

LCD for Allergy Testing and Allergy Immunotherapy (L30471)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

Contractor Type

Carrier - FI - MAC

LCD Information

LCD ID Number

L30471

LCD Title

Allergy Testing and Allergy Immunotherapy

Contractor's Determination Number

ALRG-001

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CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act section 1862 (a)(7). This section excludes routine physical examinations and services

Title XVIII of the Social Security Act, section 1862(a)(6).

Title XVIII of the Social Security Act section 1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Medicare Manual:

200 - Allergy Testing and Immunotherapy (Rev. 1, 10-01-03) B3-15050;

A - Allergy Testing

B - Allergy Immunotherapy

Formerly:

Medicare Carrier Manual 2050.1, 2005.2, 2050.2, 2049.4, 15050

Oversight Region

Region V

Original Determination Effective Date

For services performed on or after 02/16/2010

Original Determination Ending Date

Revision Effective Date

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Indications and Limitations of Coverage and/or Medical Necessity

LCD Description

I. Allergy Testing

A. Allergy sensitivity tests:

These tests include the performance and evaluation of selective cutaneous and mucous membrane tests in correlation with history, physical examination, and other observations of the patient. The tests are performed to determine body sensitivity and reaction to the antigen for the purpose of diagnosing the presence of allergic reaction to antigenic stimuli. The number of tests performed should be judicious and dependent upon the history, physical finding and clinical judgment. All patients should not necessarily receive the same tests or the same number of sensitivity tests. Intradermal tests are injections of small amounts of antigen into the superficial layers of the skin.

B. Patch testing:

Patch testing is the gold standard method of identifying the cause of allergic contact dermatitis, a delayed cell-mediated type IV hypersensitivity reaction. It is a diagnostic test reserved for patients with skin eruptions for which a contact allergy source is likely.

The patch test procedure can induce an eczematous reaction in miniature by applying suspect allergens to normal skin, allowing the physician to determine a specific patient allergy. Patch tests are applied to the skin on the patient's back and left in place for 48 hours. The test is interpreted after 48 hours, and typically once again at 72 or 96 hours, and the reactions are systematically scored and recorded. The patient is then informed and educated regarding specific allergies and avoidance of exposure. Avoidance of the identified allergen(s) is critical to patient improvement and resolution of the dermatitis.

Examples of contact allergens (antigens) include nickel, rubber additives, and topical antibiotics. These allergens are part of a useful, but limited series of 29 allergens. While this series of 29 allergens represents some of the most common contact allergies, there are a significant number of patients who suffer intractable contact dermatitis for which the 29 allergens are inadequate to diagnose their problem. A supplemental series of allergens in this case can enhance accurate diagnosis, patient education, and treatment. This supplemental series is particularly critical in the diagnosis of occupationally induced dermatitis.

II. Allergy Immunotherapy

Allergen immunotherapy is defined as the repeated administration of specific allergens to patients with IgE-mediated conditions, for the purpose of providing protection against the allergic symptoms and inflammatory reactions associated with natural exposure to these allergens.

Immunotherapy includes all methods that attempt to overcome abnormal immune responses by inducing clonal deletion, anergy, immune tolerance, or immune deviation.

IT begins with the injection of low doses of antigenic or allergenic extract made specifically for an individual patient, to prevent untoward reactions, with gradually increasing doses injected once or twice a week. Immunotherapy (hyposensitization) may extend over a period of years, usually on an increasing dosage scale. This is followed by a build-up of tolerance to the antigen, as evidenced by the markedly higher doses that can be administered and a decline in the symptoms and medication requirements of the patient. After the maintenance dose is achieved and clinical improvements are seen, the interval between injections may range between one and six weeks.

Indications and Limitations of Coverage and/or Medical Necessity

I. Allergy sensitivity tests:

A. Allergy testing is covered when clinically significant symptoms exist and conservative therapy has failed. Allergy testing includes the performance, evaluation, and reading of cutaneous and mucous membrane testing. These are considered technical services.

The Physician work of taking a history, performing the physical examination, deciding on the antigens to be used, interpretation of results, counseling & prescribing treatment should be reported using a visit or consultation code.

