



ALLERGY TESTING / IMMUNOTHERAPY

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Date Of Origin: June 30, 1988

Status: Current

I. DESCRIPTION

Allergy testing, evaluations, and immunotherapy are eligible for coverage according to the schedule of covered services in the Certificate of Coverage. Testing or treatment methods *not* considered as standard medical procedures are not eligible for coverage.

II. POLICY/CRITERIA

A. The following allergy tests are covered benefits:

1. IgE Specific Antibody (e.g., RAST, micro-Elisa, immunocap) if clinically indicated for history of severe urticaria, hives, or severe allergy, when skin testing is inappropriate.
2. Skin tests (scratch, intradermal, pricks)
3. Patch application tests
4. Drug Provocation testing
5. Skin Endpoint Titration (SET). Skin endpoint titration is effective for quantifying patient sensitivity and for providing a safe starting dose for immunotherapy. SET has not been shown to be an effective guide to a final therapeutic dose.

B. The following services have not been proven to be effective in diagnosing and/or treating allergies, and are not covered benefits:

1. Cytotoxicity testing (Bryan's test)
2. Urine autoinjection (autogenous urine immunization)
3. Provocation testing and neutralization therapy for food allergy (intracutaneous, subcutaneous or sublingually). Also called Intracutaneous Progressive Dilution Food Test (IPDFT).

III. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable



IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING INFORMATION

ICD-9 Codes that may support medical necessity

287.0	Allergic purpura
372.10	Unspecified chronic conjunctivitis
372.11	Simple chronic conjunctivitis
372.13	Vernal conjunctivitis
372.14	Other chronic allergic conjunctivitis
372.30	Conjunctivitis, unspecified
471.0	Polyp of nasal cavity
471.1	Polypoid sinus degeneration
471.8	Other polyp of sinus
471.9	Unspecified nasal polyp
472.0	Chronic rhinitis
472.1	Chronic pharyngitis
472.2	Chronic nasopharyngitis
473.0	Chronic sinusitis, Maxillary
473.1	Frontal
473.2	Ethmoidal
473.3	Sphenoidal
473.8	Other chronic sinusitis
473.9	Unspecified sinusitis (chronic)
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

- 493.00 Extrinsic asthma, unspecified
- 493.01 with status asthmaticus
- 493.02 with (acute) exacerbation
- 493.90 Asthma, unspecified
- 493.91 with status asthmaticus
- 493.92 with (acute) exacerbation

- 558.3 Gastroenteritis and colitis, allergic
- 558.9 Other and unspecified noninfectious gastroenteritis and colitis

- 691.0 Diaper or napkin rash
- 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
- 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)
- 692.81 Dermatitis due to cosmetics
- 692.82 Dermatitis due to other radiation
- 692.83 Dermatitis due to metals
- 692.84 Contact dermatitis and other eczema due to animal (cat) (dog) dander
- 692.89 Contact dermatitis and other eczema due to other specified agent
- 692.9 Contact dermatitis and other eczema, due to 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

- 698.8 Other specified pruritic conditions
- 698.9 Unspecified pruritic disorder

- 708.0 Allergic urticaria
- 708.1 Idiopathic urticaria
- 708.8 Other specified urticaria
- 708.9 Urticaria, unspecified

- 995.0 Other anaphylactic shock not elsewhere classified
- 995.20 Unspecified adverse effect of unspecified drug, medicinal and biological substance
- 995.21 Arthus phenomenon
- 995.27 Other drug allergy
- 995.29 Unspecified adverse effect of other drug, medicinal and biological substance
- 995.3 Allergy, unspecified



- V15.01 Personal history of allergy to peanuts
- V15.02 Personal history of allergy to milk products
- V15.03 Personal history of allergy to eggs
- V15.04 Personal history of allergy to seafood
- V15.05 Personal history of allergy to other foods
- V15.06 Personal history of allergy to insects
- V15.07 Personal history of allergy to latex
- V15.08 Personal history of allergy to radiographic dye
- V15.09 Personal history of other allergy, other than to medicinal agents
- V72.7 Diagnostic skin and sensitization tests

CPT/HCPCS Codes# *Not covered for Medicaid** *Not covered for **Priority**Medicare*Testing:

- 86001* Allergen specific IgG quantitative or semiquantitative, each allergen
- 86003 Allergen specific IgE; quantitative or semiquantitative, each allergen
- 86005* Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle or disk)
- 86021 Antibody identification; leukocyte antibodies
- 82785 Gammaglobulin; IgE

- 95004 Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests.
- 95010 Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests
- 95012 Nitric oxide expired gas determination
- 95015 Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests
- 95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, 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 by a physician, 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 number of tests.
- 95075# Ingestion challenge test (sequential and incremental ingestion of test items, (e.g., food, drug or other substance such as metabisulfite).

For PriorityMedicare members, procedure 95075 covered for these diagnoses only:

- 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 Urticaria, unspecified
- 995.60 Anaphylactic shock due to unspecified food
- 995.61 Due to peanuts
- 995.62 Due to crustaceans
- 995.63 Due to fruits and vegetables
- 995.64 Due to tree nuts and seeds
- 995.65 Due to fish
- 995.66 Due to food additives
- 995.67 Due to milk products
- 995.68 Due to eggs
- 995.69 Due to other specified food
- 995.7 Other adverse food reactions, not elsewhere classified

Immunotherapy

- 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; two or more injections
- 95120*# Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection
- 95125*# Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two or more injections
- 95130*# Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom
- 95131*# Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two stinging insect venoms
- 95132*# Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; three stinging insect venoms
- 95133*# Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; four stinging insect venoms
- 95134*# Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; five 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); two single stinging insect venoms
- 95147 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging insect venoms
- 95148 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms
- 95149 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five 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 (Explanatory notes must accompany claims billed with unlisted codes.)

** PriorityMedicare does not pay for these services under these codes – bill injection service and allergenic extract separately.*

Not Covered:

86343 Leukocyte histamine release test (LHR)

VI. REFERENCES



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