

Allergy Skin Testing

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Approved By:	Highmark Health Options – Market Leadership	
Provider Notice Date: 12/15/2021; 03/01/2023		
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Last Revision Date:	12/22/2021; 12/28/2022	
Products: Medicaid		
Application: All participating hospitals and providers		
Page Number(s):	1 of 9	

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary allergy skin testing.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

Allergy – An abnormal reaction to an ordinarily harmless substance called an allergen. When an allergen (such as pollen) is absorbed into the body of an allergic individual that individual's immune system views the allergen as an invader and a chain reaction is initiated. White blood cells of the immune system produce immune globulin E (IgE) antibodies. These antibodies attach themselves to special mast cells causing a release of potent chemicals such as histamine. Allergic or hypersensitivity disorders may be manifested by generalized systemic reactions in any organ system of the body. The reactions may be acute, sub-acute or chronic, immediate, or delayed, and may be caused by an endless variety of fur, venoms, foods, drugs, etc. The ideal management of the allergic individual is to identify the offending agent by various means of testing.



PROCEDURES

A prior authorization is not required.

Allergy testing may be considered medically necessary in the diagnosis of allergies by ANY ONE of the following techniques:

- Direct Skin Test with ANY ONE of the following techniques:
 - Percutaneous (scratch, prick, or puncture) testing when IgE-mediated reactions occur with ANY ONE of the following indications:
 - Inhalants; or
 - Foods; or
 - Hymenoptera (stinging insects); or
 - Specific drugs (penicillins and macromolecular agents).
 - Intracutaneous (intradermal) testing when IgE-mediated reactions occur with ANY ONE of the following indications:
 - Inhalants; or
 - Foods; or
 - Hymenoptera (stinging insects); or
 - Specific drugs (penicillins and macromolecular agents).

A cumulative total of 70 percutaneous or 40 intracutaneous tests allowed per benefit year.

- Patch test (application test) for diagnosing contact dermatitis or eosinophilic esophagitis; or
- Photo patch test for diagnosing a photoallergy (e.g., photo-allergic contact dermatitis); or
- Bronchial challenge tests to diagnose ANY ONE of the following:
 - To identify new allergens for which skin or blood testing has not been validated; or
 - Skin testing is unreliable; or
- Oral challenge tests for ANY of the following:
 - Food or other substances (i.e., additives or preservatives); or
 - Drugs when BOTH of the following are met:
 - An allergy to multiple classes of drugs within a drug category is suspected (i.e., allergic to penicillin, and cephalosporins); and
 - There is no effective alternative drug; or
 - Treatment with that drug is essential.

Allergy testing not meeting the criteria above is considered not medically necessary.

Skin Endpoint Titration (SET) used in conjunction with immuno-therapy may be considered medically necessary with ANY ONE of the following when there is potential for the specific allergen in question to produce a severe systemic allergic reaction or anaphylaxis:

- To determine a safe starting does for testing; or
- To determine a safe starting dose for immuno-therapy.

A cumulative total of 80 tests for SET testing allowed per benefit year.

SET testing not meeting the criteria above is considered not medical necessary.

Allergy testing methods are considered not medically necessary with ANY ONE of the following:

- Cytotoxic food testing; or
- Provocative testing, e.g., Rinkel; or
- Sublingual (antigens prepared for sublingual administration); or



• Mucous Membrane Test (e.g., direct nasal, ophthalmic).

POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

PLACE OF SERVICE: OUTPATIENT

Allergy skin testing is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
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 tests (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 tests (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs orbiologicals, 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.
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds.
95076	Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug, other substance); initial 120 minutes of testing.
95079	Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug, other substance); each additional 60 minutes of testing (list separately in addition to code for primary procedure).
95060	Ophthalmic mucous membrane tests.
95065	Direct nasal mucous membrane test.

