



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

POLICY NUMBER:	AZ.PP.006 [FOR CHILDREN]	ORIGINAL EFFECTIVE DATE:	09/08/2015
PRODUCT TYPE(S):	PRODUCTS APPLYING TO CHILD 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



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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 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 to children under the age of 21.

Policy Description

Covered Indications



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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 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.

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.

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.



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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.
- Delayed Hypersensitivity Skin Testing has been commonly used in 3 ways: anergy testing, testing for infection with intracellular pathogens, and testing for sensitivity to contact allergens. Accurate testing for contact allergy requires careful attention to technique, and limitation of testing to the specific allergens known to be associated with a contact reaction.
- Photo Testing is skin irradiation with a specific range of ultraviolet light. Photo tests are performed for the evaluation of photosensitivity disorders.
- Patch Testing is indicated to evaluate a nonspecific dermatitis, allergic contact dermatitis, pruritus, and other dermatitis to determine the causative antigen.
- Photo Patch testing uses 2 patches, with 1 of them being irradiated with ultraviolet light half way through the occlusive period. It is indicated to evaluate unique allergies resulting from light exposure.



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- Inhalation Bronchial Challenge Testing involves the inhalation of agents that can trigger respiratory responses. The agents include drugs that cause airway constriction, antigens and chemical sensitizers usually related to occupational breathing problems. Pulmonary function studies are not included in the bronchial challenge test. Generally 3 measures of each determination (e.g., spirometry, prolonged post exposure evaluation of bronchospasm) are performed. The best of the 3 is accepted and represents 1 unit of service. A unit is defined as each set of 3 measurements.
- Ingestion Challenge Test involves the administration of sequentially or incrementally larger doses of the test item. The test items may include food or antibiotics. The service is allowed once per patient encounter, regardless of the number of items tested, and includes evaluation of the patient's response to the test items.
- 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 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);



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- 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 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



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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;
- Dust mite atopic dermatitis;
- Hymenoptera (bees, hornets, wasps, fire ants) sensitive individuals;
- Mold-induced allergic rhinitis;
- Perennial rhinitis; and/or
- Seasonal allergic rhinitis or conjunctivitis.

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

- Member has symptoms of allergic rhinitis and/or asthma after natural exposure to the allergen; **or**
- Member has a life-threatening allergy to insect stings (bees, hornets, wasps, and fire ants); **and**



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- 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 allergy 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 1 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 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



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patient’s home; the patient cannot come in once a week for months; or the patient has severe allergic asthma.

Animal dander sensitivity (epidermal) may respond to immunotherapy. While removal of the offending allergen is recommended, this is often not possible or there may be occupational or other sources of exposure. Therefore, a trial of immunotherapy may be indicated. Coverage of animal dander may be made upon individual review.

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.

Limitations

Allergy Testing

- Ingestion challenge food testing performed by the patient in the home, and not in the office setting, will not be covered;
- Retesting with the same antigen(s) is rarely 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 covered (e.g., annually);
- Intradermal testing for food allergens is not covered;
- Food allergen testing for patients who present with respiratory symptoms other than wheezing and asthma is not covered;
- Food allergen testing for patients who present with gastrointestinal symptoms suggestive of food intolerance is not covered.

Measurements of total IgE levels (CPT code 82785-Gammaglobulin [immunoglobulin]; IgE) are not covered for most general allergy testing that is performed to determine a patient’s



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immunologic sensitivity or reaction to particular allergens for the purpose of identifying the cause of the allergic state. Total serum IgE levels are not covered unless evidence exists for 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. Serial, repeat testing of total IgE will be subject to medical review.

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
- 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



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- 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)
- 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.
- Pulse test (pulse response test, reaginic pulse test)
- Rebuck skin window test
- Sage Complement Antigen Test
- Skin endpoint testing is not covered
- 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)



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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;
- 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;



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- 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. Additional services may require prior authorization or review of the medical records.
- 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. Additional services may require prior authorization or review of the medical records.
- Up to 20 units for percutaneous testing per year for food sensitivity (CPT code 95004) may be covered. Additional services may require prior authorization or review of the medical records.
- Up to 40 units for intracutaneous (intradermal) testing (CPT code 95024) per year for a patient may be covered. Additional services may require prior authorization or review of the medical records.



