

Subject: Allergy Testing

Medical Policy #: 45.0

Status: Reviewed

Original Effective Date: 05/26/2021

Last Review Date: 05/24/2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

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; pollen, molds, mites, dust, feathers, animal fur or dander, stinging insect venoms, foods, drugs, etc.

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 and is based on findings during a complete medical and immunologic history and appropriate physical exam. There are several different types of diagnostic modalities available for allergy testing. Positive and negative controls should be performed with all tests and tests used should have proven efficacy as demonstrated through scientifically valid medical studies published in peer review journals.^{1,2,3,4}

This policy addresses immediate (IgE-mediated) hypersensitivity and delayed (cell mediated) hypersensitivity and includes in vivo testing (skin tests), organ challenge tests, in vitro testing, limitations, and provider qualifications. The specific allergy testing described below is considered medically reasonable and necessary in accordance with the criteria noted in accordance with evidence-based guidelines.

Coverage Determination

Prior Authorization is not required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Coverage is for **Medicare, Medicaid and Commercial**.

PHP follows CMS, Local Coverage Determination, Allergy Testing ([L36241](#)), and see the related article LCA ([A56558](#)) for additional guidance.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

Current Procedural Terminology (CPT) Codes

CPT Codes	Description
82785	Gammaglobulin (immunoglobulin); IgE NOTE: IgE is not appropriate in most general allergy testing. Please refer to the LCD for details on reasonable and necessary guidelines.
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each NOTE: (InVitro Testing) in addition to skin testing, please see the related LCD for reasonable and necessary guidelines.
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

CPT Codes	Description
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	Photosensitivity tests
95060	Eye allergy (ophthalmic mucous membrane) tests
95065	Nose allergy (direct nasal mucous membrane) test
95070	Bronchial allergy tests
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)
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
ICD-10 CODE	For covered ICD-10 codes, please see LCA Allergy Testing (A56558).

CPT codes	The following CPT codes are non-covered:
86001	Allergen specific IgG quantitative or semiquantitative, each allergen
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD

Senior Medical Director: David Yu MD

Medical Directory: Ana Maria Rael MD

Date Approved: 05/24/2023

References

1. CMS, Local Coverage Determination, Novitas Solutions, LCD **Allergy Testing** (L36241), Revision history date: 07/11/2021, R14, Related article LCA (A56558), Revision History Date 01/01/13023 R11. [Cited 04/20/2023]
2. CMS Internet-Only Manuals (IOMs), Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 20.2 Physician Expense for Allergy Treatment, (Rev. 11905, 03-16-23) [Cited 04/20/2023]
3. CMS Internet-Only Manuals (IOMs), Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 200 Allergy Testing and Immunotherapy (Rev. 11828, 02-02-23). [Cited 04/20/2023]

Publication History

- 05/26/2021 New policy. Reviewed by PHP Medical Policy Committee on 05/12/2021. The committee agreed to follow CMS LCD Allergy Testing (L36241) and the related article LCA (A56558), for all LOB. The policy developed to impose the number of tests done, choices of antigens, frequency of repetition of testing. The CPT codes listed in the policy will not require PA. ICD-10 codes will be configured using LCA Allergy Testing (A56558) for CPT codes: 86003, 86008, 95004, 95017, 95018, 95024, 95027, 95028, 82785, 86003, 86008, 0165U, 0178U, 95044, 95052, 95056, 95060, 95065, 95076 and 95079.
- 05/25/2022 Annual review. Reviewed by PHP Medical Policy Committee on 05/13/2022. Continue to follow CMS LCD Allergy Testing (L36241) and the related article LCA (A56558), for all LOB. The coverage determination guideline language has been removed from policy and reformatted to only include LCD/LCA weblinks. The update of LCD says the change includes "Creation of Uniform LCDs with other MAC" which may include breaking down Allergy Sensitivity Testing into two sections Percutaneous testing and Intracutaneous testing; adding two new sections: Photo patch testing and Photo testing; removing Provocative Tests under In Vivo Testing and creating a new section called Organ Challenge Tests. Update previous configuration to re-configure to link the ICD-10 codes to CPT codes using the new revised LCA (A56558) due to changes. LCA has the following changes: New code 95070 added. Immunoglobulin IgG code (86001) and allergen specific IgE qualitative (86005) are considered not medically reasonable and necessary per LCA (A56558)-these codes will be configured not to pay. Remove PA requirement for Code 0165U, which has no utilization and continue no PA requirement.
- 05/24/2023 Annual review. Reviewed by PHP Medical Policy Committee on 04/21/2023. No change. Continue to follow LCD (L36241) and LCA (A56558). Continue no PA requirement. Update previous configuration to link the ICD-10 codes to CPT codes to link to the new medically necessary ICD-10 codes per revision (R11) of the LCA (A56558) for all LOB. Codes 86001 and 86005 will continue to be configured as not medically necessary.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.