Clinical Policy: Allergy Testing and Therapy

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Coding Implications
Revision Log

See Important Reminder **at the end of this policy for important regulatory and legal information.**

Description

~~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 coverage criteria for allergy testing and therapy to be used by Louisiana Healthcare Connections in making coverage decisions and administering benefits.~~

~~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.~~

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. Allergen immunotherapy is 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 exposure to these allergens.

Please note: unit limitations for allergy testing and treatment are based on state specific guidelines (defined in the provider fee schedule). In the absence of state-specific rules, the CMS Medicaid/Medicare NCCI MUE limitations are applied.

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® ~~Louisiana Healthcare Connections~~ that allergy testing ~~and therapy~~ is

medically necessary for members/enrollees with clinically significant allergic symptoms and ~~for~~ the following indications:

A. As part of a complete diagnostic evaluation by a licensed practitioner acting within their scope of practice to perform allergy and immunology services;

B. Antigens include only those that are reasonably possible for the member/enrollee to be exposed to;

C. Chosen test and units allowed per year are as follows:

1. *Percutaneous* testing (scratch, puncture, prick) CPT 95004, 95017, 95018) for offending allergens such as pollen, molds, mites, dust, feathers, animal fur or dander, venoms, foods, or drugs.

2. *Intracutaneous* (intradermal), *sequential and incremental testing* (CPT 95024, 95027, 95028) when percutaneous tests are negative;
3. *Skin endpoint titration* (95027) for determining the starting dose for immunotherapy for member/enrollee highly allergic to an inhalant allergen or hymenoptera venom allergy (insect stings);
4. *In vitro testing* (CPT 86003, 86005, 86008);
5. *Patch testing* (CPT 95044);
6. If photo patch test(s) (CPT 95052) are performed (same antigen/same session) with patch or application test(s) (CPT 95044), only the photo patch tests should be reported;
7. If photo tests (CPT 95056) are performed with patch or application test(s) (CPT 95044), only the photo tests should be reported.

II. It is the policy of health plans affiliated with Centene that allergy immunotherapy administered in a medical facility is **medically necessary** when meeting all of the following indications:

A. Positive skin test or serologic evidence of an IgE-mediated antibody for allergens which cause any of the following:
1. Allergic (extrinsic) asthma,
2. Dust mite atopic dermatitis,
3. Hymenoptera (bees, hornets, wasps, fire ants) allergic reactions,
4. Mold-induced allergic rhinitis,
5. Perennial allergic rhinitis,
6. Seasonal allergic rhinitis or conjunctivitis;

B. Symptoms of allergic rhinitis or asthma after natural exposure to the allergen; or a life-threatening allergy to insect stings (bees, hornets, wasps, and fire ants);

C. Avoidance or pharmacologic therapy does not control allergic symptoms or member/enrollee has unacceptable side effects with pharmacologic therapy;

D. If rapid desensitization/rush immunotherapy is requested, it is only medically necessary for medication or hymenoptera (bees, hornets, wasps, fire ants) sensitivities;

E. Antigens are prepared by an allergist, immunologist, or otolaryngologist who has examined the patient.

Note: For FDA-approved sublingual immunotherapy, please refer to applicable pharmacy policy for coverage criteria.

III. It is the policy of health plans affiliated with Centene that the following are considered **not medically necessary** because safety or effectiveness have not been established:

A. Testing for the following antigens:
1. Newsprint;
2. Tobacco smoke;
3. Dandelion;
4. Orris root;
5. Phenol;
6. Alcohol;
7. Sugar;
8. Yeast;
9. Grain mill dust;
10. Soybean dust (except when the patient has a known exposure to soybean dust such as a food processing plant);
11. Wool (unless patient has history of continuous exposure to sheep or unprocessed wool);
12. Marigold;
13. Honeysuckle;
14. Fiberglass;
15. Green tea;
16. Chalk;
17. Cornstarch;
18. Cotton;
19. Formaldehyde;
20. Smog.

