

Allergy Skin Testing

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Approved By:	Highmark Health Options – Market Leadership
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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 dose 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 (intra-dermal), 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 (intra-dermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests.
95024	Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests.
95027	Intracutaneous (intra-dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests.
95028	Intracutaneous (intra-dermal) 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

H10.411	H10.412	H10.413	H10.419	H10.44	H10.45	H16.261
H16.262	H16.263	H16.269	J30.0	J30.1	J30.2	J30.5
J30.81	J30.89	J30.9	J31.0	J32.0	J32.1	J32.2
J32.3	J32.4	J32.8	J32.9	J33.0	J33.8	J34.3
J44.0	J44.1	J44.9	J45.20	J45.21	J45.22	J45.30
J45.31	J45.32	J45.40	J45.41	J45.42	J45.50	J45.51
J45.52	J45.901	J45.902	J45.909	J45.991	J45.998	K52.21
K52.22	K52.29	K52.89	L20.0	L20.81	L20.82	L20.84
L20.89	L20.9	L27.2	L29.9	L50.0	L50.1	L50.6
L50.8	R05	R06.02	R11.0	R11.10	R11.11	R11.12
R11.2	R14.0	R14.1	R14.2	R14.3	R19.7	T36.0X5A
T36.0X5D	T36.0X5S	T36.1X5A	T36.1X5D	T36.1X5S	T36.2X5A	T36.2X5D
T36.2X5S	T36.3X5A	T36.3X5D	T36.3X5S	T36.4X5A	T36.4X5D	T36.4X5S
T36.5X5A	T36.5X5D	T36.5X5S	T36.6X5A	T36.6X5D	T36.6X5S	T36.7X5A
T36.7X5D	T36.7X5S	T36.8X5A	T36.8X5D	T36.8X5S	T36.95XA	T36.95XD
T36.95XS	T37.1X5A	T37.1X5D	T37.1X5S	T41.3X5A	T41.3X5D	T41.3X5S
T41.5X5A	T41.5X5D	T41.5X5S	T43.605A	T43.605D	T43.605S	T43.695A
T43.695D	T43.695S	T44.0X5A	T44.0X5D	T44.0X5S	T44.1X5A	T44.1X5D
T44.1X5S	T44.2X5A	T44.2X5D	T44.2X5S	T44.3X5A	T44.3X5D	T44.3X5S
T44.4X5A	T44.4X5D	T44.4X5S	T44.5X5A	T44.5X5D	T44.5X5S	T44.6X5A
T44.6X5D	T44.6X5S	T44.7X5A	T44.7X5D	T44.7X5S	T44.8X5A	T44.8X5D
T44.8X5S	T44.905A	T44.905D	T44.905S	T44.995A	T44.995D	T44.995S
T45.1X5A	T45.1X5D	T45.1X5S	T46.0X5A	T46.0X5D	T46.0X5S	T46.1X5A
T46.1X5D	T46.1X5S	T46.2X5A	T46.2X5D	T46.2X5S	T46.3X5A	T46.3X5D
T46.3X5S	T46.6X5A	T46.6X5D	T46.6X5S	T46.8X5A	T46.8X5D	T46.8X5S
T46.905A	T46.905D	T46.905S	T46.995A	T46.995D	T46.995S	T47.0X5A
T47.0X5D	T47.0X5S	T47.1X5A	T47.1X5D	T47.1X5S	T47.2X5A	T47.2X5D
T47.2X5S	T47.3X5A	T47.3X5D	T47.3X5S	T47.4X5A	T47.4X5D	T47.4X5S
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T47.7X5D	T47.7X5S	T47.8X5A	T47.8X5D	T47.8X5S	T47.95XA	T47.95XD
T47.95XS	T48.0X5A	T48.0X5D	T48.0X5S	T48.1X5A	T48.1X5D	T48.1X5S
T48.205A	T48.205D	T48.205S	T48.295A	T48.295D	T48.295S	T48.3X5A

