Allergy Testing and Treatment

Policy
Harvard Pilgrim reimburses contracted providers for the provision of allergy testing and treatment services.

Policy Definition
Allergy Testing is used to determine what types of allergens cause a particular allergy. Testing typically involves injecting a small amount of the allergen under the skin by scratching or puncturing the skin and watching the skin for a reaction.

Allergy Treatment or Immunotherapy is the treatment of allergies in which increasing amounts of allergic extract are injected until the patient becomes tolerant of the allergens.

Prerequisite(s)
Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to Referral, Notification and Authorization for more information.

HMO/POS/PPO
Referral required for specialist services for HMO and in-network POS members.

Open Access HMO and POS
For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses
HMO/POS/PPO
Harvard Pilgrim reimburses standard allergy testing when clinically indicated, allergy treatment and evaluation and management services. Reimbursement is calculated on a per-test basis or via per-dose rates whichever is applicable.

Allergy Testing
• Direct skin testing and intradermal testing. Percutaneous (scratch puncture, prick) with allergenic extracts rendered by a physician only
• Intracutaneous tests with extracts rendered by a physician only
• Blood tests such as RAST, PRIST, ELISA and MAST
• Patch testing rendered by a physician only
• Challenge testing, including bronchial, nasal and conjunctival
• Photo patch testing
• Photo tests
• In vitro testing for IgE antibodies

Allergy Treatment
• Antigens, extracts and venoms used in allergy treatment
• Enteral feedings for neonates in accordance with medical policy criteria
• Epinephrine kits prescribed by the physician, if the member has a prescription drug rider
• Preparation and/or provision of the allergy immunotherapy injection(s) (For specific information please see the Medical Policy for Allergy Immunotherapy)

Evaluation and Management Services
An office visit will be reimbursed in addition to the injection only when a significant, separately identifiable, evaluation and management service has been performed and the evaluation and management service is documented in the medical record and billed with the appropriate modifier.
Do not report Evaluation and Management (E&M) services for allergy test interpretation and report.

**Harvard Pilgrim Does Not Reimburse**

**HMO/POS/PPO**
- Air conditioner, bed supplies, air filters and other products or supplies for environmental allergies.
- Allergy tests or immunotherapy that have no proven health benefit.
- Acupuncture for allergies.
- Allergy testing and immunotherapy that is considered experimental or is not FDA approved.
- Diet therapy for allergies.
- Duplicate services, including allergy testing for percutaneous scratch tests, intradermal tests and patch tests to a facility.
- Homeopathy for allergies.
- Sublingual immunotherapy

**Member Cost-Sharing**
Services are subject to member out-of-pocket cost share (e.g., copayment, coinsurance, deductible), as applicable.

**Provider Billing Guidelines and Documentation**

**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>95004–95079</td>
<td>Allergy testing</td>
<td>Bill with a count representing the number of tests performed; 95004, 95024 and 95044 reimbursed for professional services only</td>
</tr>
<tr>
<td>95004, 95024, 95027</td>
<td>Percutaneous tests with allergenic extracts, Intracutaneous tests with allergenic extracts immediate type reaction and intracutaneous tests sequential and incremental with allergenic extracts</td>
<td>These codes include the test interpretation and report</td>
</tr>
<tr>
<td>95115–95180</td>
<td>Allergy immunotherapy</td>
<td>Bill 95115 and 95117 with a count of one</td>
</tr>
<tr>
<td>95120-95134</td>
<td>Antigen preparation</td>
<td>Use these codes when physician is administering a prepared antigen</td>
</tr>
<tr>
<td>95144</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(s)</td>
<td>Bill only by an allergist who is preparing extract to be administered by another physician</td>
</tr>
<tr>
<td>95145–95170</td>
<td>Antigen preparation</td>
<td>Bill with the specific number of doses prepared</td>
</tr>
<tr>
<td>95165</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens</td>
<td>Limited to 150 units per 365 days when billed by any provider</td>
</tr>
</tbody>
</table>

**Multi-Dose Billing**

When preparing a multi-dose vial of antigens for a patient for whom only one dose is injected, bill the entire number of doses in the vial and one injection service. For the remaining doses, bill only the injection service. This applies even if someone else in the office injects the preparations or the injections take place outside the office.
## Preparation

<table>
<thead>
<tr>
<th>Multi-dose antigen preparation</th>
<th>Single injection</th>
<th>Entire number of doses prepared using appropriate CPT code(s) 95144–95170</th>
<th>One injection code using CPT code 95115 or 95117</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-dose antigen preparation</td>
<td>No injection</td>
<td>Entire number of doses prepared using appropriate CPT code(s) 95144–95170</td>
<td>No injection code</td>
</tr>
<tr>
<td>No antigen preparation</td>
<td>Single injection</td>
<td>No preparation code</td>
<td>One injection code using CPT code 95115 or 95117</td>
</tr>
</tbody>
</table>

### Related Policies

#### Payment Policies
- Evaluation and Management
- Maximum Units Per Day

#### Medical Policies
- Allergy Testing and Immunotherapy
- Formula and Enteral Nutrition

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### PUBLICATION HISTORY

- **04/01/02** original documentation
- **04/01/03** annual review, added reimbursement of blood test; added coding
- **04/30/04** coding added
- **01/31/06** annual review and coding update; added no reimbursement of duplicate professional allergy test codes
- **04/01/06** revised statement for no reimbursement to facilities for allergy test codes
- **01/31/07** coding updates
- **07/31/07** annual review; added no coverage for acupuncture and homeopathy treatments; clarified use of 95120-95134; enteral formula coverage for neonates with GI allergies
- **07/31/08** annual review; added inclusion of interpretation and report to codes 95004, 95024, and 05027; no coverage for bedding, filters and other supplies; added reference to Maximum Units Per Day payment policy
- **05/15/09** annual review; added statement “Do not report Evaluation and Management (E&M) services for allergy test interpretation and report”
- **05/15/10** annual review; minor edit for clarity
- **04/15/11** annual review; no changes
- **01/01/12** removed First Seniority Freedom information from header
- **04/15/12** annual review; no changes
- **01/15/13** annual coding review
- **06/15/13** annual review; no changes
- **06/15/14** annual review; administrative edits; added Connecticut Open Access HMO referral information to Prerequisites; added Medical Policy links for Serum IgG Allergy Testing /Allergy Immunotherapy; added no coverage for Sublingual immunotherapy
- **06/15/15** annual review; no changes
- **06/15/16** annual review; administrative edits
- **06/15/17** annual review; no changes
- **01/01/18** updated Open Access Product referral information under Prerequisites
- **08/01/18** annual review; administrative edits
- **03/01/19** added CPT 95165 and associated limits as of date of service 03/01/19
- **06/03/19** annual review; added related medical policy
- **06/01/20** annual review; no changes
- **06/01/21** annual review; removed archived Serum IgG Allergy Testing Medical Policy as a related policy. Updated related medical policy Allergy Testing and Immunotherapy
- **06/01/22** annual review; administrative update

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1This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on
member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

2The table may not include all provider claim codes related to allergy testing and treatment.