B. The following tests for the evaluation allergic reactions:

1. Antigen leukocyte cellular antibody (ALCAT) automated food allergy testing;
2. Applied kinesiology or Nambudripad's allergy elimination test (NAET (i.e., muscle strength testing or measurement after allergen ingestion);
3. Anti-Fc epsilon receptor antibodies testing;
4. Anti-IgE receptor antibody testing;
5. Blood, urine, or stool micro-nutrient assessments;
6. Candidiasis test;
7. Chemical analysis of body tissues (e.g., hair);
8. Chlorinated pesticides (serum);
9. Chronic urticarial index testing;
10. Clifford materials reactivity testing;
11. Complement (total or components);
12. Complement antigen testing;
13. C-reactive protein;
14. Cytokine and cytokine receptor assay;
15. Cytotoxic testing for food, environmental or clinical ecological allergy testing (Bryans Test, ACT);
16. Electrodermal testing or electro-acupuncture;
17. Electromagnetic sensitivity syndrome/disorder (allergy to electricity, electro-sensitivity, electrohypersensitivity, and hypersensitivity to electricity);
18. Environmental cultures and chemicals;
19. Eosinophil cationic protein (ECP) test;
20. ELISA/Act qualitative antibody testing;
21. Food immune complex assay (FICA);
22. General immune system assessments;
23. Immune complex assay;
24. Ingestion challenge food testing for diagnosing rheumatoid arthritis, depression, or respiratory disorders not associated with anaphylaxis or similar systemic reactions;
25. In vitro metal allergy testing;
26. Iridology;
27. Leukocyte histamine release test (LHRT)/basophil histamine release test;
28. Live Cell Analysis;
29. Lymphocyte function assay;
30. Lymphocytes (B or T subsets);
31. Lymphocyte Response Assay (LRA) by ELISA/ACT and Lymphocyte Mitogen Response Assays (LMRA) by ELISA/Act;
32. Mediator release test (MRT);
33. Metabolic assessments;
34. Ophthalmic mucus membrane tests/conjunctival challenge test;
35. Prausnitz-Kustner (P-K testing) passive cutaneous transfer test;
36. 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 because available evidence does not show these tests and therapies are effective;
37. Provocative nasal test;
38. Pulse test (pulse response test, reaginic pulse test);
39. Qualification of nutritional assessments;
40. Rebuck skin window test;
41. Secretory IgA (salvia);
42. Sage Complement Antigen TestTesting 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);
43. Testing of specific immunoglobulin G (IgG) (e.g., by Radioallergosorbent [RAST] or Enzyme-linked immunosorbent assay [ELISA]);
44. Testing of total serum IgG, immunoglobulin A (IgA) and immunoglobulin M (IgM)

45. Testing for venom blocking antibodies;
46. VeriMAP Peanut Diagnostic™ (bead-based epitope assay).

C. The following services in relation to allergy testing and immunotherapy:

1. Desensitization with commercially available extracts of poison ivy, poison oak, or poison sumac;
2. Desensitization for hymenoptera sensitivity using whole body extracts, with the exception of venom extracts and fire ant extracts;
3. Desensitization with bacterial vaccine (BAC: bacterial, antigen complex, streptococcus vaccine, staphylo/strepto vaccine, serobacterin, staphylococcus phage lysate);
4. Food allergenic extract immunotherapy;
5. Intracutaneous desensitization (Rinkel Injection Therapy, RIT);
6. Neutralization therapy (intradermal and subcutaneous);
7. Repository emulsion therapy;
8. Non-FDA approved sublingual immunotherapy;
9. Urine autoinjection (autogenous urine immunotherapy);
10. Allergen immunotherapy for the management of skin and mucous membrane disease such as urticaria, and Candida vulvovaginiti;
11. Home administration of allergy immunotherapy;
12. Ingestion challenge food testing performed by the patient in the home;
13. Intradermal testing for food allergies;
14. Food allergen testing for patients who present with gastrointestinal symptoms suggestive of food intolerance;
15. Rush immunotherapy for inhalant allergens.

~~**A.** Allergy Testing~~

~~1. 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.~~

~~**Note:** In vivo immunologic tests have been shown to be reliable and valid diagnostic tools and include skin tests with standardized allergenic extracts by prick, puncture, and intradermal techniques, skin end-point titration, and patch testing.~~

- Percutaneous Testing remains the test of choice in most clinical situations where immediate hypersensitivity reactions are suspected. Percutaneous tests require physician supervision, since there is a small but significant risk of anaphylaxis. Overall, skin testing is quick, safe, and cost-effective. Measurement of wheal and flare should be reported; a positive result is defined as a minimum of 3 or more millimeters larger than the negative control.