B. To be covered by Medicare, antigens must meet all of the following criteria:

1. Skin testing must be performed based on history and physical exam
2. Have proven efficacy as demonstrated through scientifically valid medical studies published in a peer-review journal
3. Exist in the patient's environment with a reasonable probability of exposure

C. Provocative tests:

Procedures for which there is limited or no evidence of validity include the cytotoxic test, the provocation-neutralization procedure, electrodermal diagnosis, applied kinesiology, the "reaginic" pulse test, and chemical analysis of body tissues. Controlled studies for the cytotoxic and provocation-neutralization tests demonstrated that the results are not reproducible and do not correlate with clinical evidence of allergy. Electrodermal diagnosis and applied kinesiology have not been evaluated for efficacy. Similarly, the "reaginic" pulse test and chemical analysis of body tissues for various exogenous chemicals have not been substantiated as valid tests for allergy.

1. Organ challenge test materials may be applied to the mucosae of the conjunctivae, nares, GI tract, or bronchi. Considerable experience with these methods is required for proper interpretation and analysis.

2. All organ challenge tests should be preceded by a control test with diluent and, if possible, the procedure should be performed on a double blind or at least single-blind basis.

3. Nasal challenge tests:

Nasal challenge tests may be informative provided that the patient's nasal mucosa does not manifest nonspecific irritative responses and the results can be interpreted by objective measurements.

Ophthalmic mucous membrane tests (95060) and direct nasal mucous membrane tests (95065) are approved if levels of allergic mediators (such as histamine and tryptase) are measured and a placebo control is performed. This is usually performed in allergy research laboratories. It is also approved in the office setting if the physician is there to observe objective measurement of reactions which might include redness of the eyes, tearing and sneezing.

4. Bronchial challenge tests:

Bronchial challenge tests are often used to evaluate new allergens and may be used to substantiate the role of allergens in patients with significant symptoms. Results of these tests are ordinarily evaluated by objective measures of pulmonary function and occasionally by characterization of bronchoalveolar lavage samples.

a. Bronchial challenge tests should be performed as dose-response assays wherein provocation concentration thresholds can be determined on the basis of allergen concentration required to cause a significant decrease in measured pulmonary function.

b. Bronchial challenge tests with occupational allergens need to be carefully controlled with respect to dose and duration of exposure. When industrial small molecular weight agents are assessed, tests should be performed under conditions of continuous monitoring of the specific chemical being assessed so as not to exceed the threshold limit level permitted in the workplace.

5. Challenge Ingestion Food Testing (95075) 110.12 formerly CIM50-22 (Effective for services performed on and after August 1, 1978.)

Challenge ingestion food testing is a safe and effective technique in the diagnosis of food allergies. This procedure is covered when it is used on an outpatient basis if it is reasonable and necessary for the individual patient.

WPS Medicare will cover this test for the following indications:

- Food allergy, dermatitis
- Anaphylactic shock due to adverse food reaction
- Allergy to medicinal agents
- Allergy to foods

Challenge ingestion food testing has not been proven to be effective in the diagnosis of rheumatoid arthritis, depression, or respiratory disorders. Accordingly, its use in the diagnosis of these conditions is not reasonable and necessary within the meaning of section 1862(a)(1) of the Medicare law, and no program payment is made for this procedure when it is so used.

D. When allergy testing is necessary, skin testing is the preferred method. Each test should be billed as one unit of service per procedure code, not to exceed two strengths per each unique antigen. Histamine and saline controls are appropriate and can be billed as two antigens. The number of antigens should be individualized for each patient based on history and environmental exposure.

The American College of Allergy Asthma and Immunology Practice Parameters indicate the following:

"The evaluation of inhalent allergy may require up to 70 prick-puncture tests followed by up to 40 intracutaneous tests, which are ordinarily performed when prick puncture tests are negative. Under special circumstances and in certain geographical areas, a greater number of prick/puncture tests may be appropriate. However, in many parts of the country and probably in most cases, fewer tests are required.

The number of prick puncture tests performed for suspected food hypersensitivity may vary from less than 20 to as many as 80 tests, depending on the clinical situation."

Standard skin testing for Venoms usually requires 5 or 6 concentrations on an increasing, logarithmic basis. A skin prick test is initially performed, and then 4 or 5 gradually increasing concentrations, (depending on skin prick test reaction), up to a maximum of 1mcg/ml for intradermal testing. Measuring wheal and flare sizes at each concentration of venom is a standard to determine whether the patient meets criteria to recommend immunotherapy for stinging insect venom.

