermis through intracutaneous (intradermal) injections. This test method analyzes the weakest dilution of a substance that produces a reaction with a given concentration of another substance. Immediately, the provider visually checks the area for any visible allergic reaction, which indicates that a person may or may not be allergic to the particular allergen. \*\*It is not appropriate to use SET testing in place of allergy skin testing.

**95028** – In this type of test the physician injects the patient's skin with a specific amount of allergenic extracts. The response to these extracts is expected to be delayed, therefore the sites are usually performed and plotted on the patient's back. Once a reaction has occurred, it is measured and documented. This code includes the physician's test interpretation and report. An example of this testing is when a member is tested for collagen sensitivity prior to a collagen implant. A skin test is performed to ensure they do not have an allergy to the collagen implant. For this test, a small amount of collagen material is injected under the skin of the forearm and then the skin test site is watched for four weeks to check for a reaction. It is required prior to the implant.

**95044** – In this type of test first the provider labels the patch testing areas of the skin and then applies a patch containing a group of related test substances to the labeled area, usually on the upper back. The patches are left on for at least 48 hours. After 48 hours, the provider removes the patches, examines the skin, and documents the patient's allergic reaction to one-or-multiple substances (in the patch) in the report. The provider also needs to mention the number of tests in the report.

**95052** – In this type of test, a patch containing allergy-causing extracts is placed by the provider onto the patient's arm and is exposed to ultraviolet light. Afterwards, the patient's skin reaction or anaphylactic reaction to the allergens is noted in order to uncover specific allergies. This testing is sometimes done by dermatologists to diagnose a contact allergy. Photo Patch Testing reflects contract photosensitization. Patients who are over-sensitive to light and those with a rash that appears on part of the body normally exposed to light but that does not appear in areas shielded from the light should have a photo patch test. The suspected sensitizer is applied to a patch of skin for 48 hours. If no reaction occurs, the area is exposed to a dose of ultraviolet light sufficient to produce inflammatory redness of the skin. If the test is positive, a more severe reaction develops at the patch site than on the surrounding skin. Some chemicals or medications (e.g., lomefloxacin, ofloxacin, ciprofloxacin, and norfloxacin) produce an allergic reaction only when exposed to light.

**95056** – In this type of test, a patient's skin is exposed to ultraviolet light by provider and the skin's reaction or anaphylactic reaction is noted to uncover specific allergies. These photo tests are performed for the evaluation of photosensitivity disorders.

**95060** – In this type of test, the provider conducts an ophthalmic or eye mucus membrane test by introducing an allergenic extract into the conjunctiva or the inner lining of the eye. The patient's eye is then observed for redness and itching. The elasticity of the conjunctiva of the eye helps the eyelid and eyeball to move. This test is used for the diagnosis of either food or inhalant allergies. Only 1 antigen may be administered per session.

**95065** – In this type of test, called a direct nasal mucous membrane test or a nasal challenge test, the provider introduces an allergenic extract into the inner lining of the nose and then observes for changes in nasal airway resistance or other significant allergic reactions. Only 1 antigen may be administered per session. This test is seldom used due to the instrumentation required.

**95070** – In this type of test, the provider uses chemicals to perform a test when a patient has a specific allergy. The provider uses a histamine, methacholine, or similar compounds to detect how the airways respond. These compounds constrict the bronchioles, which are tubes through which air passes from the nose to the lungs after a person breathes. The provider allows the patient to inhale the substance, to which they are in frequent exposure to, and checks if the patient is allergic to it. The provider then records the allergic reaction, which includes further contraction of the bronchioles, reflecting the changes in inhalational capacity of the patient.

**95071** – In this type of test, the provider uses an antigen or gas to detect sensitivity of the airway in lungs. These antigens or gases constrict the bronchioles. The patient inhales the substance, to which they are in frequent exposure, and checks if the patient is allergic to it. Provider then records the allergic reaction, which includes further contraction of the bronchioles, reflecting the changes in inhalational capacity of the patient.

**95076** – In this test, the provider supplies the patient a particular food, drug or other substance which is suspected of causing an allergic reaction. The patient tastes the food and the provider observes for an allergic symptoms. If symptoms appear the test ends and the provider confirms that the particular allergen is a cause of hypersensitivity to the patient. But if no symptom is apparent and enough time passes without any reaction, the provider confirms that the particular food is safe for consumption by the patient. During the test, the provider slowly and sequentially increases the amount of the food or drug the patient ingests to determine if a substance causes an allergic reaction when they ingest the food in a larger quantity only or in cases of multiple substances testing, in combination with another item. Use this code for allergic response testing initial 120 minutes after sequential and incremental ingestion.

**95079** - In this test, the provider supplies the patient a particular food, drug or other substance which is suspected of causing an allergic reaction. The patient tastes the food and the provider observes for an allergic symptoms. If symptoms appear the test ends and the provider confirms that the particular allergen is a cause of hypersensitivity to the patient. But if no symptom is apparent and enough time passes without any reaction, the provider confirms that the particular food is safe for consumption by the patient. During the test, the provider slowly and sequentially increases the amount of the food or drug the patient ingests to determine if a substance causes an allergic reaction when they ingest the food in a larger quantity only or in cases of multiple substances testing, in combination with another item. Use this code for allergy response testing every additional 60 minutes, after the initial 120 minutes of sequential and incremental ingestion testing.

### References:

1. Oklahoma Health Care Authority, Policies and Rules, OAC 317:30-3-1 and OAC 317: 30-5-14.1
2. CMS Medicare Claims Processing Manual, Chapter 12, Transmittal 200, Allergy Testing and Immunotherapy.
3. Novitas Solutions, Inc. LCD L36241; Allergy Testing, Revision 5/16/19.
4. I. Leonard Bernstein, M.D.; James T. Li, M.D., PhD; David I. Bernstein, M.D, et al, Allergy Diagnostic Testing: An Updated Practice Parameter; developed by the Joint Task Force on Practice Parameters, representing the American Academy of Allergy, Asthma & Immunology (AAAAI); the American College of Allergy, Asthma & Immunology (ACAAI); and the Joint Council of Allergy, Asthma & Immunology.
5. Aetna, Clinical Policy Bulletin, Number: 0038, Allergy and Hypersensitivity, 3/29/19.
6. TCI Books, 2019 Procedural Reference Guide for Coders.