2. 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.
2. 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.
2. 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.
2. Photo Testing is skin irradiation with a specific range of ultraviolet light. Photo tests are performed for the evaluation of photosensitivity disorders.
2. Patch Testing is indicated to evaluate a nonspecific dermatitis, allergic contact dermatitis, pruritus, and other dermatitis to determine the causative antigen.
2. 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.
2. 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.
2. 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.
2. 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 code 86003) 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;

a. 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);

a. 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;

a. Patients with mental or physical impairments, who are uncooperative; or

a. Evaluation of cross-reactivity between insect venoms.

2. 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.

A. Allergy Testing Documentation Requirements

2. Medical record documentation (e.g., history & physical, office/progress notes, procedure report, test results) must include the following information:

a. A complete medical and immunologic history and appropriate physical exam obtained by face-to-face contact with the patient;

a. The medical necessity for performing the test;

a. The test methodology used;

a. The measurement (in mm) of reaction sizes of both wheal and erythema response (in vivo testing);

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

a. The quantitative result (in kIU/L) for specific IgE testing (in vitro testing);

a. The interpretation of the test results and how the results of the test will be used in the patient's plan of care.

A. Allergen Immunotherapy

2. 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.

2. Allergen immunotherapy is indicated for patients with a diagnosis of allergic asthma, allergic conjunctivitis, allergic rhinitis, or stinging insect hypersensitivity depending on the results of allergy testing (immediate hypersensitivity skin tests or in vitro tests for specific IgE). There is limited data indicating that it may be effective in atopic dermatitis when this condition is associated with aeroallergen sensitivity. Immunotherapy is not covered when given to patients with negative results for specific IgE antibodies or those

with positive test results for specific IgE antibodies that do not correlate with suspected triggers, clinical symptoms, or exposure. Immunotherapy is effective for pollen, mold, animal allergens, cockroach, and dust mite.

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.

3. 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**
   - 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.

3. 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.

3. 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.

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

4. 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.

II. Limitations

A. *Allergy Testing*

1. Ingestion challenge food testing performed by the patient in the home, and not in the office setting, will not be covered;
2. Retesting with the same antigen(s) is rarely necessary within a 3-year period and is usually not covered. Exceptions include young children with negative skin tests, or older children and adults with negative skin tests in the face of persistent symptoms;
3. Routine repetition of skin tests is not covered (e.g., annually);
4. Intradermal testing for food allergens is not covered;
5. Food allergen testing for patients who present with respiratory symptoms other than wheezing and asthma is not covered;
6. Food allergen testing for patients who present with gastrointestinal symptoms suggestive of food intolerance is not covered.
7. 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 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.

8. The following tests are considered **experimental and investigational** for allergy testing, as they have not been proven to be effective:
    a. Antigen leukocyte cellular antibody (ALCAT) automated food allergy testing
    b. Applied kinesiology or Nambudripad's allergy elimination test (NAET (i.e., muscle strength testing or measurement after allergen ingestion)
    c. Candidiasis test
    d. Chemical analysis of body tissues (e.g., hair)
    e. Chlorinated pesticides (serum)
    f. Complement (total or components)
    g. C-reactive protein
    h. Cytokine and cytokine receptor assay
    i. Cytotoxic testing for food, environmental or clinical ecological allergy testing (Bryans Test, ACT)
    j. Electrodermal testing or electro-acupuncture

k. ELISA/Act qualitative antibody testing
l. Food immune complex assay (FICA)
m. Immune complex assay
n. Ingestion challenge food testing for diagnosing rheumatoid arthritis, depression, or respiratory disorders not associated with anaphylaxis or similar systemic reactions
o. In Vitro Metal Allergy Testing
p. Iridology
q. Leukocyte histamine release test (LHRT)/basophil histamine release test
r. Lymphocyte function assay
s. Lymphocytes (B or T subsets)
t. Lymphocyte Response Assay (LRA) by ELISA/ACT and Lymphocyte Mitogen Response Assays (LMRA) by ELISA/Act
u. Mediator release test (MRT)
v. Ophthalmic mucus membrane tests/conjunctival challenge test
w. Prausnitz-Kustner (P-K testing) passive cutaneous transfer test
x. 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.
y. Provocative nasal test (nasal challenge test)
z. Pulse test (pulse response test, reaginic pulse test)
aa. Rebuck skin window test
bb. Sage Complement Antigen Test
cc. Skin endpoint testing is not covered
dd. 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)
ee. Testing of specific Immunoglobulin G (IgG) (e.g., by Radioallergosorbent [RAST] or Enzyme-linked immunosorbent assay [ELISA])
ff. Testing of total serum IgG, immunoglobulin A (IgA) and immunoglobulin M (IgM)

