bridgeway health solutions

COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN ADULTS

POLICY NUMBER:	**AZ.PP.006 [FOR ADULTS]**	**ORIGINAL EFFECTIVE DATE:**	**09/08/2015**
PRODUCT TYPE(S):	**PRODUCTS APPLYING TO ADULT MEMBERS**	**REVISION EFFECTIVE DATE:**	**NOT APPLICABLE**

IMPORTANT REMINDER

This policy is current at the time of publication. Centene Corporation retains the right to change or amend this policy at any time.

This policy has been developed by licensed health care professionals and is based upon a review of currently available clinical information (including clinical outcome studies, evidence-based guidelines, and other relevant evidence). Centene Corporation makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this policy.

The purpose of this policy is to serve as one component of the guidelines used to assist in making coverage decisions and administering benefits. 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.), and to applicable law.

This policy does not constitute medical advice, medical treatment or medical care. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice, diagnosis and treatment of members.

Members and providers of Health Plans associated with Centene Corporation should discuss together the information in this policy. Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Centene Corporation has no control or right of control. Providers are not agents or employees of Health Plans associated with Centene Corporation.

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Providers and members are bound by the terms and conditions expressed herein, in addition to the Site Use Agreement for Health Plans associated with Centene Corporation.

Note: For Medicaid members, when state Medicaid coverage provisions are controlling and conflict with the coverage provisions in this policy, state Medicaid coverage provisions take precedence. In such instance, please refer to the state Medicaid manual for any coverage provisions pertaining to this policy.

Note: To ensure consistency with Medicare National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this Policy. Refer to the CMS website at http://www.cms.gov for additional information.

Policy Overview

Allergy refers to conditions in which immune responses to environmental antigens cause tissue inflammation and organ dysfunction. Allergy testing is performed to determine immunologic sensitivity or reaction to antigens for the purpose of identifying the cause of

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the allergic state. This policy addresses immediate (IgE-mediated) hypersensitivity and delayed (cell mediated) hypersensitivity. In vivo allergy sensitivity testing correlates the performance and evaluation of selective cutaneous and mucous membrane tests with the patient's history, physical examination, and other observations. Immediate hypersensitivity may also be tested in vitro by measurement of allergen-specific serum IgE. In vitro testing is covered under limited circumstances. Immediate hypersensitivity skin testing is important in the diagnosis of IgE mediated inhalant, food, venom, and penicillin allergies. Delayed hypersensitivity testing is more often helpful in the diagnosis of contact dermatitis and the clinical evaluation of cell-mediated immunity. 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.

The purpose of this policy is to define medical necessity criteria for allergy testing and therapy to be used by Bridgeway Health Solutions in making coverage decisions and administering benefits.

Application

This policy applies to any provider performing allergy testing and/or administering allergy therapy, including all associated services such as preparation and provision of antigens, in treating adult members 21 years and older.

Policy Description

Covered Indications

Allergy Testing

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

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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.

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:

Allergy testing is covered in those instances when a 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. In such instances, allergy testing is covered to identify the unknown allergen.

For coverage consideration, 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.

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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, and intradermal techniques, skin end-point titration, and patch testing.

- Percutaneous Testing remains the test of choice in most clinical situations where immediate hypersensitivity reactions are suspected. Percutaneous tests require physician supervision, since there is a small but significant risk of anaphylaxis. Overall, skin testing is quick, safe, and cost-effective. Measurement of wheal and flare should be reported; a positive result is defined as a minimum of 3 or more millimeters larger than the negative control.
- Intracutaneous/Intradermal Tests are usually performed when increased sensitivity is needed when percutaneous tests (CPT codes 95004 or 95017) are negative and there is 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 (intracutaneous) testing is covered 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 2 concentrations of an extract: a weaker concentration and a stronger concentration. It would not be expected that 3 or more concentrations of 1 extract would be necessary.
- Skin End Point Titration Testing 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 include 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) may be covered under conditions

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where skin testing is not possible or is not reliable. In vitro testing may be covered as a *substitute* for skin testing; it is usually not necessary in addition to skin testing. The number of tests done, frequency of retesting and other coverage issues, are the same as for skin testing. The indications for using in vitro testing instead of in vivo methods must be documented with the claim. Examples of indications for in vitro testing include the following:

  - Patients with severe dermatographism, ichthyosis or generalized eczema;
  - Patients at 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);
  - Patients unable 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;
  - Patients with mental or physical impairments, who are uncooperative; or
  - Evaluation of cross-reactivity between insect venoms.