For environmental skin testing rarely are more than 2 tests, (skin prick test and skin intradermal test), used.

E. Specific IgE in Vitro Test (RAST, MAST, FAST) 86003

These tests detect antigen-specific IgE antibodies in the patient's serum. They are useful when testing for inhalant allergens (pollens, molds, dust mites, animal danders), foods, insect stings, and other allergens such as drugs or latex, when direct skin testing is impossible due to extensive dermatitis, marked dermatographism, or in children younger than four years of age.

In-vitro testing is not as sensitive as skin testing, but is covered when skin testing is not possible or would be unreliable as indicated below. When in-vitro testing is ordered or performed, the medical record must clearly document the indication. In-vitro testing is covered only as a substitute for skin testing. It is not covered when done in addition to a skin test for the same antigen, except in the case of suspected latex sensitivity, hymenoptera, or nut/peanut sensitivity where both the skin test and the in-vitro test may be performed. The number of tests done; choices of antigens, frequency of repetition and other coverage issues are the same as for skin testing. Control testing is essential for proper interpretation. It is rarely necessary to test for more than 50 allergies and, if food allergy is not suspected, fewer than 30 are usually sufficient. Testing must be based on a careful history/physical examination which suggests IgE-mediated disease. If testing is inconclusive, and contraindications for skin testing have been resolved, then skin testing may be done and is covered. The medical record must document this rationale. Twelve (12) allergens per panel are used but no more than 2 panels/beneficiary over a 12-month period are allowed. The medical necessity of more tests must be submitted with the claim.

1. In-vitro allergen specific IgE testing is limited to the following:

- a. Direct skin testing (95024) is not possible due to extensive dermatitis, dermatographism, ichthyosis, generalized eczema or the necessary continued use of H-1 blockers (antihistamines), or in the rare patient with a persistent unexplained negative histamine control.
- b. Testing in patients who have been receiving long-acting antihistamines, tricyclic antidepressants, beta-blockers or medications that may put the patient at undue risk if they are discontinued.
- c. Testing of uncooperative patients with mental or physical impairments.
- d. The evaluation of cross-reactivity between insect venoms;
- e. As adjunctive laboratory tests for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic diseases; and
- f. When clinical history suggests an unusually greater risk of anaphylaxis from skin testing than usual (e.g., when an unusual allergen is not available as a licensed skin test extract).

Twelve (12) allergens per panel are used but no more than 2 panels per beneficiary over a 12-month period are allowed. The medical necessity of more tests must be documented in the patient's record and be available to the contractor upon request.

2. Total Serum IgE (82785, 83518) is covered for follow-up of bronchopulmonary aspergillosis and it may be necessary to diagnose atopy in small children.

It is also covered in association with the drug Omalizumab, Xolair (The patient's pretreatment serum IgE level and body weight are used to determine doses and dosing frequency).

It is not appropriate in most general allergy testing. Instead, individual IgE tests are performed against a specific antigen.

3. Quantitative multi-allergen screen (86005) is a non-specific screen that does not identify a specific antigen. It is a screening tool and therefore not covered by Medicare.

F. Intracutaneous testing, delayed reaction - more than 6 tests, Procedure code 95028 may be covered but requires additional justification and case-by-case review for the number of tests performed and the medical necessity except when the skin test is used for:

A collagen sensitivity. (CPT code 95028 and HCPCS *Q3031) must be administered prior to collagen implant therapy (Injectable Bulking Agent Implantation for Urinary Incontinence, and it must be evaluated over a four-week period. Coverage Issues Section 65-9

G. Intradermal Dilutional Testing (IDT) (also known as Skin Endpoint Titration [SET])

Intradermal dilutional testing is intradermal testing of sequential and incremental dilutions of a single antigen. The endpoint is determined by intradermal testing with the use of approximately 0.1-ml of generally serial five-fold dilution extract. It is the weakest dilution that produces a positive skin reaction and initiates progressive increase in the diameter of the wheals with each stronger dilution. In a guideline, revised in 2003, the American Academy of Otolaryngic Allergy (AAOA) recommends screening prick tests with relevant antigens to determine which to use in subsequent intradermal dilutional testing. If screening is positive and immunotherapy is contemplated, the AAOA recommends no more than 40 antigen be tested unless indicated by unusual clinical circumstances.