B. Allergen Immunotherapy

1. Coverage may be provided for a reasonable supply of antigens that have been prepared for a particular patient when:
   a. The antigens are prepared by an allergist, immunologist, or otolaryngologist; **and**
   b. The physician who prepared the antigens has examined the patient and has determined a plan of treatment and a dosage regimen.
2. 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.
3. If the member is noncompliant with immunotherapy, the therapy should be discontinued.
4. The following services are considered **investigational** or its safety and effectiveness have not been established, and will not be covered:
   a. Desensitization with commercially available extracts of poison ivy, poison oak, or poison sumac;

b. Desensitization for hymenoptera sensitivity using whole body extracts, with the exception of fire ant extracts;
c. Desensitization with bacterial vaccine (BAC: bacterial, antigen complex, streptococcus vaccine, staphylo/strepto vaccine, serobacterin, staphylococcus phage lysate);
d. Food allergenic extract immunotherapy;
e. Intracutaneous desensitization (Rinkel Injection Therapy, RIT);
f. Neutralization therapy (intradermal and subcutaneous);
g. Repository emulsion therapy;
h. Sublingual desensitization;
i. Sublingual provocative therapy;
j. Urine autoinjection (autogenous urine immunotherapy);
k. Allergen immunotherapy for the management of skin and mucous membrane disease such as urticaria, and Candida vulvovaginitis;
l. Home administration of allergen immunotherapy;
m. Non-allergic vasomotor rhinitis;
n. Acupuncture for allergies;
o. Homeopathy for allergies;
p. Migraine headaches.

III. Utilization Guidelines

A. Allergy Testing

1. In vitro testing (CPT code 86003) may be covered for only 30 units per year for indications as outlined in this policy.
2. 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.
3. Up to 20 units for percutaneous testing per year for food sensitivity (CPT code 95004) may be covered.
4. Up to 40 units for intracutaneous (intradermal) testing (CPT code 95024) per year for a patient may be covered.
5. Up to 40 units for intracutaneous (intradermal), sequential and incremental testing (CPT code 95027) per year for a patient may be covered.
6. 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.
7. 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.

B. Allergy Immunotherapy

1. 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.~~

~~2. 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.~~

~~3. 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.~~

~~4. Evaluation and management codes may be separately covered on the same day as allergen immunotherapy only when a significant, separately identifiable service is performed.~~

- Retesting with the same antigen(s) should rarely be 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 indicated (e.g., annually);
- Measurements of total IgE levels (CPT code 82785-Gammaglobulin [immunoglobulin]; IgE) are not appropriate for most general allergies for the purpose of identifying the cause of the allergic state. Total serum IgE levels should not be billed unless evidence exists for allergic bronchopulmonary Aspergillosis (ABPA), select immunodeficiencies, such as the syndrome of hyper-IgE, eczematous dermatitis, atopic dermatitis in children and recurrent pyogenic infections, or in the evaluation for omalizumab therapy;
- Serial, repeat testing of total IgE will be subject to medical review.

Documentation Requirements

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 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;
- Periodic clinical evaluation of treatment benefits and, if no benefit within 12-24 months, other treatment options which should be considered;
- Clinical re-evaluation at 3 to 5 years to determine need for continuing immunotherapy.

Background

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.

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 (percutaneous) and intradermal (intracutaneous) techniques, photo and patch testing, inhalation bronchial challenge testing, and ingestion challenge testing. Percutaneous testing remains the test of choice in most clinical situations where immediate hypersensitivity reactions are suspected. Percutaneous tests require medical supervision, since there is a small but significant risk of anaphylaxis. Overall, skin testing is quick, safe, and cost-effective.

