Allergy Testing and Treatments
Policy Number: PG0188
Last Review: 09/01/2020

GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
Professional
Facility

DESCRIPTION
Allergies result from an overreaction of the immune system to foreign substances. An allergy develops when the body is exposed to a substance that prompts the initiation of an immune response. This response involves the production of antibodies called immunoglobulins that are directed against proteins of the foreign substance, called allergens or antigens.

Allergy is a hypersensitive reaction that is usually manifested in the clinical form of allergic asthma, hay fever, or eczema developing within minutes to a few hours after exposure to an antigen. Numerous agents, e.g., pollen, mold, dust mites, animal dander, insect stings, foods or drugs may precipitate allergic or hypersensitive reactions. The most common types of allergies are rhinitis, asthma, food allergy, insect sting allergy, drug allergy, and contact dermatitis. Allergy testing is focused on determining what allergens cause a particular reaction, and the degree of the reaction. It provides justification for recommendations of specific avoidance measures in the home or work environment, or the institution of particular medicines or immunotherapy.

Allergy testing can be broadly subdivided into two methodologies:
- **In vivo testing** – includes skin allergy testing (i.e., skin prick testing, skin scratch testing, intradermal testing, skin patch testing, and skin endpoint titration), bronchial provocation tests, and food challenges
- **In vitro testing** – includes various techniques to test the blood for presence of specific IgE antibodies to a particular antigen (i.e., RAST and ELISA tests) and leukocyte histamine release test (LHRT), also referred to as basophil histamine release test.

The most common allergy testing performed includes:
- Prick/puncture and/or intradermal allergy testing to diagnose suspected immunoglobulin E (IgE) mediated hypersensitivity to inhalants, foods, hymenoptera (e.g., bee venom), drugs and/or biologicals
- Skin patch testing to diagnose suspected contact allergic dermatitis
- Photo patch testing to diagnose suspected contact photosensitization (e.g., photoallergic contact dermatitis)
- Food/food additive ingestion double-blind challenge/provocation to diagnose suspected IgE-mediated hypersensitivity if skin testing is negative or equivocal, despite a history and physical findings suggestive of hypersensitivity
- Drug provocation/bronchial challenge test to diagnose suspected IgE-mediated hypersensitivity when there is a confirmed history of allergy to a drug, and the patient requires the particular drug for treatment of a diagnosed condition, and there is no effective alternative drug available
- Skin serial endpoint titration for determination of a safe starting dose for testing or immunotherapy when there is potential for the specific allergen in question to produce a severe systemic reaction or anaphylaxis (such as with bee venom)
Allergen immunotherapy is defined as the repeated administration of specific allergens to patients with IgE-mediated conditions, for providing protection against the allergic symptoms and inflammatory reactions associated with natural exposure to these allergens. Indications for immunotherapy are determined by appropriate diagnostic procedures coordinated with clinical judgment and knowledge of the natural history of allergic diseases. Controlled studies have shown that allergen immunotherapy is effective for patients with allergic rhinitis or conjunctivitis, allergic asthma, and stinging insect hypersensitivity.

Immunotherapy begins with the injection of low doses of antigenic or allergenic extract made specifically for an individual patient, to prevent untoward reactions, with gradually increasing doses injected once or twice a week. Immunotherapy (hyposensitization) may extend over a period of years, usually on an increasing dosage scale. This is followed by a build-up of tolerance to the antigen, as evidenced by the markedly higher doses that can be administered and a decline in the symptoms and medication requirements of the patient. After the maintenance dose is achieved and clinical improvements are seen, the interval between injections may range between one and six weeks.

**POLICY**

Allergy Testing & Treatments do not require prior authorization. See below for coverage criteria.

Note: Drugs are reviewed for coverage by pharmacy. Please check the patient’s Paramount prescription benefit for determinations.

**COVERAGE CRITERIA**

**HMO, PPO, Individual Marketplace, Advantage, Elite/ProMedica Medicare Plan**

Allergy skin testing is a clinical procedure that is used to evaluate an immunologic response to allergenic material. It would not be expected that all patients would receive the same tests or the same number of sensitivity tests. The number and type of antigens used for testing must be chosen judiciously given the patient’s presentation, history, physical findings, and clinical judgment.