H. Patch Testing:

Allergy patch testing is a covered procedure only when used to diagnose allergic contact dermatitis after the following exposures:

Dermatitis due to detergents, oils and greases, solvents, drugs and medicines in contact with skin, other chemical products, food in contact with skin, plants (except food), cosmetics, metals, other and unspecified.

- a. A maximum of 50 patch tests per beneficiary per year is allowed without the submission of documentation with the claim to support medical necessity.
- b. Greater than 50 patch tests per patient per year requires the submission of documentation with the claim to support medical necessity.

I. The following tests are considered not medically necessary:

- Provocative Testing - 95078
- Blood, Urine or Stool Micro-nutrient Assessments
- Qualification of Nutritional Assessments
- IgG (ELISA) Tests -86001
- Environmental Cultures and Chemicals
- Live Cell Analysis
- Passive Transfer
- Rebuck Skin Window
- Leukocyte Histamine Release - 86343
- Metabolic Assessments
- General Immune System Assessments
- Secretory IgA (Saliva)
- Qualitative multi-allergen screen - 86005
- Food Allergenic Extract Immunotherapy
- Cytotoxic Food Testing

II. Allergy Immunotherapy

Indications for immunotherapy are determined by diagnostic testing appropriate to the individual needs of each patient and his/her clinical history of allergic diseases. Allergen immunotherapy should be differentiated from the process of desensitization, which usually applies to the rapid progressive administration of an allergenic substance to render effector cells less reactive.

The technique of allergen immunotherapy should also be differentiated from unproven techniques such as sublingual treatment and neutralization-provocation therapy.

The major risk of allergen immunotherapy is anaphylaxis. Allergen immunotherapy should, therefore, be administered under the supervision of an appropriately trained physician who can recognize early symptoms and signs of anaphylaxis and administer emergency medications where necessary. In addition, immunotherapy should be administered only in facilities equipped to treat anaphylaxis.

Indications for immunotherapy are determined by appropriate diagnostic procedures coordinated with clinical judgment and knowledge of the natural history of allergic diseases. Controlled studies have shown that allergen immunotherapy is effective for patients with allergic rhinitis or conjunctivitis, allergic asthma, and stinging insect hypersensitivity.

A. The necessity of allergen immunotherapy may also depend on the degree to which symptoms can be reduced by medications; the ability of the patient to tolerate possible side effects of the medication; the amount, type and cost of the medications required to control symptoms; and whether proper avoidance is possible.

B. Aeroallergen immunotherapy is indicated for patients with allergic rhinitis due to seasonal pollinosis caused by trees, grasses and weeds, and in the treatment of mold-induced rhinitis. It is also indicated for perennials such as cat and dog dander, dust mite and cockroach.

C. Venom immunotherapy is indicated for patients who have a severe systemic anaphylactic reaction after an insect sting and a positive skin test or other documented IgE sensitivity to specific insect venom. Patients with delayed systemic reactions with symptoms of anaphylaxis or serum sickness and with a positive skin test or presence of venom specific IgE by in vitro testing are also recommended for treatment.

D. Rapid desensitization is indicated in cases of allergy to insulin, penicillin and horse serum, as well as sulfonamides, cephalosporins and other commonly used drugs (e.g. aspirin). In patients with a positive history of reaction and with documented skin test reactivity, every effort should be made to avoid the use of these substances. When circumstances require the use of one of these substances, the patient will have to be desensitized. Full-dose therapy requires strict physician monitoring in a hospital intensive care setting with continuous monitoring of vital signs and cardio-respiratory status. Desensitization may need to be repeated if future circumstances require an additional course of the offending allergen.

E. Standardized dust mite extracts appear effective for immunotherapy. Other environmental allergens (e.g., kapok, jute, feathers, and unstandardized house dust extracts) are of questionable value in immunotherapy, however, and generally should not be used.

F. Allergen-induced asthma is an indication for immunotherapy along the guidelines for allergic rhinitis when there is a poor response to environmental control or pharmacologic treatment. Allergen immunotherapy is divided into codes that describe the injection only and codes that describe the preparation of the antigen to be delivered for injection by a different physician.

G. Clinical studies to date do not support the use of allergen immunotherapy for food hypersensitivity, chronic urticaria, or angioedema. Therefore, allergen immunotherapy for patients with these conditions is not recommended.