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- Up to 40 units for intracutaneous (intradermal), sequential and incremental testing (CPT code 95027) per year for a patient may be covered. Additional services may require prior authorization or review of the medical records.
- 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. Additional services may require prior authorization or review of the medical records.



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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



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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
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
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



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	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
95133	Professional services for allergen immunotherapy in the office or



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	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



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

	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
Not Applicable	

ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 86003 and 86005

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

ICD-9-CM Code	Descriptor
372.05	Acute atopic conjunctivitis
372.14	Other chronic allergic conjunctivitis
381.00 - 381.06	Acute nonsuppurative otitis media unspecified - acute allergic



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

	sanguinous otitis media
381.10	Chronic serous otitis media simple or unspecified
381.19	Other chronic serous otitis media
381.3	Other and unspecified chronic nonsuppurative otitis media
381.4	Nonsuppurative otitis media not specified as acute or chronic
381.50 - 381.52	Eustachian salpingitis unspecified - chronic eustachian salpingitis
466.0	Acute bronchitis
472.0	Chronic rhinitis
474.00 - 474.02	Chronic tonsillitis - chronic tonsillitis and adenoiditis
474.10 - 474.12	Hypertrophy of tonsil with adenoids - hypertrophy of adenoids alone
477.0	Allergic rhinitis due to pollen
477.1	Allergic rhinitis due to food
477.2	Allergic rhinitis, due to animal (cat) (dog) hair and dander
477.8	Allergic rhinitis due to other allergen
477.9	Allergic rhinitis cause unspecified
478.11	Nasal mucositis (ulcerative)
478.19	Other disease of nasal cavity and sinuses
493.00 - 493.02	Extrinsic asthma unspecified - extrinsic asthma with (acute) exacerbation
493.10 - 493.12	Intrinsic asthma unspecified - intrinsic asthma with (acute) exacerbation
493.20 - 493.22	Chronic obstructive asthma unspecified - chronic obstructive asthma with (acute) exacerbation
493.82	Cough variant asthma
493.90 - 493.92	Asthma unspecified - asthma unspecified with (acute) exacerbation



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

691.8	Other atopic dermatitis and related conditions
692.9	Contact dermatitis and other eczema unspecified cause
693.0	Dermatitis due to drugs and medicines taken internally
693.1	Dermatitis due to food taken internally
693.8	Dermatitis due to other specified substances taken internally
693.9	Dermatitis due to unspecified substance taken internally
708.0	Allergic urticaria
708.8	Other specified urticaria
708.9	Unspecified urticaria
781.1	Disturbances of sensation of smell and taste
782.1	Rash and other nonspecific skin eruption
786.00	Respiratory abnormality unspecified
786.05	Shortness of breath
786.07	Wheezing
786.2	Cough
989.5	Toxic effect of venom
995.0	Other anaphylactic reaction
995.1	Angioneurotic edema not elsewhere classified
995.20 - 995.23	Unspecified adverse effect of unspecified drug, medicinal and biological substance - unspecified adverse effect of insulin
995.27	Other drug allergy
995.29	Unspecified adverse effect of other drug, medicinal and biological substance
995.3	Allergy unspecified not elsewhere classified
995.60 - 995.69	Anaphylactic reaction due to unspecified food - anaphylactic reaction