T48.3X5D	T48.3X5S	T48.4X5A	T48.4X5D	T48.4X5S	T48.5X5A	T48.5X5D
T48.5X5S	T48.6X5A	T48.6X5D	T48.6X5S	T48.905A	T48.905D	T48.905S
T48.995A	T48.995D	T48.995S	T49.0X5A	T49.0X5D	T49.0X5S	T49.2X5A
T49.2X5D	T49.2X5S	T49.3X5A	T49.3X5D	T49.3X5S	T49.4X5A	T49.4X5D
T49.4X5S	T49.5X5A	T49.5X5D	T49.5X5S	T49.6X5A	T49.6X5D	T49.6X5S
T49.7X5A	T49.7X5D	T49.7X5S	T49.8X5A	T49.8X5D	T49.8X5S	T49.95XA
T49.95XD	T49.95XS	T50.1X5A	T50.1X5D	T50.1X5S	T50.2X5A	T50.2X5D
T50.2X5S	T50.3X5A	T50.3X5D	T50.3X5S	T50.4X5A	T50.4X5D	T50.4X5S
T50.5X5A	T50.5X5D	T50.5X5S	T50.6X5A	T50.6X5D	T50.6X5S	T50.7X5A
T50.7X5D	T50.7X5S	T50.8X5A	T50.8X5D	T50.8X5S	T50.905A	T50.905D
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T50.B15D	T50.B15S	T50.B95A	T50.B95D	T50.B95S	T50.Z95A	T50.Z95D
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T63.042A	T63.042D	T63.042S	T63.043A	T63.043D	T63.043S	T63.044A
T63.044D	T63.044S	T63.061A	T63.061D	T63.061S	T63.062A	T63.062D
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T63.081S	T63.082A	T63.082D	T63.082S	T63.083A	T63.083D	T63.083S
T63.084A	T63.084D	T63.084S	T63.091A	T63.091D	T63.091S	T63.092A
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T63.194D	T63.194S	T63.2X1A	T63.2X1D	T63.2X1S	T63.2X2A	T63.2X2D
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T63.311S	T63.312A	T63.312D	T63.312S	T63.313A	T63.313D	T63.313S
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T63.324S	T63.331A	T63.331D	T63.331S	T63.332A	T63.332D	T63.332S
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T63.414D	T63.414S	T63.421A	T63.421D	T63.421S	T63.422A	T63.422D
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T63.592S	T63.593A	T63.593D	T63.593S	T63.594A	T63.594D	T63.594S
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T63.624A	T63.624D	T63.624S	T63.631A	T63.631D	T63.631S	T63.632A
T63.632D	T63.632S	T63.633A	T63.633D	T63.633S	T63.634A	T63.634D

T63.634S	T63.691A	T63.691D	T63.691S	T63.692A	T63.692D	T63.692S
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T63.711D	T63.711S	T63.712A	T63.712D	T63.712S	T63.713A	T63.713D
T63.713S	T63.714A	T63.714D	T63.714S	T63.791A	T63.791D	T63.791S
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T63.794D	T63.794S	T63.811A	T63.811D	T63.811S	T63.812A	T63.812D
T63.812S	T63.813A	T63.813D	T63.813S	T63.814A	T63.814D	T63.814S
T63.821A	T63.821D	T63.821S	T63.822A	T63.822D	T63.822S	T63.823A
T63.823D	T63.823S	T63.824A	T63.824D	T63.824S	T63.831A	T63.831D
T63.831S	T63.832A	T63.832D	T63.832S	T63.833A	T63.833D	T63.833S
T63.834A	T63.834D	T63.834S	T63.891A	T63.891D	T63.891S	T63.892A
T63.892D	T63.892S	T63.893A	T63.893D	T63.893S	T63.894A	T63.894D
T63.894S	T63.91XA	T63.91XD	T63.91XS	T63.92XA	T63.92XD	T63.92XS
T63.93XA	T63.93XD	T63.93XS	T63.94XA	T63.94XD	T63.94XS	T78.00XA
T78.00XD	T78.00XS	T78.01XA	T78.01XD	T78.01XS	T78.02XA	T78.02XD
T78.02XS	T78.03XA	T78.03XD	T78.03XS	T78.05XA	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	T78.2XXA	T78.2XXD	T78.2XXS	T78.3XXA	T78.3XXD	T78.3XXS
T88.6XXA	T88.6XXD	T88.6XXS	Z88.0	Z88.1		

COVERED DIAGNOSIS CODES FOR PROCEDURE CODE 95044

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