

Comments
Allergy Testing and Allergy Immunotherapy
ALRG-001

Comment

A review of the Manual contents does not reveal any significant issues; however there are a few items that need to be updated:

Under I. Allergy Testing, B. Patch testing, it lists 24 allergens—at the present time the standardized testing series (TruTest) has expanded to 29 allergens for testing (the Tru Test kid previously had 24). I would recommend changing this quantity to at least 29 or provisions for higher numbers be made as this test series is updated and possibly expanded.

Response

We have expanded this to 29 allergens.

Comment

Under I. Allergy Testing, D., it is noted that skin testing should not exceed two strengths per each unique antigen—this is contrary to standard skin testing for Venoms, where 5 or 6 concentrations are indicated 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. As for environmental skin testing, rarely are more than 2 tests, (skin prick test and skin intradermal test), used.

These two strengths per each unique antigen also do not agree with Section G., IDT, but, since this technique is used by otolaryngologists, I will defer to their comments and concerns.

Response

We have modified the policy to include this information

Comment

CPT procedure code 95165 has always been a bone of contention, defining a dose of antigen for immunotherapy as one cc aliquot from a multidose vial---perhaps simply billing for the total amount of antigen would be less confusing, as often less than 1cc is given at a site because of allergic and comfort concerns---also, when the patient is on an ascending schedule, he or she may receive more than one injection per visit (certain extracts cannot be mixed together in the same vial)—totaling more than one cc—with a limit of 10cc, more frequent visits back to the allergist office is needed which may present a burden to the patient---I would recommend changing the limit of amount of extract that can be billed to a higher amount. I expect that further comments may be forthcoming from our Executive Committee on this issue.

Response

This instruction comes from CMS who would need to make any changes to this directive.

· CPT procedure code 95165 is used to report multiple dose vials of non-venom antigens. Effective January 1, 2001, for CPT code 95165, a dose is now defined as a one- (1) cc aliquot from a single multidose vial. When billing code 95165, providers should report the number of units representing the number of 1 cc doses being prepared. A maximum of 10 doses per vial is allowed for Medicare billing, even if more than ten preparations are obtained from the vial. In cases where a multidose vial is diluted, Medicare should not be billed for diluted preparations in excess of the 10 doses per vial allowed under code 95165.

Comment

More current parameter update is available:

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.

Response

We have reviewed this reference and added it to the bibliography.