Intradermal tests are usually performed when increased sensitivity is needed when percutaneous tests (CPT codes 95004, 95017, 95018) are negative and there is still 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 testing is appropriate 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 two concentrations of an extract: a weaker concentration and a stronger concentration. It would not be expected that three or more concentrations of one extract would be necessary. Skin end-point dilution testing is a variant of intradermal testing that 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 measures the presence of activated T cells that recognize a certain substance. It has been commonly used in three 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.

Other skin tests include photo testing and patch testing. 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 two patches, with one of them being irradiated with ultraviolet light half way through the occlusive period. It is indicated to evaluate unique allergies resulting from light exposure.

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. Generally, three measures of each determination (e.g., spirometry, prolonged post exposure evaluation of bronchospasm) are performed. The best of the three is accepted and represents one unit of service. A unit is defined as each set of three 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 includes 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. Examples of indications for in vitro testing (CPT codes 86003, 86005 and 86008) include:

- Severe dermatographism, ichthyosis or generalized eczema;
- 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);

- Inability 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;
- Those with mental or physical impairments who are uncooperative;
- History is highly suggestive of an allergy and skin testing is negative or equivocal; or
- Evaluation of cross-reactivity between insect venoms.

Total serum IgE concentration testing is not indicated in all allergic patients, but should be reserved for those patients suspected of having allergic bronchopulmonary aspergillosis, immune deficiency disease (e.g., Wiskott-Aldrich syndrome, hyper-IgE staphylococcal abscess syndrome), IgE myeloma or pemphigoid, or for consideration of Xolair (omalizumab) administration in patients with moderate to severe asthma.

Allergen Immunotherapy
Allergen immunotherapy is effective for pollen, mold, animal allergens, cockroach, and dust mite. Immunotherapy is indicated for patients who show evidence of specific IgE antibodies to clinically relevant allergens and whose allergic symptoms warrant the time and risk of allergen immunotherapy. This includes those with 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). Initiating allergen immunotherapy may 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.

There is limited data showing effectiveness in atopic dermatitis when this condition is associated with aeroallergen sensitivity. Immunotherapy should not be given to patients with negative results for specific IgE antibodies or those with positive test results for specific IgE antibodies that do not correlate with suspected triggers, clinical symptoms, or exposure.

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. 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 are also recommended for treatment.

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 one of these substances, the patient will have to be desensitized. Full-dose therapy should be 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 should 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 for hymenoptera venom (bees, hornets, wasps, fire ants), according to a recent American Academy of Allery, Asthma & Immunology practice parameter.

Sublingual immunotherapy
The American Academy of Allery, Asthma & Immunology recommends only FDA-approved sublingual immunotherapy (SLIT) products for the treatment of allergic rhinitis/rhinoconjunctivitis and not for any other related or unrelated condition. Off label use of aqueous SLIT extracts or any other non- FDA approved SLIT formulation is not endorsed.

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 reimbursed after a 2-year period when there is no apparent clinical benefit.

The major risk of allergen immunotherapy is anaphylaxis. Allergen immunotherapy should, therefore, 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. In addition, immunotherapy should be administered only in facilities equipped to treat anaphylaxis.

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

~~*Allergen Immunotherapy*~~

~~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.~~

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 20~~18~~20, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT Code Table 1: Procedure codes considered medically necessary

CPT® Codes	Description
~~82785~~	~~Gammaglobulin (immunoglobulin); IgE~~
86003	Allergen specific IgE; quantitative or semiquantitative, each allergen
86005	Allergen specific IgE; qualitative, multiallergen screen (eg., disk, sponge, card)
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and 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
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 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
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 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

CPT® Codes	Description
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199	Unlisted allergy/clinical immunologic service or procedure

Noncovered Procedure Codes

The following is a list of procedures codes for which coverage is NOT provided, unless an exception is noted in this policy. **CPT Code Table 2: Procedure codes considered not medically necessary**

CPT® Codes	Description
86005*86160	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk)Complement; antigen, each component
86161	Complement; functional activity, each component
86162	Complement; total hemolytic (CH50)
86332	Immune complex assay
86343	Leukocyte histamine release test (LHR)
86485	Skin test; candida
86628	Antibody; Candida
95060	Ophthalmic mucous membrane tests (noncovered)
95065	Direct nasal mucous membrane test (noncovered)
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction

*For CPT code 86005, state Medicaid payment and coverage provisions take precedence.