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

due to other specified food

ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 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
372.05	Acute atopic conjunctivitis
372.14	Other chronic allergic conjunctivitis
381.00 - 381.06	Acute nonsuppurative otitis media unspecified - acute allergic sanguinous otitis media
381.10	Chronic serous otitis media simple or unspecified
381.19	Other chronic serous otitis media
381.3	Other and unspecified chronic nonsuppurative otitis media
381.4	Nonsuppurative otitis media not specified as acute or chronic
381.50 - 381.52	Eustachian salpingitis unspecified - chronic eustachian salpingitis
466.0	Acute bronchitis
472.0	Chronic rhinitis
474.00 - 474.02	Chronic tonsillitis - chronic tonsillitis and adenoiditis
474.10 - 474.12	Hypertrophy of tonsil with adenoids - hypertrophy of adenoids alone
477.0	Allergic rhinitis due to pollen
477.1	Allergic rhinitis due to food
477.2	Allergic rhinitis, due to animal (cat) (dog) hair and dander



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ALLERGY TESTING AND THERAPY IN CHILDREN

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

477.8	Allergic rhinitis due to other allergen
477.9	Allergic rhinitis cause unspecified
478.11	Nasal mucositis (ulcerative)
478.19	Other disease of nasal cavity and sinuses
493.00 - 493.02	Extrinsic asthma unspecified - extrinsic asthma with (acute) exacerbation
493.10 - 493.12	Intrinsic asthma unspecified - intrinsic asthma with (acute) exacerbation
493.20 - 493.22	Chronic obstructive asthma unspecified - chronic obstructive asthma with (acute) exacerbation
493.82	Cough variant asthma
493.90 - 493.92	Asthma unspecified - asthma unspecified with (acute) exacerbation
691.8	Other atopic dermatitis and related conditions
692.9	Contact dermatitis and other eczema , unspecified cause
693.0	Dermatitis due to drugs and medicines taken internally
693.1	Dermatitis due to food taken internally
693.8	Dermatitis due to other specified substances taken internally
693.9	Dermatitis due to unspecified substance taken internally
698.9	Unspecified pruritic disorder
708.0	Allergic urticaria
708.8	Other specified urticaria
708.9	Unspecified urticaria
781.1	Disturbances of sensation of smell and taste
782.1	Rash and other nonspecific skin eruption
786.00	Respiratory abnormality unspecified



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

786.05	Shortness of breath
786.07	Wheezing
786.2	Cough
989.5	Toxic effect of venom
995.0	Other anaphylactic reaction
995.1	Angioneurotic edema not elsewhere classified
995.20 - 995.23	Unspecified adverse effect of unspecified drug, medicinal and biological substance - unspecified adverse effect of insulin
995.27	Other drug allergy
995.29	Unspecified adverse effect of other drug, medicinal and biological substance
995.3	Allergy unspecified not elsewhere classified
995.60 - 995.69	Anaphylactic reaction due to unspecified food - anaphylactic reaction due to other specified food

ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95044, 95052, and 95056

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

ICD-9-CM Code	Descriptor
277.1	Disorders of porphyrin metabolism
691.8	Other atopic dermatitis and related conditions
692.0	Contact dermatitis and other eczema due to detergents
692.1	Contact dermatitis and other eczema due to oils and greases



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

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)
692.72	Unspecified dermatitis due to sun - other chronic dermatitis due to solar radiation
692.79	Other dermatitis due to solar radiation
692.81 – 692.84	Dermatitis due to cosmetics - 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
695.0	Toxic erythema
695.10 – 695.19	Erythema multiforme
695.89	Other specified erythematous conditions
695.9	Unspecified erythematous condition
698.9	Unspecified pruritic disorder
705.81	Dyshidrosis

ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95060, 95065, 95070, 95071, 95076, and 95079

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



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ALLERGY TESTING AND THERAPY IN CHILDREN

