I. 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.
6. Nitric Oxide Breath Analysis for the management of asthma.

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).
4. Antigen leukocyte cellular antibody test (ALCAT) for all indications including but not limited to testing for food allergies or intolerance (chemical sensitivities) and as a tool to establish elimination diets.
5. Electrodermal testing or electro-acupuncture*
6. Applied kinesiology or muscle strength testing of allergies
7. Reaginic pulse testing or pulse testing for allergies
8. Total serum immunoglobulin G (IgG), immunoglobulin A (IgA) and immunoglobulin M (IgM)
9. Testing of specific IgG antibody (e.g., by RAST or ELISA testing)
10. Lymphocyte subset counts
11. Lymphocyte function assay
12. Lymphocyte transformation test (LTT), also known as lymphocyte proliferation test and metal ion testing for metal-induced hypersensitivity response.
13. Cytokine, cytokine receptor assay and Th1/Th2 cytokine ratio
14. Natural Killer (NK) cell assay or activity
15. Food immune complex assay (FICA)
16. Leukocyte histamine release testing
17. Body chemical analysis
18. Sublingual immunotherapy (SLIT) as an alternative way to treat allergies without injections.
19. Nitric Oxide Breath Analysis for the diagnosis of asthma

*Note: Acupuncture may be covered with a rider for some commercial plans.

II. MEDICAL NECESSITY REVIEW

☐ Required  ☒ Not Required  ☐ Not Applicable

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **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); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.
IV. DESCRIPTION

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

V. CODING INFORMATION

ICD-10 Codes that may support medical necessity:

- D69.0  Allergic purpura
- H10.401 – H10.409  Unspecified chronic conjunctivitis
- H10.421 – H10.429  Simple chronic conjunctivitis
- H10.44  Vernal conjunctivitis
- H16.261 – H16.269  Vernal keratoconjunctivitis, with limbar and corneal involvement
- H10.411 – H10.419  Chronic giant papillary conjunctivitis
- H10.45  Other chronic allergic conjunctivitis
- H10.9  Unspecified conjunctivitis
- J30.0 – J30.9  Vasomotor and allergic rhinitis
- J31.0 – J31.2  Chronic rhinitis, nasopharyngitis and pharyngitis
- J32.0 – J32.9  Chronic sinusitis
- J33.0 – J33.9  Nasal polyp
- J45.20 – J45.998  Asthma
- K52.21-K52.29  Allergic and dietetic gastroenteritis and colitis
- K52.89  Other specified noninfective gastroenteritis and colitis
- K52.9  Noninfective gastroenteritis and colitis, unspecified
- L20.0 – L20.9  Atopic dermatitis
- L22  Diaper dermatitis
- L23.0 – L23.9  Allergic contact dermatitis
- L24.0 – L24.9  Irritant contact dermatitis
- L25.0 – L25.9  Unspecified contact dermatitis
- L27.0 – L27.9  Dermatitis due to substances taken internally
- L29.8  Other pruritus
- L29.9  Pruritus, unspecified
- L30.0 – L30.9  Other and unspecified dermatitis

- L50.0  Allergic urticaria
- L50.1  Idiopathic urticaria
- L50.6  Contact urticaria
- L50.8  Other urticaria
- L50.9  Urticaria, unspecified

- L56.4  Polymorphous light eruption
- T50.905A-T50.905S  Adverse effect of unspecified drugs, medicaments and biological substances
- T50.995A-T50.995S  Adverse effect of other drugs, medicaments and biological substances
- T78.00xA-T78.1xxS  Anaphylactic reaction due to food
T78.40xA-T78.49xS  Other and unspecified allergy
Z01.82          Encounter for allergy testing
Z91.010 – Z91.09  Allergy status, other than to drugs and biological substances

CPT/HCPCS Codes
# Not covered for Priority Health Medicaid

Testing:

(Laboratory tests are subject to laboratory benefits)
82785  Gammaglobulin; IgE
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)
86008  Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each
86021  Antibody identification; leukocyte antibodies
95004  Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests.
95012  Nitric oxide expired gas determination
95017  Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
95018  Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
95024  Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report 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.
95076  Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); initial 120 minutes of testing
95079  Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)

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 physician’s office or institution, including provision of allergenic extract; single injection
95125#  Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; two or more injections
95130#  Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; single stinging insect venom
95131#  Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; two stinging insect venoms
95132#  Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; three stinging insect venoms
95133#  Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; four stinging insect venoms
95134#  Professional services for allergen immunotherapy in prescribing physician’s 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
Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms

Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

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)

Rapid desensitization procedure, each hour (e.g., insulin, penicillin, equine serum)

Unlisted allergy/clinical immunologic service or procedure (Explanatory notes must accompany claims billed with unlisted codes.)

Not Covered for allergy testing:

Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method

Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (e.g., reagent strip)

Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (e.g., RIA)

Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified

Complement; antigen, each component

Complement; functional activity, each component

Complement; total hemolytic (CH50)

Immune complex assay

Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure

Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure

Immunofluorescent study, each antibody; direct method

Cellular function assay involving stimulation (e.g., mitogen or antigen) and detection of biomarker (e.g., ATP)

Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker

Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)

Leukocyte histamine release test (LHR)

Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis

Unlisted allergy/clinical immunologic service or procedure (Explanatory notes must accompany claim)  Code not covered if billed for service listed as “Not Covered in this policy.
86356 Mononuclear cell antigen, quantitative (e.g., flow cytometry), not otherwise specified, each antigen

VI. REFERENCES


11. Hayes, Inc. Allergy Testing for Diagnosis of Respiratory Allergy, In Vitro, September 2013
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