ICD-10 codes with an * indicate additional digits are needed.

ICD-10-CM Code Table 1: Diagnoses that support medical necessity for CPT codes 86003, 86005, 86008, 95004, 95017, 95018, 95024, 95027, 95028

ICD-10-CM Diagnosis Codes That Support Coverage Criteria for CPT Code 86003

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

ICD-10-CM Code	Description
B44.81H10.11-H10.13	Allergic bronchopulmonary aspergillosisAcute atopic conjunctivitis
H10.01* – H10.45H10.411	ConjunctivitisChronic giant papillary conjunctivitis, right eye
J30.1 – J30.9H10.412	Allergic rhinitis Chronic giant papillary conjunctivitis, left eye
J30.0H10.413	Vasomotor rhinitisChronic giant papillary conjunctivitis, bilateral
J31.0H10.45	Chronic rhinitis Other chronic allergic conjunctivitis

J45.2* - J45.998 H65.111	Asthma Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), right ear
L20.84 H65.112	Intrinsic (allergic) eczemaAcute and subacute allergic otitis media (mucoid) (sanguinous) (serous), left ear
L20.89H65.113	Other atopic dermatitisAcute and subacute allergic otitis media (mucoid) (sanguinous) (serous), bilateral
L20.9H65.114	Atopic dermatitis, unspecifiedAcute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, right ear
L23.0 – L23.9*	Allergic contact dermatitis
L25.1 – L25.9H65.115	Unspecified contact dermatitis Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, left ear
L27.0 – L27.9 H65.116	Dermatitis due to substances taken internallyAcute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, bilateral
L50.0H65.194	Allergic urticariaOther acute nonsuppurative otitis media, recurrent, right ear
L50.1H65.195	Idiopathic urticariaOther acute nonsuppurative otitis media, recurrent, left ear
L50.6	Contact urticaria
L50.8	Other urticaria
L50.9	Urticaria, unspecified
R06.2	Wheezing
T36.0X5A – T50.995S	Adverse effect of drugs
T63.001* - T63.94*	Toxic effects of venoms
T78.00X*– T78.1XXS	Anaphylactic reaction due to food
T78.49XA – T78.49XS	Other allergy
T80.52XA – T80.52XS	Anaphylactic reaction due to vaccination
T88.6XXA – T88.6XXS	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered
Z91.010-Z91.018	Food allergy status

ICD-10-CM Code Table 2: Diagnoses that support medical necessity for CPT code 95044

ICD-10-CM Code	Description
L20.84~~H65.196~~	Intrinsic (allergic) eczema~~Other acute nonsuppurative otitis media, recurrent, bilateral~~
L20.89~~H65.21~~	Other atopic dermatitis~~Chronic serous otitis media, right ear~~
L20.9~~H65.22~~	Atopic dermatitis, unspecified~~Chronic serous otitis media, left ear~~
L23.0 – L23.9 ~~H65.23~~	Allergic contact dermatitis ~~Chronic serous otitis media, bilateral~~
L50.0 ~~H65.411~~	Allergic urticaria~~Chronic allergic otitis media, right ear~~
L50.1~~H65.412~~	Idiopathic urticaria~~Chronic allergic otitis media, left ear~~
L50.6 ~~H65.413~~	Contact urticaria~~Chronic allergic otitis media, bilateral~~
L50.8~~H65.491~~	Other urticaria~~Other chronic nonsuppurative otitis media, right ear~~
L50.9~~H65.492~~	Urticaria, unspecified~~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~~
~~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~~

ICD-10-CM Code Table 3: Diagnoses that support medical necessity for CPT codes 95052, 95056

