

ALLERGY TESTING AND ALLERGY IMMUNOTHERAPY

Policy

NHP reimburses contracted providers for the provision of medically necessary, clinically indicated allergy testing and allergy immunotherapy services for clinically significant allergic symptoms.

Prerequisites

Authorization, Notification and Referral

Service	Requirement
Allergy Visits/Injections	No Prior Authorization required
For HVMA Members	A referral number for most specialists is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of the Harvard Vanguard Medical Associates Network. Please verify that the member has the appropriate referral number prior to rendering care.

Limitations

Exceptions to Policy Criteria

Member Cost-Sharing

The provider is responsible for verifying at each encounter, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

Allergy: An over-reaction of the immune system to foreign substances. An allergy develops when the body is exposed to a substance that causes the initiation of an immune response. This response involves the production of antibodies, called immunoglobulins (Igs), which are directed against proteins of the foreign substance, called allergens or antigens. An allergy is essentially a disorder of the immune system resulting in an antibody-antigen reaction.

Standard Allergy Testing: Testing used to determine the offending antigen(s) for a patient by in-vivo testing, percutaneous, intradermal, patch, photo patch testing, and photo test(s).

Allergy immunotherapy or treatment: The treatment of allergies (desensitization or hyposensitization) by which increasing amounts of allergic extract are injected until the patient becomes tolerant of the allergens. Indications for immunotherapy are determined by

appropriate diagnostic procedures coordinated with clinical judgment and knowledge of the natural history of allergic diseases.

Bronchial challenge testing: Testing with methacholine, metacholine, histamine or antigens in defining asthma or airway hyperactivity when either of the following is met: identification of new allergens for which skin or blood testing have not been validated, or skin testing is unreliable. Challenge testing may also be done with exercise, mannitol, or hypertonic saline.

Dose: For allergy immunotherapy reporting, a dose is the amount of antigen(s) administered in a single injection from a multiple dose vial.

Epicutaneous (scratch, prick or puncture) testing: IgE-mediated reactions may or may not occur to any of the following: foods, hymenoptera (stinging insects); inhalants; or specific drugs (penicillins and macromolecular agents). Positive skin test results will show a raised bump (called the wheal) with surrounding redness (called the flare). The size of the reaction determines whether the test is positive or negative.

Exercise challenge testing: Testing for exercise-induced change in pulmonary function.

Ingestion challenge testing (Oral): Testing for clinically significant reaction to food or other substances (e.g. metabisulfites); or drugs when there is a history of allergy to a particular drug, no effective alternative drug, and treatment with that drug is essential.

Intradermal (intracutaneous) testing: IgE-mediated reactions may or may not occur to any of the following: foods; hymenoptera venom allergy (stinging insects); inhalants, or specific drugs (penicillins and macromolecular agents). The test is also more sensitive, exposing the skin to more allergen than the prick or scratch test and can usually provide more consistent results.

InVitro IgE Antibody Testing (RAST, MAST, FAST, ELISA, ImmunoCAP): Testing when medically necessary for allergic bronchopulmonary aspergillosis (ABPA) and certain parasitic diseases; or food allergy or inhalant allergies; or hymenoptera venom allergy (stinging insects); or specific drugs.

Photo patch testing: Testing for the diagnosis of photoallergy (e.g. photo-allergic contact dermatitis). Certain substances may elicit an allergic reaction only when exposed to light.

Photo testing: Testing to evaluate photosensitivity disorders.

Single dose vial: A single dose vial contains a single antigen administered in 1 injection.

Skin Endpoint Titration (SET): Also known as intradermal dilutional testing (IDT) for determining the starting dose for immunotherapy for members highly allergic to: hymenoptera venom allergy (stinging insects); or inhalant allergy.

Skin patch testing: Testing for the diagnosis contact allergic dermatitis.

Total Serum IgE: Testing for diagnostic evaluation in members with known or suspected allergic bronchopulmonary aspergillosis (ABPA) and or hyper IgE syndrome.

Neighborhood Health Plan Reimburses

- Standard allergy testing when clinically indicated.
- Allergy treatment, including desensitization therapy for clinically significant allergic symptoms.

- Antigens, extracts and venoms used in allergy treatment
- A physician for direct skin testing and intradermal testing, percutaneous (scratch, puncture, prick) with allergenic extracts.
- A physician for intracutaneous tests with extracts.
- A physician for patch testing.
- Blood tests (e.g. IgE, MAST RAST, PRIST, ELISA,).
- Challenge testing, including bronchial.
- Epinephrine kits prescribed by the physician for members with a pharmacy benefit.
- In vitro testing for IgE antibodies.

- Mite-proof bedding encasings for members with asthma or significant allergic rhinitis who are allergic to dust mites and who require daily control medication to treat their underlying condition. A physician’s prescription must be submitted to the DME vendor for reimbursement.
- Photo patch testing.
- Photo tests.
- Preparation and/or provision of the allergy immunotherapy injections(s).