- Total Serum IgE Concentration (CPT code 82785) - This testing modality is not indicated in all allergic patients, but should be reserved for those patients suspected of having allergic bronchopulmonary aspergillosis, select immune deficiency diseases, such as Wiskott-Aldrich syndrome, hyper-IgE staphylococcal abscess syndrome, eczematous dermatitis, atopic dermatitis in children, recurrent pyogenic infections, IgE myeloma or pemphigoid, or for consideration of Xolair (omalizumab) therapy for patients with moderate to severe asthma.

Allergen Immunotherapy

Allergen immunotherapy is indicated for patients who show demonstrable evidence of specific IgE antibodies to clinically relevant allergens and whose allergic symptoms warrant the time and risk of allergen immunotherapy. The necessity of initiating allergen immunotherapy may also depend on the degree to which symptoms can be reduced by

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medication, the amount and type of medication required to control symptoms, and whether appropriate avoidance is possible.

Allergen immunotherapy is indicated for patients with a diagnosis of allergic asthma, allergic conjunctivitis, allergic rhinitis, or stinging insect hypersensitivity depending on the results of allergy testing (immediate hypersensitivity skin tests or in vitro tests for specific IgE). There is limited data indicating that it may be effective in atopic dermatitis when this condition is associated with aeroallergen sensitivity. Immunotherapy is not covered when given to patients with negative results for specific IgE antibodies or those with positive test results for specific IgE antibodies that do not correlate with suspected triggers, clinical symptoms, or exposure. Immunotherapy is effective for pollen, mold, animal allergens, cockroach, and dust mite.

The selection of allergens for immunotherapy should be based in part on the cross-reactivity of clinically relevant allergens. Knowledge of allergen cross-reactivity is important in the selection of allergens for immunotherapy because limiting the number of allergens in a treatment vial might be necessary to attain optimal therapeutic doses of each of the components. Many botanically related pollens contain allergens that are cross-reactive. When pollens are substantially cross-reactive, selection of a single pollen within the cross-reactive genus or subfamily might suffice. When pollen allergens are not substantially cross-reactive, testing for and treatment with multiple locally prevalent pollens might be necessary.

Allergen immunotherapy administered in a medical facility may be covered for the treatment of the following IgE-mediated allergies:

- Allergic (extrinsic) asthma; and/or
- Hymenoptera (bees, hornets, wasps, fire ants) sensitive individuals.

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Allergen immunotherapy may be covered only when all of the following conditions are met:

- Member 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. **, including** a life-threatening allergy to insect stings (bees, hornets, wasps, and fire ants; **and**
- Member has serologic and/or skin test evidence, as manifested by significant wheal and flare response, of IgE-mediated antibody to a potent extract of the allergen; **and**
- Avoidance or pharmacologic therapy cannot control allergic symptoms or member has unacceptable side effects with pharmacologic therapy.

Venom immunotherapy is indicated for patients who have anaphylaxis after an insect sting and a positive skin test or other documented IgE sensitivity to specific insect venom. It may also be indicated for 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.

Rapid desensitization is indicated in cases of severe allergic reaction to insulin, penicillin and horse serum, as well as sulfonamides, cephalosporins and other commonly used drugs. 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 is usually initiated immediately after reactions (treated and controlled), requiring strict physician monitoring in a setting with continuous monitoring of vital signs and cardio-respiratory status. In most cases, this can be performed in a physician's office if a physician trained to treat anaphylaxis is physically present for the entire duration. In

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cases where the initial reaction was severe, desensitization may need to be performed in the ambulatory care department of a hospital.

Desensitization may need to be repeated if future circumstances require an additional course of the offending allergen. Rapid desensitization in the form of rush immunotherapy may also be appropriate if the patient has a life-threatening allergy to insect venom and the insect season is about to start; shots are only available in a clinic that is far away from the patient's home; the patient cannot come in once a week for months; or the patient has severe allergic asthma.

Limitations

Allergy Testing

- Retesting with the same antigen(s) is rarely necessary within a 3-year period and is usually not covered. 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 covered (e.g., annually);
- Intradermal testing for food allergens is not covered;

The following tests are considered experimental and investigational for allergy testing, as they have not been proven to be effective.