COVERED DIAGNOSIS CODES FOR PROCEDURE CODES 95004, 95017, 95018, 95024, 95027 AND 95028

Codes						
C43.9	C51.0	C51.1	H10.10	H10.11	H10.12	H10.13

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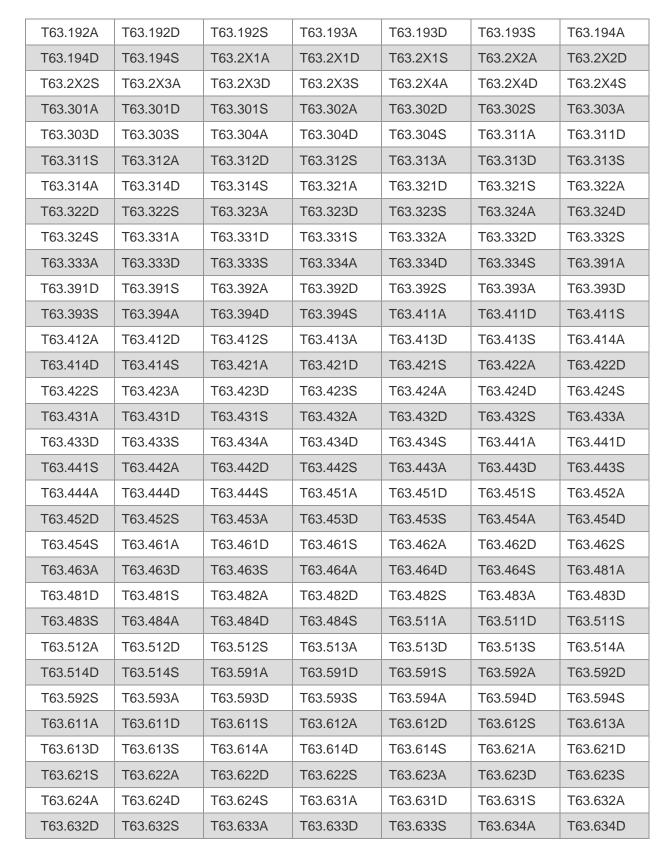
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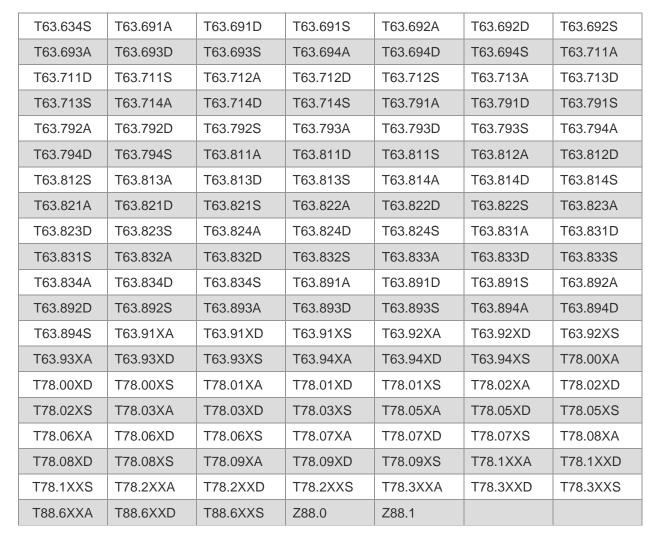
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COVERED DIAGNOSIS CODES FOR PROCEDURE CODE 95044

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Codes						
K20.0	L20.0	L20.9	L20.81	L20.82	L20.84	L20.89
L23.0	L23.1	L23.2	L23.3	L23.5	L23.6	L23.7
L23.9	L23.81	L24.0	L24.1	L24.2	L24.3	L24.4
L24.5	L24.6	L24.7	L24.9	L24.81	L25.0	L25.3
L25.4	L25.5	L25.9	L30.0	L30.2	L30.8	L30.9
L50.0						



COVERED DIAGNOSIS CODES FOR PROCEDURE CODE 95052

Codes					
L56.0	L56.1	L56.2	L56.3	L56.8	

COVERED DIAGNOSIS CODES FOR PROCEDURE CODES 95076 AND 95079

Codes						
L27.2	T36.0X5A	T36.0X5D	T36.0X5S	T50.995A	T50.995D	T50.995S
T78.00XA	T78.00XD	T78.00XS	T78.01XA	T78.01XD	T78.01XS	T78.02XA
T78.02XD	T78.02XS	T78.03XA	T78.03XD	T78.03XS	T78.04XA	T78.04XD
T78.04XS	T78.05XA	T78.05XD	T78.05XS	T78.06XA	T78.06XD	T78.06XS
T78.07XA	T78.07XD	T78.07XS	T78.08XA	T78.08XD	T78.08XS	T78.09XA
T78.09XD	T78.09XS	T78.1XXA	T78.1XXD	T78.1XXS		

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

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POLICY UPDATE HISTORY

12/22/2021	Approved in Medical Policy Committee	
01/2022	Approved in QI/UM	
12/28/2022	Annual review; approved in Medical Policy Committee	
01/03/2023	Approved in QI/UM	