

# 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<sup>1</sup>

### 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 conditioners, 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<sup>2</sup>

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

### 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.

## PAYMENT POLICIES

Preparation	Injection	Bill	With
Multi-dose antigen preparation	Single injection	Entire number of doses prepared using appropriate CPT code(s) 95144–95170	One injection code using CPT code 95115 or 95117
Multi-dose antigen preparation	No injection	Entire number of doses prepared using appropriate CPT code(s) 95144–95170	No injection code
No antigen preparation	Single injection	No preparation code	One injection code using CPT code 95115 or 95117

### Related Policies

#### Payment Policies

- Evaluation and Management
- Maximum Units Per Day

#### Medical Policies

- Allergy Testing and Immunotherapy
- Formula and Enteral Nutrition

#### 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 <i>Connecticut Open Access HMO</i> 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
06/01/18	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
09/01/23	annual review; no changes
05/31/24	annual review; no changes

## PAYMENT POLICIES

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<sup>1</sup>This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—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.

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