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

ICD-9-CM Code	Descriptor
372.05	Acute atopic conjunctivitis
372.14	Other chronic allergic conjunctivitis
381.00 - 381.06	Acute nonsuppurative otitis media unspecified - acute allergic sanguinous otitis media
381.10	Chronic serous otitis media simple or unspecified
381.19	Other chronic serous otitis media
381.3	Other and unspecified chronic nonsuppurative otitis media
381.4	Nonsuppurative otitis media not specified as acute or chronic
381.50 - 381.52	Eustachian salpingitis unspecified - chronic eustachian salpingitis
466.0	Acute bronchitis
472.0	Chronic rhinitis
474.00 - 474.02	Chronic tonsillitis - chronic tonsillitis and adenoiditis
474.10 - 474.12	Hypertrophy of tonsil with adenoids - hypertrophy of adenoids alone
477.0	Allergic rhinitis due to pollen
477.1	Allergic rhinitis due to food
477.2	Allergic rhinitis, due to animal (cat) (dog) hair and dander
477.8	Allergic rhinitis due to other allergen
477.9	Allergic rhinitis cause unspecified
478.11	Nasal mucositis (ulcerative)
493.00 - 493.02	Extrinsic asthma unspecified - extrinsic asthma with (acute) exacerbation
493.10 - 493.12	Intrinsic asthma unspecified - intrinsic asthma with (acute) exacerbation
493.20 - 493.22	Chronic obstructive asthma unspecified - chronic obstructive



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

	asthma with (acute) exacerbation
493.82	Cough variant asthma
493.90 - 493.92	Asthma unspecified - asthma unspecified with (acute) exacerbation
691.8	Other atopic dermatitis and related conditions
693.0	Dermatitis due to drugs and medicines taken internally
693.1	Dermatitis due to food taken internally
693.8	Dermatitis due to other specified substances taken internally
693.9	Dermatitis due to unspecified substance taken internally
708.0	Allergic urticaria
708.8	Other specified urticaria
708.9	Unspecified urticaria
781.1	Disturbances of sensation of smell and taste
782.1	Rash and other nonspecific skin eruption
786.00	Respiratory abnormality unspecified
786.05	Shortness of breath
786.07	Wheezing
786.2	Cough
989.5	Toxic effect of venom
995.0	Other anaphylactic reaction
995.1	Angioneurotic edema not elsewhere classified
995.20 - 995.23	Unspecified adverse effect of unspecified drug, medicinal and biological substance - unspecified adverse effect of insulin
995.27	Other drug allergy
995.60 - 995.69	Anaphylactic reaction due to unspecified food - anaphylactic reaction due to other specified food
995.7	Other adverse food reactions not elsewhere classified



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95115, 95117, 95120, 95125, 95130, 95131, 95132, 95133, 95134, 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
372.05	Acute atopic conjunctivitis
372.14	Other chronic allergic conjunctivitis
477.0	Allergic rhinitis due to pollen
477.8	Allergic rhinitis due to other allergen
477.9	Allergic rhinitis cause unspecified
493.00 – 493.02	Extrinsic asthma
493.90 – 493.92	Asthma, unspecified
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 Code 95170

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

ICD-9-CM Code	Descriptor
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COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

V15.06	Allergy to insects and arachnids [fire ants]
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ICD-9-CM Diagnosis Codes That Support Coverage Criteria for CPT Code 95180

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

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
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COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

Not Applicable	
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ICD-10-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 86003 and 86005

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

ICD-10-CM Code	Descriptor
H10.11-H10.13	Acute atopic conjunctivitis
H10.411	Chronic giant papillary conjunctivitis, right eye
H10.412	Chronic giant papillary conjunctivitis, left eye
H10.413	Chronic giant papillary conjunctivitis, bilateral
H10.45	Other chronic allergic conjunctivitis
H65.111	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), right ear
H65.112	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), left ear
H65.113	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), bilateral
H65.114	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, right ear
H65.115	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, left ear
H65.116	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, bilateral
H65.194	Other acute nonsuppurative otitis media, recurrent, right ear



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ALLERGY TESTING AND THERAPY IN CHILDREN

