

# Clinical Policy: Allergy Testing and Therapy

Reference Number: AZ.CP.MP.100 (Adult members  $\geq$  21 years)

Effective Date: 09/08/2015

Last Review Date: 01/18

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

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. Allergen immunotherapy is 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 exposure to these allergens.

According to Medical Policy for AHCCCS Covered Services 310-T for Physicians Services, AHCCCS does not cover allergy testing and immunotherapy, including testing for common allergens and desensitization treatments administered via subcutaneous injections, sublingual immunotherapy, or via other routes of administration for adults, with the exception of the following medically necessary indications.

## Policy/Criteria

- I. It is the policy of Arizona Complete Health<sup>®</sup> that allergy testing is **medically necessary** for members  $\geq$  21 years of age when meeting all of 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 have been exposed to;
  - C. Member has either sustained an anaphylactic reaction to an unknown allergen or has exhibited such a severe allergic reaction (e.g., severe facial swelling, breathing difficulties, epiglottal swelling, extensive [not localized] urticaria, etc.) that it is reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation;
  - D. 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;
    2. *Intracutaneous* (intra-dermal), *sequential and incremental testing* (CPT 95024, 95027, 95028) when percutaneous tests are negative;
    3. *In vitro testing* (CPT 86003, 86005).
- II. It is the policy of Arizona Complete Health that allergy immunotherapy is an excluded services for members  $\geq$  21 years of age.
- III. It is the policy of Arizona Complete Health that the following are considered **not medically necessary** because safety or effectiveness have not been established:

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- 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 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 allergen testing for patients who present with gastrointestinal symptoms suggestive of food intolerance;
  13. Food immune complex assay (FICA)
  14. Immune complex assay
  15. Ingestion challenge food testing for diagnosing rheumatoid arthritis, depression, or respiratory disorders not associated with anaphylaxis or similar systemic reactions
  16. Ingestion challenge food testing performed by the patient in the home
  17. Intradermal testing for food allergies
  18. In vitro metal allergy testing
  19. Iridology
  20. Leukocyte histamine release test (LHRT)/basophil histamine release test
  21. Lymphocyte function assay

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22. Lymphocytes (B or T subsets)
23. Lymphocyte Response Assay (LRA) by ELISA/ACT and Lymphocyte Mitogen Response Assays (LMRA) by ELISA/Act
24. Mediator release test (MRT)
25. Ophthalmic mucus membrane tests/conjunctival challenge test
26. Prausnitz-Kustner (P-K testing) passive cutaneous transfer test
27. 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.
28. Provocative nasal test
29. Pulse test (pulse response test, reaginic pulse test)
30. Rebeck skin window test
31. Sage Complement Antigen Test
32. 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)
33. Testing of specific immunoglobulin G (IgG) (e.g., by Radioallergosorbent [RAST] or Enzyme-linked immunosorbent assay [ELISA])
34. Testing of total serum IgG, immunoglobulin A (IgA) and immunoglobulin M (IgM)

### Limitations

#### *Allergy Testing*

- Retesting with the same antigen(s) should rarely be necessary within a 3-year period. Exceptions include young children with negative skin tests or older children and adults with negative skin tests in the face of persistent symptoms;
- Routine repetition of skin tests is not indicated (e.g., annually);
- Serial, repeat testing of total IgE will be subject to medical review.

### Documentation Requirements

Medical record documentation (e.g., history & physical, office/progress notes, procedure report, test results) must include the following information:

- A complete medical and immunologic history and appropriate physical exam obtained by face-to-face contact with the patient;
- The medical necessity for performing the test;
- The test methodology used;
- The measurement (in mm) of reaction sizes of both wheal and erythema response (in vivo testing);
- The quantitative result (in kIU/L) for specific IgE testing (in vitro testing);
- The interpretation of the test results and how the results of the test will be used in the patient's plan of care.