- Antigen leukocyte cellular antibody (ALCAT) automated food allergy testing
- Applied kinesiology or Nambudripad's allergy elimination test (NAET (i.e., muscle strength testing or measurement after allergen ingestion)
- Candidiasis test
- Chemical analysis of body tissues (e.g., hair)
- Chlorinated pesticides (serum)
- Complement (total or components)
- C-reactive protein

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- Cytokine and cytokine receptor assay
- Cytotoxic testing for food, environmental or clinical ecological allergy testing (Bryans Test, ACT)
- Electrodermal testing or electro-acupuncture
- ELISA/Act qualitative antibody testing
- Food immune complex assay (FICA)
- Immune complex assay
- Ingestion challenge food testing for diagnosing rheumatoid arthritis, depression, or respiratory disorders not associated with anaphylaxis or similar systemic reactions
- In Vitro Metal Allergy Testing
- Iridology
- Leukocyte histamine release test (LHRT)/basophil histamine release test
- Lymphocyte function assay
- Lymphocytes (B or T subsets)
- Lymphocyte Response Assay (LRA) by ELISA/ACT and Lymphocyte Mitogen Response Assays (LMRA) by ELISA/Act
- Mediator release test (MRT)
- Ophthalmic mucus membrane tests/conjunctival challenge test
- Prausnitz-Kustner (P-K testing) passive cutaneous transfer test
- 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, are excluded from coverage because available evidence does not show these tests and therapies are effective.
- Provocative nasal test (nasal challenge test)
- Pulse test (pulse response test, reaginic pulse test)
- Rebuck skin window test
- Sage Complement Antigen Test
- Skin endpoint testing is not covered

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- 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)
- Testing of specific Immunoglobulin G (IgG) (e.g., by Radioallergosorbent [RAST] or Enzyme-linked immunosorbent assay [ELISA])
- Testing of total serum IgG, immunoglobulin A (IgA) and immunoglobulin M (IgM)

Allergen Immunotherapy
Coverage may be provided for a reasonable supply of antigens that have been prepared for a particular patient when:

- The antigens are prepared by an allergist, immunologist, or otolaryngologist; **and**
- The physician who prepared the antigens has examined the patient and has determined a plan of treatment and a dosage regimen.

The following are noncovered antigens: newsprint, tobacco smoke, dandelion, orris root, phenol, alcohol, sugar, yeast, grain mill dust, soybean dust (except when the patient has a known exposure to soybean dust such as a food processing plant), wool (unless patient has history of continuous exposure to sheep or unprocessed wool), marigold, honeysuckle, fiberglass, green tea, or chalk.

If the member is noncompliant with immunotherapy, the therapy should be discontinued.

The following services are considered investigational or its safety and effectiveness have not been established, and will not be covered:

- Desensitization with commercially available extracts of poison ivy, poison oak, or poison sumac;
- Desensitization for hymenoptera sensitivity using whole body extracts, with the exception of fire ant extracts;

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- Desensitization with bacterial vaccine (BAC: bacterial, antigen complex, streptococcus vaccine, staphylo/strepto vaccine, serobacterin, staphylococcus phage lysate);
- Food allergenic extract immunotherapy;
- Intracutaneous desensitization (Rinkel Injection Therapy, RIT);
- Neutralization therapy (intradermal and subcutaneous);
- Repository emulsion therapy;
- Sublingual desensitization;
- Sublingual provocative therapy;
- Urine autoinjection (autogenous urine immunotherapy);
- Allergen immunotherapy for the management of skin and mucous membrane disease such as urticaria, and Candida vulvovaginitis;
- Home administration of allergen immunotherapy;
- Non-allergic vasomotor rhinitis;
- Acupuncture for allergies;
- Homeopathy for allergies;
- Migraine headaches.

Utilization Guidelines

Allergy Testing

- In vitro testing (CPT code 86003) may be covered for only 30 units per year for indications as outlined in this policy.
- The evaluation of inhalant allergy may require up to 70 prick/puncture tests followed by up to 40 intradermal tests, which are ordinarily performed when prick/puncture and/or intradermal tests are negative; however, in most cases fewer tests are required.
- Up to 20 units for percutaneous testing per year for food sensitivity (CPT code 95004) may be covered.

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- Up to 40 units for intracutaneous (intradermal) testing (CPT code 95024) per year for a patient may be covered.
- Up to 40 units for intracutaneous (intradermal), sequential and incremental testing (CPT code 95027) per year for a patient may be covered.
- When photo patch test(s) (CPT code 95052) are performed (same antigen/same session) with patch or application test(s) (CPT code 95044), only the photo patch tests should be reported.
- In the event photo tests (CPT code 95056) are performed with patch or application test(s) (CPT code 95044), only the photo tests should be reported.