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

H65.195	Other acute nonsuppurative otitis media, recurrent, left ear
H65.196	Other acute nonsuppurative otitis media, recurrent, bilateral
H65.21	Chronic serous otitis media, right ear
H65.22	Chronic serous otitis media, left ear
H65.23	Chronic serous otitis media, bilateral
H65.411	Chronic allergic otitis media, right ear
H65.412	Chronic allergic otitis media, left ear
H65.413	Chronic allergic otitis media, bilateral
H65.491	Other chronic nonsuppurative otitis media, right ear
H65.492	Other chronic nonsuppurative otitis media, left ear
H65.493	Other chronic nonsuppurative otitis media, bilateral
H65.91-H65.93	Unspecified nonsuppurative otitis media
H68.001-H68.003	Acute Eustachian salpingitis
H68.011-H68.013	Acute Eustachian salpingitis
H68.021	Chronic Eustachian salpingitis, right ear
H68.022	Chronic Eustachian salpingitis, left ear
H68.023	Chronic Eustachian salpingitis, bilateral
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.5	Allergic rhinitis due to food
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
J30.89	Other allergic rhinitis
J30.9	Allergic rhinitis, unspecified
J31.0	Chronic rhinitis
J34.1	Cyst and mucocele of nose and nasal sinus
J35.01	Chronic tonsillitis
J35.02	Chronic adenoiditis



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

J35.03	Chronic tonsillitis and adenoiditis
J35.1	Hypertrophy of tonsils
J35.2	Hypertrophy of adenoids
J35.3	Hypertrophy of tonsils with hypertrophy of adenoids
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
L20.0	Besnier's prurigo
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L23.81-L23.89	Allergic contact dermatitis, due to other agents
L27.0	Generalized skin eruption due to drugs and medicaments taken



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

	internally
L27.1	Localized skin eruption due to drugs and medicaments taken internally
L27.2	Dermatitis due to ingested food
L27.8	Dermatitis due to other substances taken internally
L27.9	Dermatitis due to unspecified substance taken internally
L30.0	Nummular dermatitis
L30.2	Cutaneous autosensitization
L30.8	Other specified dermatitis
L50.0	Allergic urticaria
L50.6	Contact urticaria
L50.8	Other urticaria
R05	Cough
R06.00	Dyspnea, unspecified
R06.02	Shortness of breath
R06.09	Other forms of dyspnea
R06.2	Wheezing
R09.81	Nasal congestion
R21	Rash and other nonspecific skin eruption
R43.0	Anosmia
R43.1	Parosmia
R43.2	Parageusia
R43.8	Other disturbances of smell and taste
R43.9	Unspecified disturbances of smell and taste
T36.OX5D – T50.Z95S*	Adverse effect of drugs
T78.01XD	Anaphylactic reaction due to peanuts, subsequent encounter



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

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
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



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

T78.41XD	Arthus phenomenon, subsequent encounter
T78.41XS	Arthus phenomenon, sequela
T78.49XD	Other allergy, subsequent encounter
T78.49XS	Other allergy, sequela
T88.2XXD	Shock due to anesthesia, subsequent encounter
T88.2XXS	Shock due to anesthesia, sequela
T88.59XD	Other complications of anesthesia, subsequent encounter
T88.59XS	Other complications of 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 (e.g., L27.0 Generalized skin eruption due to drugs and medicaments taken internally) 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 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).



COVERAGE POLICY

ALLERGY TESTING AND THERAPY IN CHILDREN

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

ICD-10-CM Code	Descriptor
H10.11-H10.13	Acute atopic conjunctivitis
H10.411	Chronic giant papillary conjunctivitis, right eye
H10.412	Chronic giant papillary conjunctivitis, left eye
H10.413	Chronic giant papillary conjunctivitis, bilateral
H10.45	Other chronic allergic conjunctivitis
H65.111	Acute and subacute allergic otitis media (muroid) (sanguinous) (serous), right ear
H65.112	Acute and subacute allergic otitis media (muroid) (sanguinous) (serous), left ear
H65.113	Acute and subacute allergic otitis media (muroid) (sanguinous) (serous), bilateral
H65.114	Acute and subacute allergic otitis media (muroid) (sanguinous) (serous), recurrent, right ear
H65.115	Acute and subacute allergic otitis media (muroid) (sanguinous) (serous), recurrent, left ear
H65.116	Acute and subacute allergic otitis media (muroid) (sanguinous) (serous), recurrent, bilateral
H65.194	Other acute nonsuppurative otitis media, recurrent, right ear
H65.195	Other acute nonsuppurative otitis media, recurrent, left ear
H65.196	Other acute nonsuppurative otitis media, recurrent, bilateral
H65.21	Chronic serous otitis media, right ear
H65.22	Chronic serous otitis media, left ear
H65.23	Chronic serous otitis media, bilateral
H65.411	Chronic allergic otitis media, right ear
H65.412	Chronic allergic otitis media, left ear
H65.413	Chronic allergic otitis media, bilateral