H. The following services are considered investigational and are considered not medically necessary services.

- a. Desensitization with commercially available extracts of poison ivy, poison oak, or poison sumac
- b. Desensitization for hymenoptera sensitivity using whole body extracts, with the exception of fire ant extracts.
- c. Desensitization with bacterial vaccine (BAC: bacterial, antigen complex, streptococcus vaccine, staphylo-strepto vaccine, serobacterin, staphylococcus phage lysate)
- d. Food allergenic extract immunotherapy
- e. Intracutaneous desensitization (Rinkel Injection Therapy, RIT)
- f. Intracutaneous titration
- g. Neutralization therapy (intradermal and subcutaneous)
- h. Repository emulsion therapy
- i. Sublingual desensitization
- j. Sublingual provocative therapy
- k. Urine autoinjection (autogenous urine immunotherapy)

- l. Allergen immunotherapy for the management of skin and mucous membrane disease such as atopic dermatitis, urticaria, and Candida vulvovaginitis
- m. Intranasal immunotherapy
- n. Postmortem examination for IgE antibodies to identify allergens responsible for lethal anaphylaxis (post mortem work is not-covered by Medicare);

I. Treatment Schedules

The starting dose of an allergenic extract and the progression of the dose must be individualized for each patient. The standard schedule uses a weekly injection that begins with one to two treatments per week, with gradual tapering of the frequency of injections when maintenance levels are achieved. Administration of high doses of allergen (e.g., 1:100 to 1:30 wt/vol or the highest dose tolerated) is the ultimate goal for this type of schedule. However, the weekly schedule often requires several months of increasing concentrations before maximum or maintenance dosage is attained.

J. Length of Therapy

The duration of all forms of immunotherapy must be individualized. A presumption of failure can be made when, after 12-24 months of therapy, a person does not experience a noticeable decrease of symptoms, an increase in tolerance to the offending allergen and a reduction in medication usage.

For many patients, the recommended duration of allergen immunotherapy is 3 to 5 years. However, the duration of immunotherapy should be individualized on the basis of clinical response, disease severity, immunotherapy reaction history, and patient preference.

Treatment will not be reimbursed after a 2-year period when there is no apparent clinical benefit.

K. Patients who are mentally or physically unable to communicate clearly with the allergist and those with a history of noncompliance are not good candidates for allergy immunotherapy.

L. Immunotherapy with whole-body extracts of biting insects or other arthropod (95170) is covered only for fire ant extracts.

M. Evaluation and management codes are separately reimbursable on the same day as allergen immunotherapy only when a significant, separately identifiable service is performed.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

11x	Hospital-inpatient (including Part A)
12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
71x	Clinic-rural health

73x	Clinic-independent provider based FQHC (eff 10/91)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the article services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the fiscal intermediary. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

Revenue codes 096X, 097X and 098X are to be used only by Critical Access Hospitals (CAHs) choosing the optional payment method (also called Option 2 or Method 2) and only for services performed by physicians or practitioners who have reassigned their billing rights. When a CAH has selected the optional payment method, physicians or other practitioners providing professional services at the CAH may elect to bill their carrier or assign their billing rights to the CAH. When professional services are reassigned to the CAH, the CAH must bill the FI using revenue codes 096X, 097X or 098X.

0510	Clinic-general classification
0517	Clinic-family practice clinic (eff 10/96)
0519	Clinic-other
0520	Free-standing clinic-general classification
0521	Clinic visit by member to RHC/FQHC
0522	Home visit by RHC/FQHC practitioner
0523	Free-standing clinic-family practice
0524	Visit by RHC/FQHC practitioner to a member in a covered Part A stay at the SNF
0525	Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) or NF or ICF MR or other residential facility
0528	Visit by RHC/FQHC practitioner to other non RHC/FQHC site (e.g., scene of accident)
0529	Free-standing clinic-other

0982 Professional fees-outpatient services
0983 Professional fees-clinic

CPT/HCPCS Codes

Allergy Testing

82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE
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 BY A PHYSICIAN, SPECIFY NUMBER OF TESTS
95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS OR VENOMS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT BY A PHYSICIAN, SPECIFY NUMBER OF TESTS
95015	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS, OR VENOMS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT BY A PHYSICIAN, SPECIFY NUMBER OF TESTS
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT BY A PHYSICIAN, 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 BY A PHYSICIAN, 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

95075

INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG, FOOD, DRUG OR OTHER SUBSTANCE SUCH AS METABISULFITE)

Allergy Immunotherapy

Note:

CPT/HCPCS Codes For 95120-95134 describe the “complete service” (injection and antigen provision). These codes are not valid for Medicare purposes.