ICD-10-CM Code	Description
L56.1~~L20.0~~	Drug photoallergic response~~Besnier's prurigo~~
L56.2~~L20.81~~	Photocontact dermatitis (berloque dermatitis)~~Atopic neurodermatitis~~
L56.3~~L20.82~~	Solar urticaria~~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~~
~~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~~
~~T78.01XD~~	~~Anaphylactic reaction due to peanuts, subsequent encounter~~
~~T78.01XS~~	~~Anaphylactic reaction due to peanuts, sequela~~
~~T78.02XD~~	~~Anaphylactic reaction due to shellfish (crustaceans), subsequent encounter~~
~~T78.02XS~~	~~Anaphylactic reaction due to shellfish (crustaceans), sequela~~
~~T78.03XD~~	~~Anaphylactic reaction due to other fish, subsequent encounter~~
~~T78.03XS~~	~~Anaphylactic reaction due to other fish, sequela~~
~~T78.04XD~~	~~Anaphylactic reaction due to fruits and vegetables, subsequent encounter~~
~~T78.04XS~~	~~Anaphylactic reaction due to fruits and vegetables, sequela~~
~~T78.05XD~~	~~Anaphylactic reaction due to tree nuts and seeds, subsequent encounter~~
~~T78.05XS~~	~~Anaphylactic reaction due to tree nuts and seeds, sequela~~
~~T78.06XD~~	~~Anaphylactic reaction due to food additives, subsequent encounter~~
~~T78.06XS~~	~~Anaphylactic reaction due to food additives, sequela~~

ICD-10-CM Code Table 4: Diagnoses that support medical necessity for CPT codes 95076, 95079

ICD-10-CM Code	Description
L27.2T78.07XD	Dermatitis due to ingested foodAnaphylactic reaction due to milk and dairy products, subsequent encounter
T36.0X5A – T50.995ST78.07XS	Adverse effect of drugs Anaphylactic reaction due to milk and dairy products, sequela
T78.00X*– T78.1XXST78.08XD	Anaphylactic reaction due to foodAnaphylactic reaction due to eggs, subsequent encounter
Z88.0 – Z88.9T78.08XS	Allergy status to drugs, medicaments and biological substancesAnaphylactic reaction due to eggs, sequela
Z91.010- Z91.018T78.09XD	Food allergy statusAnaphylactic 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
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).

ICD-10-CM Code Table 5: Diagnoses that support medical necessity for CPT codes 95115, 95117, 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, and 95199

ICD-10-CM Code	Description
H10.01* – H10.45H10.11-H10.13	ConjunctivitisAcute atopic conjunctivitis
J30.1 – J30.9H10.411	Allergic rhinitisChronic giant papillary conjunctivitis, right eye
J31.0H10.412	Chronic rhinitisChronic giant papillary conjunctivitis, left eye

J45.20 – J45.998~~H10.413~~	Asthma~~Chronic giant papillary conjunctivitis, bilateral~~
L20.84 ~~H10.45~~	Intrinsic (allergic) eczema ~~Other chronic allergic conjunctivitis~~
L20.89~~H65.111~~	Other atopic dermatitis~~Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), right ear~~
L20.9	Atopic dermatitis, unspecified
L23.0 – L23.9*	Allergic contact dermatitis
L25.1 – L25.9	Unspecified contact dermatitis
L27.0 – L27.9	Dermatitis due to substances taken internally
L50.0	Allergic urticaria
L50.6	Contact urticaria
T36.0X5A – T50.995S	Adverse effects of drugs

ICD-10-CM Code	Description
T63.001* - T63.94*H65.112	Toxic effects of venomsAcute and subacute allergic otitis media (mucoid) (sanguinous) (serous), left ear
T78.49XA – T78.49XSH65.113	Other allergyAcute and subacute allergic otitis media (mucoid) (sanguinous) (serous), bilateral
T80.52XA – T80.52XSH65.114	Anaphylactic reaction due to vaccinationAcute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, right ear
T88.6XXA – T88.6XXS H65.115	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administeredAcute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, left ear
Z88.0 – Z88.9H65.116	Allergy status to drugs, medicaments, and biological substancesAcute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, bilateral
Z91.030 – Z91.038H65.194	Insect allergy statusOther 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
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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ICD-10-CM Code Table 6: Diagnoses that support medical necessity for CPT code 95180

ICD-10-CM Code	Description
T36.0X5A – T50.995SJ45.31	Adverse effect of other drugs, medicaments and biological substancesMild persistent asthma with (acute) exacerbation
Z91.030 – Z91.038J45.32	Insect allergy statusMild 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
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]).