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H65.491	Other chronic nonsuppurative otitis media, right ear
H65.492	Other chronic nonsuppurative otitis media, left ear
H65.493	Other chronic nonsuppurative otitis media, bilateral
H65.91-H65.93	Unspecified nonsuppurative otitis media
H68.001-H68.003	Acute Eustachian salpingitis
H68.011-H68.013	Acute Eustachian salpingitis
H68.021	Chronic Eustachian salpingitis, right ear
H68.022	Chronic Eustachian salpingitis, left ear
H68.023	Chronic Eustachian salpingitis, bilateral
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.5	Allergic rhinitis due to food
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
J30.89	Other allergic rhinitis
J30.9	Allergic rhinitis, unspecified
J31.0	Chronic rhinitis
J34.1	Cyst and mucocele of nose and nasal sinus
J35.01	Chronic tonsillitis
J35.02	Chronic adenoiditis
J35.03	Chronic tonsillitis and adenoiditis
J35.1	Hypertrophy of tonsils
J35.2	Hypertrophy of adenoids
J35.3	Hypertrophy of tonsils with hypertrophy of adenoids
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated



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J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
L20.0	Besnier's prurigo
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L23.81-L23.89	Allergic contact dermatitis, due to other agents
L27.0	Generalized skin eruption due to drugs and medicaments taken internally
L27.1	Localized skin eruption due to drugs and medicaments taken internally
L27.2	Dermatitis due to ingested food
L27.8	Dermatitis due to other substances taken internally
L27.9	Dermatitis due to unspecified substance taken internally
L30.0	Nummular dermatitis
L30.2	Cutaneous autosensitization



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L30.8	Other specified dermatitis
L50.0	Allergic urticaria
L50.6	Contact urticaria
L50.8	Other urticaria
R05	Cough
R06.00	Dyspnea, unspecified
R06.02	Shortness of breath
R06.09	Other forms of dyspnea
R06.2	Wheezing
R09.81	Nasal congestion
R21	Rash and other nonspecific skin eruption
R43.0	Anosmia
R43.1	Parosmia
R43.2	Parageusia
R43.8	Other disturbances of smell and taste
R43.9	Unspecified disturbances of smell and taste
T36.0X5D – T50.Z95S*	Adverse effect of drugs

* Note: For adverse effects of drugs, code first the appropriate code for the nature of the adverse effect (e.g., L27.0 Generalized skin eruption due to drugs and medicaments taken internally) 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]).



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ICD-10-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95044, 95052, and 95056

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

ICD-10-CM Code	Descriptor
E80.29	Other porphyria
L12.31	Epidermolysis bullosa due to drug
L12.35	Other acquired epidermolysis bullosa
L20.0	Besnier's prurigo
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L23.0	Allergic contact dermatitis due to metals
L23.1	Allergic contact dermatitis due to adhesives
L23.2	Allergic contact dermatitis due to cosmetics
L23.3	Allergic contact dermatitis due to drugs in contact with skin
L23.4	Allergic contact dermatitis due to dyes
L23.5	Allergic contact dermatitis due to other chemical products
L23.6	Allergic contact dermatitis due to food in contact with the skin
L23.7	Allergic contact dermatitis due to plants, except food
L23.81	Allergic contact dermatitis due to animal (cat) (dog) dander
L23.89	Allergic contact dermatitis due to other agents
L23.9	Allergic contact dermatitis, unspecified cause