### Background

#### *Allergy Testing*

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Allergy is a form of exaggerated sensitivity or hypersensitivity to a substance that is either inhaled, ingested, injected, or comes in contact with the skin or eye. The term allergy is used to describe situations where hypersensitivity results from heightened or altered reactivity of the immune system in response to external substances. Allergic or hypersensitivity disorders may be manifested by generalized systemic reactions as well as localized reactions in any part of the body. The reactions may be acute, subacute, or chronic; immediate or delayed, and may be caused by a variety of offending agents (e.g., pollen, molds, mites, dust, feathers, animal fur or dander, venoms, foods, drugs). Allergy testing is performed to determine a patient's immunologic sensitivity or reaction to particular allergens for the purpose of identifying the cause of the allergic state.

Allergy testing must be a part of a complete diagnostic evaluation by a physician with specialized training in allergy and immunotherapy. A complete medical and immunologic history and appropriate physical examination must be done prior to performing diagnostic testing. The testing must be performed based on this history and a physical exam, which documents that the antigens being used for testing exist with a reasonable probability of exposure in the patient's environment. The number of tests performed must be judicious and related to the history, physical findings, and clinical judgment specific to each individual.

In vivo immunologic tests have been shown to be reliable and valid diagnostic tools and include skin tests with standardized allergenic extracts by prick/puncture (percutaneous) and intradermal (intracutaneous) techniques, photo and patch testing, inhalation bronchial challenge testing, and ingestion challenge testing. Percutaneous testing remains the test of choice in most clinical situations where immediate hypersensitivity reactions are suspected. Percutaneous tests require medical supervision, since there is a small but significant risk of anaphylaxis. Overall, skin testing is quick, safe, and cost-effective.

Intradermal tests are usually performed when increased sensitivity is needed when percutaneous tests (CPT codes 95004, 95017, 95018) are negative and there is still a strong suspicion of allergen sensitivity. For intradermal testing, the clinician should narrow the area of investigation so that the minimal number of skin tests necessary for diagnosis is performed. Intradermal testing is appropriate when IgE-mediated reactions occur to inhalants, hymenoptera (insect stings), and specific drugs, such as penicillins and macroglobular agents. The usual testing program may include two concentrations of an extract: a weaker concentration and a stronger concentration. It would not be expected that three or more concentrations of one extract would be necessary. Skin end-point dilution testing is a variant of intradermal testing that analyzes the highest dilution of a substance that produces a reaction, and may be used to determine the starting dose(s) of allergen immunotherapy.

Quantitative or semi-quantitative in vitro allergen specific IgE testing includes radioallergosorbent test (RAST), multiple radioallergosorbent tests (MAST), fluorescent allergosorbent test (FAST), enzyme-linked immunosorbent assay (ELISA) and ImmunoCAP. These tests detect specific IgE antibodies in the patient's blood serum. In vitro testing (CPT codes 86003 and 86005) is appropriate under conditions where skin testing is not possible or is not reliable. Examples of indications for in vitro testing include:

- Severe dermatographism, ichthyosis or generalized eczema;

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- Increased risk for anaphylactic response to skin testing based on clinical history (e.g., when an unusual allergen is not available as a licensed skin test extract);
- Inability to discontinue long-acting antihistamines, tricyclic antidepressants, or medications that may put the patient at undue risk if they are discontinued long enough to perform skin tests;
- Those with mental or physical impairments who are uncooperative;
- History is highly suggestive of an allergy and skin testing is negative or equivocal; or
- Evaluation of cross-reactivity between insect venoms.

Total serum IgE concentration testing is not indicated in all allergic patients, but should be reserved for those patients suspected of having allergic bronchopulmonary aspergillosis, immune deficiency disease (e.g., Wiskott-Aldrich syndrome, hyper-IgE staphylococcal abscess syndrome), IgE myeloma or pemphigoid, or for consideration of Xolair (omalizumab) administration in patients with moderate to severe asthma.