Neighborhood Health Plan Does *Not* Reimburse

- Acupuncture for allergies.
- Air conditioners, air filters or other products to eradicate dust mites.
- Allergy testing and immunotherapy that is considered experimental or not FDA approved.
- Allergy tests or immunotherapy with no proven health benefit.
- Chiropractic manipulations for allergies.
- Diet therapy (specialty foods) for allergies.
- Duplicative services, including allergy testing for percutaneous scratch tests, intradermal tests and patch tests to a facility.
- Homeopathic treatment of allergies.

Procedure Codes

Note: This list of codes may not be all-inclusive.

Code	Descriptor	Comments (Billing instructions when detailed specificity required)
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by physician, specify number of tests	Bill with a count representing the number of tests performed; this procedure includes the test interpretation and report by the physician and is reimbursed to a physician, only
95010	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by physician, specify number of tests	Bill with a count representing the number of tests performed.
95015	Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by physician, specify number of tests	Bill with a count representing the number of tests performed.

95024	Intracutaneous (intra dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by physician, specify number of tests	Bill with a count representing the number of tests performed; this procedure includes the test interpretation and report by the physician and is reimbursed to a physician, only
95027	Intracutaneous (intra dermal) tests , sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by physician, specify number of tests	Bill with a count representing the number of tests performed; this procedure includes the test interpretation and report by the physician and is reimbursed to a physician, only
95028	Intracutaneous (intra dermal) tests with allergenic extracts, delayed type reactions, including reading, specify number of tests	Bill with a count representing the number of tests performed.
95044	Patch or application test(s)(specify number of tests)	Bill with a count representing the number of tests performed; this procedure is reimbursed to a physician, only
95052	Photo patch test(s) (specify number of tests)	Bill with a count representing the number of tests performed.
95056	Photo tests	Bill with a count representing the number of tests performed.
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds	Bill with a count representing the number of tests performed.
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	Bill with a count representing the number of tests performed.
95075	Ingestion challenge test (sequential and incremental ingestion of test items, eg. food, drug or other substance such as metabisulfite)	Bill with a count representing the number of tests performed.

Procedure Codes: Allergy Immunotherapy

Note: This list of codes may not be all-inclusive.

Code	Descriptor	Comments (Billing instructions when detailed specificity required)
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	Bill with a count of one
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	Bill with a count of one
95120	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection	Use when a physician is administering a prepared antigen
95125	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 2 or more injections	Use when a physician is administering a prepared antigen
95130	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom	Use when a physician is administering a prepared antigen

95131	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 2 stinging insect venom	Use when a physician is administering a prepared antigen
95132	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 3 stinging insect venom	Use when a physician is administering a prepared antigen
95133	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 4 stinging insect venom	Use when a physician is administering a prepared antigen
95134	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 5 stinging insect venom	Use when a physician is administering a prepared antigen
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	Bill only by an allergist who is preparing extract to be administered by another physician
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	Bill with a count representing the specific number of doses prepared
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	Bill with a count representing the specific number of doses prepared
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	Bill with a count representing the specific number of doses prepared
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	Bill with a count representing the specific number of doses prepared
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	Bill with a count representing the specific number of doses prepared
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	Bill with a count representing the specific number of doses prepared
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)	Bill with a count representing the specific number of doses prepared
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	Bill with a count of one for each hour.

Provider Payment Guidelines and Documentation

Multiple Dose Billing

If a multiple dose vial of antigens is prepared for a patient for whom only one dose is injected, bill the total number of doses in the vial and one injection service. For the remaining doses, bill only the injection service when provided. This applies even if someone else in the provider office injects the preparation or the injections take place outside the office setting.

Preparation	Injection	Bill	With
Multiple dose antigen preparation	Single	Total number of doses prepared with the appropriate code from the CPT range 95144-95170	Injection code CPT 95115 with a count of one

Multiple dose antigen preparation	None	Total number of doses prepared with the appropriate code from the CPT range 95144-95170	NO injection code
No antigen preparation	Single	No preparation code	Injection code CPT 95115 with a count of one

References

NHP Evaluation and Management Provider Payment Guidelines

Publication History

Topic: Allergy Testing and Immunotherapy	Owner: Provider Network Management
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2010/05/11 *Original documentation*

2011/05/18 *Authorization, Notification and Referral and disclaimer updated*

2012/02/01 *Referral grid updated*

2012 /03/16 *Referral grid updated*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Neighborhood Health Plan utilizes McKesson's claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the "appropriate set" of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Please refer to Neighborhood Health Plan's Provider Manual Billing Guidelines section for additional information on NHP's billing guidelines and administration policies. Questions may be directed to Provider Network Management at prweb@nhp.org.