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	Description
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
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

ICD-10-CM Code	Description
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
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 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	Description
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
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

ICD-10-CM Code	Description
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

***** 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, 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	Description
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

ICD-10-CM Code	Description
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
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.

ICD-10-CM Code	Description
Z91.030	Bee allergy status - Require combo coding with Z87.892
Z91.038	Other insect allergy status - Require combo coding with Z87.892
Z91.048	Other nonmedicinal substance allergy status

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

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

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

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

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

ICD-10-CM Code	Description
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]

~~ICD-10-CM Code~~	~~Description~~
~~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]~~

Reviews, Revisions, and Approvals	Date	Approval Date
Policy created, specialist reviewed~~Provider Notice Period~~	01/16~~9/30/15-12/31/15~~	02/16
Added anaphylactic reaction due to vaccinations to ICD-10-CM code list that support medical necessity for CPT Codes 86003, 86005, 95004, 95017, 95018, 95024, 95027, 95028; removed food allergy testing for patients who present with respiratory symptoms from III.C~~Original effective date~~	12/16~~1/1/2016~~	01/17~~09/2015~~
Clarified that rapid desensitization is appropriate only for medication and hymenoptera sensitivities and added ICD-10 codes for insect allergy status to CPT 95180 for rapid desensitization. Combined code ranges in all ICD-10 coding tables including J30.1 – J30.9; J45.2* - J45.998; L25.1 – L25.9; L27.0 – L27.9; T78.00X* - T78.1XXS. Added initial encounters to ICD-10 codes that previously only included subsequent and sequela encounter. Added H10.01* - H10.45; T63.001* - T63.94* to ICD-10-CM code table 1 Added expanded code range for conjunctivitis H10.01* - H10.45; L23.0 – L23.9*; L25.1 – L25.9; L27.0 – L27.9; L50.0, L50.6, T36.0X5A – T50.995S; T78.49XA – T78.49XS; T80.52XA – T80.52XS; Z88.0 – Z88.9 to ICD-10-CM code table 5. Added expanded code range T36.0X5A – T50.995S to ICD-10 code table 6~~Converted to new template. Removed ICD-9 Diagnosis codes.~~	02/17~~12/20/2018~~	
Under Documentation requirements, removed statement about medical necessity for in vitro vs in vivo testing	04/17	
Frequency limitations for allergy testing and treatment have been removed from this policy as they are based on state specific guidelines (defined in the provider fee schedule). In the absence of state-specific rules, the CMS Medicaid/Medicare NCCI MUE limitations are applied.	6/17	
Added L50.1, L50.8, and L50.9 to ICD-10-CM Code Table 1 and Table 2	07/17	
References reviewed and updated. Codes reviewed.	01/18	01/18
Added to III.A, testing of the following antigens as not medically necessary: cornstarch, cotton, formaldehyde and smog. References reviewed and updated. Added 86008 to in vitro testing, and CPT code table 1 and relevant to ICD-10 code table 1. Added B44.81 to ICD-10 code table 1. Added T88.6XXA – T88.6XXS to ICD-10 code table 5.	01/19	01/19
Under III. C. revised “sublingual provocative therapy” to state “non FDA approved sublingual immunotherapy” and added reference to refer to pharmacy benefit for coverage criteria. Removed background statement "In vitro testing is appropriate under conditions where skin testing is not possible or is not reliable." Specialist reviewed. Added R06.2 to ICD-10-CM code table 1.	11/19	12/19
Added “(scratch, puncture, prick)” to description in I.C.1. Updated IIIB. adding several not medically necessary tests. Updated background, adding section on sublingual immunotherapy. CPT codes added to not medically	10/20	10/20

necessary CPT Table 2: 86160, 86161, 86162, 86332, 86343, 86485, 86628, 0165U, 0178U. Revised description of ICD-10 codes Z88.0-Z88.9 in ICD-10 Tables 4 & 5. References reviewed and updated. Replaced member with member/enrollee in all instances.		
Added ICD-10 code range Z91.010-Z91.018 to Tables 1 & 4.	10/20	
Added J30.0 to ICD-10-CM Code Table 1. Minor revision to description of CPT-95070. CPT-95071 deleted in 2021.	03/21	
Annual review. References reviewed and updated. Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date." Criteria and coding reviewed by specialist.	11/21	11/21

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in

developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. 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.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs,

and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.