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

95144

PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE DOSE VIAL(S) (SPECIFY NUMBER OF VIALS)

95145

PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); SINGLE STINGING INSECT VENOM

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-9 Codes that Support Medical Necessity

Allergy Testing: 95004, 95010, 95024, 95027

Note: ICD-9 codes must be coded to the highest level of specificity.

372.00

ACUTE CONJUNCTIVITIS UNSPECIFIED

372.05

ACUTE ATOPIC CONJUNCTIVITIS

372.13

VERNAL CONJUNCTIVITIS

372.14

OTHER CHRONIC ALLERGIC CONJUNCTIVITIS

381.01

ACUTE SEROUS OTITIS MEDIA

381.3

OTHER AND UNSPECIFIED CHRONIC NONSUPPURATIVE OTITIS MEDIA

382.9

UNSPECIFIED OTITIS MEDIA

461.0 - 461.9

ACUTE MAXILLARY SINUSITIS - ACUTE SINUSITIS UNSPECIFIED

462

ACUTE PHARYNGITIS

463

ACUTE TONSILLITIS

464.00

ACUTE LARYNGITIS WITHOUT OBSTRUCTION

464.01

ACUTE LARYNGITIS WITH OBSTRUCTION

464.50

SUPRAGLOTTITIS UNSPECIFIED WITHOUT OBSTRUCTION

464.51	SUPRAGLOTTITIS UNSPECIFIED WITH OBSTRUCTION
466.0	ACUTE BRONCHITIS
471.0	POLYP OF NASAL CAVITY
471.8	OTHER POLYP OF SINUS
471.9	UNSPECIFIED NASAL POLYP
473.0 - 473.2	CHRONIC MAXILLARY SINUSITIS - CHRONIC ETHMOIDAL SINUSITIS
477.0	ALLERGIC RHINITIS DUE TO POLLEN
477.8	ALLERGIC RHINITIS DUE TO OTHER ALLERGEN
477.9	ALLERGIC RHINITIS CAUSE UNSPECIFIED
478.0	HYPERTROPHY OF NASAL TURBINATES
478.19	OTHER DISEASE OF NASAL CAVITY AND SINUSES
493.00 - 493.92	EXTRINSIC ASTHMA UNSPECIFIED - ASTHMA UNSPECIFIED WITH (ACUTE) EXACERBATION
535.40	OTHER SPECIFIED GASTRITIS (WITHOUT HEMORRHAGE)
691.8	OTHER ATOPIC DERMATITIS AND RELATED CONDITIONS
693.1	DERMATITIS DUE TO FOOD TAKEN INTERNALLY
698.9	UNSPECIFIED PRURITIC DISORDER
708.0	ALLERGIC URTICARIA
708.1	IDIOPATHIC URTICARIA
708.8	OTHER SPECIFIED URTICARIA
708.9	UNSPECIFIED URTICARIA
786.09	RESPIRATORY ABNORMALITY OTHER
786.2	COUGH
995.0	OTHER ANAPHYLACTIC SHOCK NOT ELSEWHERE CLASSIFIED
995.1	ANGIONEUROTIC EDEMA NOT ELSEWHERE CLASSIFIED
995.20	UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.27	OTHER DRUG ALLERGY
995.29	UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE

995.3	ALLERGY UNSPECIFIED NOT ELSEWHERE CLASSIFIED
V14.0 - V14.9	PERSONAL HISTORY OF ALLERGY TO PENICILLIN - PERSONAL HISTORY OF ALLERGY TO UNSPECIFIED MEDICINAL AGENT
V15.01 - V15.09	PERSONAL HISTORY OF ALLERGY TO PEANUTS - PERSONAL HISTORY OF OTHER ALLERGY OTHER THAN TO MEDICINAL AGENTS
86003 Specific IgE in Vitro Test (RAST)	
117.3	ASPERGILLOSIS
691.8	OTHER ATOPIC DERMATITIS AND RELATED CONDITIONS
708.0	ALLERGIC URTICARIA
708.3	DERMATOGRAPHIC URTICARIA
989.5	TOXIC EFFECT OF VENOM
989.82	TOXIC EFFECT OF LATEX
995.0	OTHER ANAPHYLACTIC SHOCK NOT ELSEWHERE CLASSIFIED
995.60 - 995.69	ANAPHYLACTIC SHOCK DUE TO UNSPECIFIED FOOD - ANAPHYLACTIC SHOCK DUE TO OTHER SPECIFIED FOOD
V67.59	OTHER FOLLOW-UP EXAMINATION
95044, 95052, 95056 Patch Tests	
692.0	CONTACT DERMATITIS AND OTHER ECZEMA DUE TO DETERGENTS
692.1	CONTACT DERMATITIS AND OTHER ECZEMA DUE TO OILS AND GREASES
692.2	CONTACT DERMATITIS AND OTHER ECZEMA DUE TO SOLVENTS
692.3	CONTACT DERMATITIS AND OTHER ECZEMA DUE TO DRUGS AND MEDICINES IN CONTACT WITH SKIN
692.4	CONTACT DERMATITIS AND OTHER ECZEMA DUE TO OTHER CHEMICAL PRODUCTS
692.5	CONTACT DERMATITIS AND OTHER ECZEMA DUE TO FOOD IN CONTACT WITH SKIN
692.6	CONTACT DERMATITIS AND OTHER ECZEMA DUE TO PLANTS (EXCEPT FOOD)
692.81	DERMATITIS DUE TO COSMETICS
692.83	DERMATITIS DUE TO METALS
692.84	CONTACT DERMATITIS AND OTHER ECZEMA DUE TO ANIMAL (CAT) (DOG) DANDER

692.89	CONTACT DERMATITIS AND OTHER ECZEMA DUE TO OTHER SPECIFIED AGENTS
692.9	CONTACT DERMATITIS AND OTHER ECZEMA UNSPECIFIED CAUSE
CPT code: 95075 Ingestion Challenge Test	
693.1	DERMATITIS DUE TO FOOD TAKEN INTERNALLY
995.60 - 995.69	ANAPHYLACTIC SHOCK DUE TO UNSPECIFIED FOOD - ANAPHYLACTIC SHOCK DUE TO OTHER SPECIFIED FOOD
V14.0 - V14.8	PERSONAL HISTORY OF ALLERGY TO PENICILLIN - PERSONAL HISTORY OF ALLERGY TO OTHER SPECIFIED MEDICINAL AGENTS
V15.01 - V15.05	PERSONAL HISTORY OF ALLERGY TO PEANUTS - PERSONAL HISTORY OF ALLERGY TO OTHER FOODS
Allergen Immunotherapy	
CPT codes: 95115, 95117, 95145, 95146, 95147, 95148, 95149, 95165, 95199:	
372.14	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS
477.0 - 477.9	ALLERGIC RHINITIS DUE TO POLLEN - ALLERGIC RHINITIS CAUSE UNSPECIFIED
493.00 - 493.02	EXTRINSIC ASTHMA UNSPECIFIED - EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
493.10 - 493.12	INTRINSIC ASTHMA UNSPECIFIED - INTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
518.3	PULMONARY EOSINOPHILIA
989.5	TOXIC EFFECT OF VENOM
995.0	OTHER ANAPHYLACTIC SHOCK NOT ELSEWHERE CLASSIFIED
995.3	ALLERGY UNSPECIFIED NOT ELSEWHERE CLASSIFIED
V15.06	ALLERGY TO INSECTS AND ARACHNIDS
V15.09	PERSONAL HISTORY OF OTHER ALLERGY OTHER THAN TO MEDICINAL AGENTS
CPT code: 95170	
E905.5	OTHER VENOMOUS ARTHROPODS CAUSING POISONING AND TOXIC REACTIONS
CPT code: 95180:	
995.20	

	UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.27	OTHER DRUG ALLERGY
995.29	UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
999.4	ANAPHYLACTIC SHOCK DUE TO SERUM NOT ELSEWHERE CLASSIFIED
V14.0	PERSONAL HISTORY OF ALLERGY TO PENICILLIN
V14.1	PERSONAL HISTORY OF ALLERGY TO OTHER ANTIBIOTIC AGENT
V14.2	PERSONAL HISTORY OF ALLERGY TO SULFONAMIDES
V14.3	PERSONAL HISTORY OF ALLERGY TO OTHER ANTI-INFECTIVE AGENT
V14.4	PERSONAL HISTORY OF ALLERGY TO ANESTHETIC AGENT
V14.7	PERSONAL HISTORY OF ALLERGY TO SERUM OR VACCINE
V15.03	PERSONAL HISTORY OF ALLERGY TO EGGS

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

Documentation Requirements

1. Documentation must be available to Medicare upon request.

2. Documentation supporting the medical necessity, such as ICD-9-CM diagnosis codes, must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.