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

**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

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CPT* Codes	Description
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
95199	Unlisted allergy/clinical immunologic service or procedure

**CPT Code Table 2: Procedure codes considered not medically necessary**

CPT®* Codes	Description
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
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms

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CPT®* Codes	Description
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms
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)

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

#### 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
T36.0X5D – T50.Z95S *	Adverse effect of drugs
T63.001* - T63.94*	Toxic effects of venoms

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ICD-10-CM Code	Description
T78.01XD– T78.1XXS	Anaphylactic reaction due to food
T78.3XXD	Angioneurotic edema, subsequent encounter
T78.3XXS	Angioneurotic edema, sequela
T88.2XXD	Shock due to anesthesia, subsequent encounter
T88.2XXS	Shock due to anesthesia, sequela
T88.6XXD – T88.6XXS	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered

**ICD-10-CM Code Table 2: Diagnosis Codes That Support Coverage Criteria for CPT Code 95180**

ICD-10-CM Code	Descriptor
T80.51XD	Anaphylactic reaction due to administration of blood and blood products, subsequent encounter
T80.51XS	Anaphylactic reaction due to administration of blood and blood products, sequela
T80.52XD	Anaphylactic reaction due to vaccination, subsequent encounter
T80.52XS	Anaphylactic reaction due to vaccination, sequela
T80.59XD	Anaphylactic reaction due to other serum, subsequent encounter
T80.59XS	Anaphylactic reaction due to other serum, sequela
Z88.0 - Z88.3	Allergy status to penicillin; Allergy status to other antibiotic agents; Allergy status to sulfonamides; Allergy status to other anti-infective agents
Z88.4	Allergy status to anesthetic agent
Z88.6	Allergy status to analgesic agent status [aspirin]
Z88.7	Allergy status to serum and vaccine status [horse serum]
Z88.8	Allergy status to other drugs, medicaments and biological substance status [blood and blood products]

Reviews, Revisions, and Approvals	Date	Approval Date
Original Effective Date for AZ policy	9/15	
Policy created, specialist reviewed	01/16	02/16
Added anaphylactic reaction due to vaccinations to ICD-10-CM code list that support medical necessity for CPT Codes 86003, 86005, 95004, 95017, 95018, 95024, 95027, 95028; removed food allergy testing for patients who present with respiratory symptoms from III.C	12/16	01/17
Clarified that rapid desensitization is appropriate only for medication and hymenoptera sensitivities and added ICD-10 codes for insect allergy status to CPT 95180 for rapid desensitization. Combined code ranges in all ICD-10 coding tables including J30.1 – J30.9; J45.2* - J45.998; L25.1 – L25.9; L27.0 – L27.9; T78.00X* - T78.1XXS.	02/17	



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Reviews, Revisions, and Approvals	Date	Approval Date
Added initial encounters to ICD-10 codes that previously only included subsequent and sequela encounter. Added H10.01* - H10.45; T63.001* - T63.94* to ICD-10-CM code table 1 Added expanded code range for conjunctivitis H10.01* - H10.45; L23.0 – L23.9*; L25.1 – L25.9; L27.0 – L27.9; L50.0, L50.6, T36.0X5A – T50.995S; T78.49SA – T78.49SA; T80.52XA – T80.52XS; Z88.0 – Z88.9 to ICD-10-CM code table 5. Added expanded code range T36.0X5A – T50.995S to ICD-10 code table 6		
Under Documentation requirements, removed statement about medical necessity for invitro vs invivo testing	04/17	
Frequency limitations for allergy testing and treatment have been removed from this policy as they are based on state specific guidelines (defined in the provider fee schedule). In the absence of state-specific rules, the CMS Medicaid/Medicare NCCI MUE limitations are applied.	6/17	
References reviewed and updated. Codes reviewed.	01/18	01/18

#### References

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5. Kowal K, DuBuske L. Overview of skin testing for allergic disease. In: UpToDate, Waltham, MA. Accessed 01/10/18
6. Bernstein IL, Li JT, Bernstein DI, et al. Allergy diagnostic testing: an updated practice parameter. *Ann Allergy Asthma Immunol*. 2008 Mar;100(3 Suppl 3):S1-148

#### Important reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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