

Applies to:**Commercial Products**

- ☐ Harvard Pilgrim Health Care Commercial products
- ☒ Tufts Health Plan Commercial products

Public Plans Products

- ☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
- ☒ Tufts Health One Care – A dual-eligible product

Senior Products

- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- ☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Tufts Health Plan covers medically necessary allergy testing services, in accordance with the member's benefits.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting Provider Services.

Senior Products

Tufts Medicare Preferred HMO/PPO and Tufts Health Plan SCO members are not subject to an allergy copayment; however, an office visit copayment may apply for Tufts Medicare Preferred HMO/PPO members pursuant to the member's benefit plan specifics.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

Referral is required for allergy testing, when applicable.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Providers must bill for antigen services using only the component CPT procedure codes 95115 or 95117 (injection only) and/or 95144-95170 (representing antigens and their preparation).

The following professional services are covered only when the resulting formulation is intended to be provided under direct

provider supervision by subcutaneous injection, either in one single dose or as multiple doses: 95146-95149; 95165, 95170.

Compensation/Reimbursement Information

Providers are compensated according to the applicable network contracted rates and applicable fee schedules.

Tufts Health Plan provides coverage for up to 200 allergy tests (percutaneous and intradermal combined) within 365 days to cover the percutaneous and intradermal tests for a member's evaluation. **Daily maximums apply.**

Tufts Health Plan limits coverage of the following procedure codes:

- 95165 to 150 units within 365 days when billed by any combination of providers
- 86003 to 30 units within 365 days

Tufts Health Plan does not routinely compensate E&M services (99202-99239, 99281-99443, 99450-99499 or S0280-S0281) when billed with 95004-95199 (allergy testing or allergy immunotherapy).

Tufts Health Plan does not separately compensate the provider for time and direct costs associated with procuring and maintaining inventories of drugs and supplies. This practice expense is a component of the existing reimbursement schedule.

Commercial and Tufts Health Public Plans

Tufts Health Plan limits compensation for allergy testing to one unit per day when billed by a facility.

Additional Resources

- Laboratory and Pathology Payment Policy
 - Maximum Units Payment Policy
 - Allergy Testing and Immunotherapy Medical Necessity Guidelines (Commercial)
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Document History

- May 2024: annual policy review; added Allergy Testing and Immunotherapy MNG to additional resources, administrative edits
 - September 2023: Annual policy review; administrative updates
 - June 2022: Annual policy review; no changes
 - June 2021: Policy reviewed by committee; updated coverage limitation for 95165 to 150 units; updated claim edit for allergy testing in one year to 200 times; added previously communicated edit for E&M services when billed with allergy testing or allergy immunotherapy
 - June 2020: Revised billing instructions boilerplate language
 - May 2019: Policy reviewed by committee; added content applicable to Tufts Health Public Plans
 - February 2019: Added edit for allergy testing billed by facilities, effective for dates of service on or after April 1, 2019
 - November 2018: Added edit for preventive and screening services, effective for dates of service on or after January 1, 2019
 - June 2018: Template updates
 - July 2017: Policy reviewed by committee; added Tufts Medicare Preferred HMO and Tufts Health Plan SCO product information to combine policies
 - January 2017: Template updates
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Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines

stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.