Allergy Immunotherapy

Treatment Schedules

The starting dose of an allergenic extract and the progression of the dose must be individualized for each patient. The Immunotherapy build-up schedule entails administration of gradually increasing doses during a period of approximately 14 to 28 weeks. In conventional schedules a single dose increase is given on each visit, and the visit frequency can vary from 1 to 3 times a week. Accelerated schedules such as rush or cluster immunotherapy entail administration of several injections at increasing doses on a single visit. Accelerated schedules offer the advantage of achieving the therapeutic dose earlier but might be associated with increased risk of systemic reaction in some patients.

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. Treatment will not be covered after a 2-year period, when there is no apparent clinical benefit. CPT code 95165 may be covered for a maximum of 120 units per year.

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The major risk of allergen immunotherapy is anaphylaxis. Allergen immunotherapy must 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, and administered only in facilities equipped to treat anaphylaxis.

Evaluation and management codes may be separately covered on the same day as allergen immunotherapy only when a significant, separately identifiable service is performed.

Covered Procedure Codes

The following is a list of procedures codes for which coverage may be provided when billed with a diagnosis code(s) that supports coverage criteria (see list of ICD codes supporting coverage criteria further below).

CPT/HCPCS Code	Descriptor
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, 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

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	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
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
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

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	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

Noncovered Procedure Codes

The following is a list of procedures codes for which coverage is NOT provided, unless an exception is noted in this policy.

CPT/HCPCS Code	Descriptor
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

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	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)
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

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	care professional, including provision of allergenic extract; 3 stinging insect venoms
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

ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 86003, 86005, 95004, 95017, 95018, 95024, 95027, and 95028

The following is a list of diagnosis codes that support coverage for the applicable covered procedure code(s).

ICD-9-CM Code	Descriptor
493.00 - 493.02	Extrinsic asthma unspecified - extrinsic asthma with (acute) exacerbation
708.0	Allergic urticaria
989.5	Toxic effect of venom
995.0	Other anaphylactic reaction
995.1	Angioneurotic edema not elsewhere classified
995.60 - 995.69	Anaphylactic reaction due to unspecified food - anaphylactic reaction due to other specified food

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ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95115, 95117, 95144, 95145, 95146, 95147, 95148, 95149, 95165, and 95199

The following is a list of diagnosis codes that support coverage for the applicable covered procedure code(s).

ICD-9-CM Code	Descriptor
493.00 – 493.02	Extrinsic asthma
989.5	Toxic effect of venom
V15.06	Allergy to insects and arachnids
V15.09	Personal history of other allergy other than to medicinal agents

ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95170

The following is a list of diagnosis codes that support coverage for the applicable covered procedure code(s).

ICD-9-CM Code	Descriptor
V15.06	Allergy to insects and arachnids [fire ants]

ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95180

The following is a list of diagnosis codes that support coverage for the applicable covered procedure code(s).

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ICD-9-CM Code	Descriptor
995.27	Other drug allergy
999.41	Anaphylactic reaction due to administration of blood and blood products
999.42	Anaphylactic reaction due to vaccination
999.49	Anaphylactic reaction due to other serum
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

ICD-9-CM Diagnosis Codes That DO NOT Support Coverage Criteria

The following is a list of diagnosis codes for which coverage is NOT provided, unless an exception is noted in this policy.

ICD-9-CM Code	Descriptor
Not Applicable	

ICD-10-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 86003, 86005, 95004, 95017, 95018, 95024, 95027, and 95028

The following is a list of diagnosis codes that support coverage for the applicable covered procedure code(s).

ICD-10-CM Code	Descriptor

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PRODUCT TYPE(S):	PRODUCTS APPLYING TO ADULT MEMBERS	REVISION EFFECTIVE DATE:	NOT APPLICABLE

