


MEDICAL POLICY	Allergy Testing (Medicare Only)
Effective Date: 9/1/2021  <div style="text-align: right;">9/1/2021</div>	Medical Policy Number: 152
	Medical Policy Committee Approved Date: 8/17; 12/17; 3/18; 4/19; 4/2020; 5/2020; 07/2020; 06/2021
Medical Officer	Date

See Policy CPT CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Food Allergy Testing</i>	<ul style="list-style-type: none"> National Coverage Determination (NCD) for Food Allergy Testing and Treatment (110.11)¹ Local Coverage Determination (LCD): Allergy Testing (L36402)² Local Coverage Article: Billing and Coding: Allergy Testing (A57473)³
<i>Cytotoxic food tests</i>	National Coverage Determination (NCD) for Cytotoxic Food Tests (110.13) ⁴
<i>Challenge ingestion food testing</i>	National Coverage Determination (NCD) for Challenge Ingestion Food Testing (110.12) ⁵

Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Allergy Testing (All Lines of Business Except Medicare)**, applies to the following services:

- All allergy testing not specified in the criteria box above

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CPT CODES

Medicare Only	
No Prior Authorization Required	
82785	Gammaglobulin (immunoglobulin); IgE
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each
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
95060	Ophthalmic mucous membrane tests
95065	Direct nasal mucous membrane test
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)
Not Covered	
0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation

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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
86001	Allergen specific IgG quantitative or semiquantitative, each allergen
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)
<p>Unlisted Codes</p> <p>All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed relative to services addressed in this policy then prior-authorization is required.</p>	
95199	Unlisted allergy/clinical immunologic service or procedure

DESCRIPTION

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. It is based on findings during a complete medical and immunologic history, and appropriate physical exam obtained by face-to-face contact with the patient.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

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REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination for Food Allergy Testing and Treatment (110.11). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=266>. Published 1988. Accessed 4/26/2021.
2. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Allergy Testing (L36402). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=36402>. Published 2020. Accessed 4/26/2021.
3. Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: Allergy Testing (A57473). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=57473>. Published 2020. Accessed 4/26/2021.
4. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Cytotoxic Food Tests (110.13). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=161>. Published 1985. Accessed 4/26/2021.
5. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Challenge Ingestion Food Testing (110.12). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=187>. Published 1978. Accessed 4/26/2021.