Allergy Testing

1. Prior to performance of allergy testing, there must be evidence on the patient's record that a history has been obtained, indicating the possible presence of allergy. This history should attempt to narrow the area of investigation so that the minimal number of necessary skin tests might deliver a diagnosis.

2. The selection of antigens should be individualized based on the history and physical examination. The number of tests performed should be judicious. All patients should not necessarily be tested for the same antigens or receive the same number of tests. Claims with excessive numbers of tests (2 standard deviations above the national mean) will be reviewed for medical necessity.

3. Retesting with the same antigen(s) should rarely be necessary within a three-year period. Exceptions include young children with negative skin tests or older children and adults with negative skin tests, but persistent symptoms suggestive of allergic disease where skin tests may be repeated one year later. Claims for retesting within a three-year period should be submitted with documentation of the medical necessity. Testing done on separate days for different antigens is acceptable as long as the total number of tests done within any three-year period is not excessive (2 standard deviations above the national mean).

Allergen Immunotherapy

1. Include in the record the following information: Medical history, examination, and results of diagnostic testing (including allergy testing) upon which the need for the treatment is based.

2. A plan of treatment and dosage regimen must be documented in the patient's medical record. The record should be prepared so that the data regarding injection and responses can be appreciated in a logical and sequential sense.

3. When an evaluation and management service is billed on the same day as allergen immunotherapy (by the same physician) a separately identifiable service must be documented in the medical record.

4. Documentation must support the use of the code (e.g., number of venoms, number of vials).

Appendices

Utilization Guidelines

Other Comments

For services that exceed the accepted standard of medical practice and may be deemed not medically necessary, the provider/supplier must provide the patient with an acceptable advance notice of Medicare's possible denial of payment. A waiver of liability should be signed when a provider/supplier does not want to accept financial responsibility for the service.

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from Allergy, Otolaryngology, Primary Care, Dermatology and Laboratory.

There is a coding article associated with this LCD.

Sources of Information and Basis for Decision

Sources of Information and Basis for Decision

Practice Parameters for Allergy Diagnostic Testing; Annals of Allergy, Asthma, & Immunology. Volume 75 (6), December 1995; March 15, 1996
Allergen immunotherapy: a practice parameter; Annals of Allergy, Asthma, & Immunology. Volume 90, January, 2003
*Cox L, Li JT, Nelson H, Lockey, R; Allergen Immunotherapy: A Practice Parameter Second Update; Supplement to Journal of Allergy & Clinical Immunology. Volume 120(3), September 2007.
Trevino, Richard J., Veling, Maria C.; The importance of quantifying skin reactivity in treating allergic rhinitis with immunotherapy; Ear, Nose & Throat Journal, May, 2000
Krouse JH, et al. Efficacy of immunotherapy based on skin endpoint titration. Otolaryngol - Head and Neck Surg. 2000. 123;3:183-187.
Hurst, DS, Gordon, BR, Fornadley, JA, Hunsaker, DH. Safety of home-based and office allergy immunotherapy: A multicenter prospective study. Otolaryngol - Head and Neck Surg.; 1999 121, 5:553 - 561.
Mabry RL, et al. AAOA Monograph Series: Skin Endpoint Titration. Second Edition, 1994.

Policies from other carriers including NHIC, Noridian, Empire

Advisory Committee Meeting Notes

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 09/25/2009

Illinois: 09/16/2009

Michigan: 09/09/2009

Minnesota: 09/24/2009

Iowa, Kansas, Missouri, Nebraska 10/08/2009

Jurisdictional Open Meeting 08/19/2009

Start Date of Comment Period

10/08/2009

End Date of Comment Period

11/23/2009

Start Date of Notice Period

01/01/2010

Revision History Number

Revision History Explanation

Reason for Change

Last Reviewed On Date

12/08/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Coding and Billing Guidelines - 12/18/2009 \(PDF - 60,073 bytes\)](#)

All Versions

Updated on 12/18/2009 with effective dates 02/16/2010 - N/A