J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
T36.0X5D – T50.Z95S*	Adverse effect of drugs
T78.01XD	Anaphylactic reaction due to peanuts, subsequent encounter
T78.01XS	Anaphylactic reaction due to peanuts, sequela
T78.02XD	Anaphylactic reaction due to shellfish (crustaceans), subsequent encounter
T78.02XS	Anaphylactic reaction due to shellfish (crustaceans), sequela
T78.03XD	Anaphylactic reaction due to other fish, subsequent encounter
T78.03XS	Anaphylactic reaction due to other fish, sequela
T78.04XD	Anaphylactic reaction due to fruits and vegetables, subsequent encounter
T78.04XS	Anaphylactic reaction due to fruits and vegetables, sequela
T78.05XD	Anaphylactic reaction due to tree nuts and seeds, subsequent encounter
T78.05XS	Anaphylactic reaction due to tree nuts and seeds, sequela
T78.06XD	Anaphylactic reaction due to food additives, subsequent encounter
T78.06XS	Anaphylactic reaction due to food additives, sequela
T78.07XD	Anaphylactic reaction due to milk and dairy products, subsequent encounter
T78.07XS	Anaphylactic reaction due to milk and dairy products, sequela
T78.08XD	Anaphylactic reaction due to eggs, subsequent encounter
T78.08XS	Anaphylactic reaction due to eggs, sequela
T78.09XD	Anaphylactic reaction due to other food products, subsequent encounter
T78.09XS	Anaphylactic reaction due to other food products, sequela

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PRODUCT TYPE(S):	PRODUCTS APPLYING TO ADULT MEMBERS	REVISION EFFECTIVE DATE:	NOT APPLICABLE

T78.1XXD	Other adverse food reactions, not elsewhere classified, subsequent encounter
T78.1XXS	Other adverse food reactions, not elsewhere classified, sequela
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	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered, subsequent encounter
T88.6XXS	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered, sequela

* Note: For adverse effects of drugs (range T36 – T50), code first the appropriate code for the nature of the adverse effect followed by the appropriate code for the adverse effect of the drug (T36-T50), indicating the appropriate 7th character. Codes within this range signifying adverse effect (i.e., allergic response) are those with the **sixth character of "5" and seventh character of either "D" or "S"** (e.g., T36.0X5D [Adverse effect of penicillins, subsequent encounter]).

ICD-10-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95115, 95117, 95144, 95145, 95146, 95147, 95148, 95149, 95165, and 95199

The following is a list of diagnosis codes that support coverage for the applicable covered procedure code(s).

ICD-10-CM Code	Descriptor
J45.40 – J45.42	Moderate persistent asthma

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J45.50 – J45.52	Severe persistent asthma
T63.421D	Toxic effect of venom of ants, accidental (unintentional), subsequent encounter
T63.421S	Toxic effect of venom of ants, accidental (unintentional), sequela
T63.422D	Toxic effect of venom of ants, intentional self-harm, subsequent encounter
T63.422S	Toxic effect of venom of ants, intentional self-harm, sequela
T63.423D	Toxic effect of venom of ants, assault, subsequent encounter
T63.423S	Toxic effect of venom of ants, assault, sequela
T63.424D	Toxic effect of venom of ants, undetermined, subsequent encounter
T63.424S	Toxic effect of venom of ants, undetermined, sequela
T63.441D	Toxic effect of venom of bees, accidental (unintentional), subsequent encounter
T63.441S	Toxic effect of venom of bees, accidental (unintentional), sequela
T63.442D	Toxic effect of venom of bees, intentional self-harm, subsequent encounter
T63.442S	Toxic effect of venom of bees, intentional self-harm, sequela
T63.443D	Toxic effect of venom of bees, assault, subsequent encounter
T63.443S	Toxic effect of venom of bees, assault, sequela
T63.444D	Toxic effect of venom of bees, undetermined, subsequent encounter
T63.444S	Toxic effect of venom of bees, undetermined, sequela
T63.451D	Toxic effect of venom of hornets, accidental (unintentional), subsequent encounter
T63.451S	Toxic effect of venom of hornets, accidental (unintentional), sequela
T63.452D	Toxic effect of venom of hornets, intentional self-harm, subsequent encounter

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T63.452S	Toxic effect of venom of hornets, intentional self-harm, sequela
T63.453D	Toxic effect of venom of hornets, assault, subsequent encounter
T63.453S	Toxic effect of venom of hornets, assault, sequela
T63.454D	Toxic effect of venom of hornets, undetermined, subsequent encounter
T63.454S	Toxic effect of venom of hornets, undetermined, sequela
T63.461D	Toxic effect of venom of wasps, accidental (unintentional), subsequent encounter
T63.461S	Toxic effect of venom of wasps, accidental (unintentional), sequela
T63.462D	Toxic effect of venom of wasps, intentional self-harm, subsequent encounter
T63.462S	Toxic effect of venom of wasps, intentional self-harm, sequela
T63.463D	Toxic effect of venom of wasps, assault, subsequent encounter
T63.463S	Toxic effect of venom of wasps, assault, sequela
T63.464D	Toxic effect of venom of wasps, undetermined, subsequent encounter
T63.464S	Toxic effect of venom of wasps, undetermined, sequela
Z87.892*	Personal history of anaphylaxis – Require in combo with Z91 codes.
Z91.030	Bee allergy status – Require combo coding with Z87.892
Z91.038	Other insect allergy status – Require combo coding with Z87.892
Z91.048	Other nonmedicinal substance allergy status