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

L24.0	Irritant contact dermatitis due to detergents
L24.1	Irritant contact dermatitis due to oils and greases
L24.2	Irritant contact dermatitis due to solvents
L24.3	Irritant contact dermatitis due to cosmetics
L24.4	Irritant contact dermatitis due to drugs in contact with skin
L24.5	Irritant contact dermatitis due to other chemical products
L24.6	Irritant contact dermatitis due to food in contact with skin
L24.7	Irritant contact dermatitis due to plants, except food
L24.81	Irritant contact dermatitis due to metals
L24.89	Irritant contact dermatitis due to other agents
L24.9	Irritant contact dermatitis, unspecified cause
L25.0	Unspecified contact dermatitis due to cosmetics
L25.1	Unspecified contact dermatitis due to drugs in contact with skin
L25.2	Unspecified contact dermatitis due to dyes
L25.3	Unspecified contact dermatitis due to other chemical products
L25.4	Unspecified contact dermatitis due to food in contact with skin
L25.5	Unspecified contact dermatitis due to plants, except food
L25.8	Unspecified contact dermatitis due to other agents
L25.9	Unspecified contact dermatitis, unspecified cause
L26	Exfoliative dermatitis
L30.0	Nummular dermatitis
L30.1	Dyshidrosis [pompholyx]
L30.2	Cutaneous autosensitization
L30.4	Erythema intertrigo
L30.8	Other specified dermatitis
L30.9	Dermatitis, unspecified
L50.6	Contact urticaria



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L53.8	Other specified erythematous conditions
L56.0	Drug phototoxic response
L56.1	Drug photoallergic response
L56.3	Solar urticaria
L56.8	Other specified acute skin changes due to ultraviolet radiation
L57.1	Actinic reticuloid
L59.0	Erythema ab igne [dermatitis ab igne]
L59.8	Other specified disorders of the skin and subcutaneous tissue related to radiation
L92.2	Granuloma faciale [eosinophilic granuloma of skin]

ICD-10-CM Diagnosis Codes That Support Coverage Criteria for CPT Codes 95060, 95065, 95070, 95071, 95076, and 95079

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

ICD-10-CM Code	Descriptor
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation



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

J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other asthma
R05	Cough
R06.02	Shortness of breath
R06.2	Wheezing
T36.0X5D – T50.Z95S*	Adverse effect of drugs
T78.3XXD	Angioneurotic edema, subsequent encounter
T78.3XXS	Angioneurotic edema, sequela
T78.49XD	Other allergy, subsequent encounter
T78.49XS	Other allergy, sequela
T88.2XXD	Shock due to anesthesia, subsequent encounter
T88.2XXS	Shock due to anesthesia, sequela
T88.59XD	Other complications of anesthesia, subsequent encounter
T88.59XS	Other complications of 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



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* Note: For adverse effects of drugs (range T36 – T50), code first the appropriate code for the nature of the adverse effect (e.g., L27.0 Generalized skin eruption due to drugs and medicaments taken internally) 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, 95120, 95125, 95130, 95131, 95132, 95133, 95134, 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
H10.10-H10.13	Acute atopic conjunctivitis
H10.411 - H10.413	Chronic giant papillary conjunctivitis, right eye - Chronic giant papillary conjunctivitis, bilateral
H10.419	Chronic giant papillary conjunctivitis, unspecified eye
H10.45	Other chronic allergic conjunctivitis
J30.0 - J30.2	Vasomotor rhinitis - Other seasonal allergic rhinitis
J30.81	Allergic rhinitis due to animal (cat)(dog) hair and dander
J30.89	Other allergic rhinitis (Perennial allergic rhinitis)
J30.9	Allergic rhinitis, unspecified
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation



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

J45.20 – J45.22	Mild intermittent asthma
J45.30 – J45.32	Mild persistent asthma
J45.40 – J45.42	Moderate persistent asthma
J45.50 – J45.52	Severe persistent asthma
J45.901 - J45.998	Other 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



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

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
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



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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).

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



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*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 Code 95180

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

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]



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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	

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



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Appendices

Not Applicable

Related Documents or Resources

Not Applicable

References

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