* For immunotherapy for bee and other insect allergy status, ICD-10-CM code Z87.892 (Personal history of anaphylaxis) must be coded in addition to the appropriate allergy status code Z91.030 (Bee allergy status) or Z91.038 (Other insect allergy status).

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ICD-10-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95170

The following is a list of diagnosis codes that support coverage for the applicable covered procedure code(s).

ICD-10-CM Code	Descriptor
T63.421D	Toxic effect of venom of ants, accidental (unintentional), subsequent encounter
T63.421S	Toxic effect of venom of ants, accidental (unintentional), sequela
T63.422D	Toxic effect of venom of ants, intentional self-harm, subsequent encounter
T63.422S	Toxic effect of venom of ants, intentional self-harm, sequela
T63.423D	Toxic effect of venom of ants, assault, subsequent encounter
T63.423S	Toxic effect of venom of ants, assault, sequela
T63.424D	Toxic effect of venom of ants, undetermined, subsequent encounter
T63.424S	Toxic effect of venom of ants, undetermined, sequela
Z91.038*	Other insect allergy status [fire ants]

*For whole body extract of fire ants, ICD-10-CM code Z91.038 (Other insect allergy status [fire ants]) must be coded in addition to the appropriate toxic effect codes from the list above (T63.421D-T63.424S).

ICD-10-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95180

The following is a list of diagnosis codes that support coverage for the applicable covered procedure code(s).

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PRODUCT TYPE(S):	**PRODUCTS APPLYING TO ADULT MEMBERS**	**REVISION EFFECTIVE DATE:**	**NOT APPLICABLE**

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]

ICD-10-CM Diagnosis Codes That DO NOT Support Coverage Criteria

The following is a list of diagnosis codes for which coverage is NOT provided, unless an exception is noted in this policy.

ICD-10-CM Code	Descriptor
Not Applicable	

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Documentation Requirements

Allergy Testing

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 medical necessity for the use of in vitro testing if used, instead of in vivo methods
- 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.

Definitions

Not Applicable

Appendices

Not Applicable

Related Documents or Resources

Not Applicable

References

1. *Current Procedural Terminology (CPT®)*, 2014

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2. *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD-9-CM), 2015
3. *ICD-10-CM Official Draft Code Set*, 2015
4. Cox L, Nelson H, Lockey R, et al. Allergen immunotherapy: A practice parameter third update. *J Allergy Clin Immunol*. 2011 Jan;127(Suppl 1):S1-55.
5. Bernstein IL, Li JT, Bernstein DI, et al. *Ann Allergy Asthma Immunol.* 2008 Mar;100(3 Suppl 3):S1-148.
6. Adkinson N, Yunginger J, Busse W, Bochner B, Holgate S, Middleton E, eds. *Middleton's Allergy: Principles and Practice.* 6th ed. St Louis, MO: Mosby; 2003.
7. CGS Administrators, LLC. Local Coverage Determination L31826: Allergy immunotherapy. Available at: http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=31826&ContrId=239&ver=17&ContrVer=1&Date=05%2f22%2f2015&DocID=L31826&bc=iAAAAAgAAAAAAA%3d%3d&. Accessed May 22, 2015.
8. Department of Health and Human Services. Office of Inspector General Report OEI-09-00-00531. Immunotherapy for Medicare Beneficiaries; 2006.
9. Lawlor GJ, Fischer TJ, Adelman DC. *Manual of Allergy and Immunology*, 3rd ed. Boston, MA: Little Brown and Company; 1995.
10. Noridian Healthcare Solutions, LLC. Local Coverage Determination L33508: Allergy testing. Available at: http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33508&ContrId=364&ver=8&ContrVer=1&Date=05%2f22%2f2015&DocID=L33508&bc=iAAAAAgAAAAAAA%3d%3d&. Accessed May 22, 2015.

POLICY HISTORY	
08/25/2015-09/08/2015	Notice Period
09/08/2015	Original Effective Date

COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN ADULTS

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