To be covered by Paramount, the allergy testing must meet ALL of the following criteria:

1. Testing must be performed based on a clinically significant allergic complete history and physical exam
2. Testing technique and/or allergens tested must have proven efficacy as demonstrated through scientifically valid peer reviewed published medical studies
3. Testing must correlate in the patient’s environment with a reasonable probability of exposure

Direct Skin Testing: percutaneous (scratch, puncture, prick) and intracutaneous (intradermal) allergy testing are considered medically necessary and, therefore, covered for the diagnosis, evaluation, and treatment of allergies when there are signs and symptoms or a diagnosis suggestive of an allergy. Skin testing may be used for the evaluation of allergen-specific IgE to inhalants, foods, drugs and venom in the following conditions: respiratory/inhalant allergy, food allergy, venom allergy, drug allergy. Intradermal testing has no place in aeroallergen and food allergen testing. It is most commonly used in testing for drug and venom allergy. (95004, 95017, 95018, 95024, 95027, 95028)

Patch test (application test) is completed for diagnosing contact dermatitis or eosinophilic esophagitis. This involves placing patches that contain small doses of the selected allergen onto the skin. Patch testing is the gold standard method of identifying the cause of allergic contact dermatitis. This testing is indicated to evaluate nonspecific dermatitis, allergic contact dermatitis, pruritus to determine the causative antigen. It is a diagnostic test reserved for patients with skin eruptions for which a contact allergy source is likely. (95044)

Photo patch test for diagnosing a photo-allergy (e.g., photo-allergic contact dermatitis) this involves exposing testing sites to ultraviolet (UV) light, a positive reaction is when an allergic reaction occurs on the UV exposed area. Photo, or photosensitivity, tests are performed for the evaluation of photosensitivity disorders by irradiating the skin with a specified range of ultraviolet light. Photo testing and photo patch testing are indicated to evaluate:
Inhalation bronchial challenge tests are utilized to assess airway responsiveness. Histamine or methacholine are used to perform this type of testing. Bronchial challenge tests to diagnose and identify new allergens for which skin or blood testing has not been validated or skin testing is unreliable. (95070, 95071)

Oral/Ingestion challenge tests are considered medically necessary and therefore covered for the diagnosis, evaluation of food or other substance (i.e. additives or preservatives) or drug allergy (i.e. allergic to penicillin and cephalosporin) testing. With these tests, the patient ingests a food, drug or other substance to which sensitivity is suspected. This may be done in an open or blinded manner. (95076, 95079)

Serial endpoint titration (SET) used in conjunction with immune-therapy is considered medically necessary for identify the lowest dilution starting dose for testing or immunotherapy when there is potential for the specific allergen in question to produce a severe systemic reaction or anaphylaxis and it is an approved indication for immunotherapy. The use of serial endpoint testing should not replace routine use of prick/puncture testing. (95017, 95018, 95027)

Specific IgE in vitro test (radioallergosorbent test [RAST], multiple antigen simultaneous test [MAST], fluorescent allergosorbent test [FAST] ImmunoCap Specific IgE) tests are designed to detect the antigen-specific IgE antibodies in the individual’s serum. This is useful when testing for inhalant allergens such as pollens, molds, dust mites and animal dander. It is also used to detect allergies to food and insect stings

Covered Allergy Testing:
- Percutaneous (scratch, prick, or puncture): 95004, 95017, 95018
- Intradermal (Intracutaneous) when IgE-mediated reactions occur: 95018, 95024, 95027, 95028
- Skin Endpoint Titration (SET): 95027
- Skin Patch Testing: 95044
- Photo Patch Test: 95052
- Photo Tests: 95056
- Bronchial Challenge Test: 95070, 95071
- Ingestion (Oral) Challenge Test: 95076, 95079
- Ophthalmic Mucous Membrane Test: 95060
- Direct Nasal Mucous Membrane Test: 95065

Exception: Specific IgE in Vitro Tests: RAST, MAST, FAST, ELISA, ImmunoCAP only covered when percutaneous testing of IgE-mediated allergies, [for asthma, allergic bronchopulmonary aspergillosis, allergic rhinitis, atopic dermatitis, eczema, immune deficiency disease i.e. Wiskott-Aldrich syndrome, IgE myeloma, pemphigoid], cannot be done for inhaled or food allergies, on patient who cannot undergo skin testing or when skin test results are uncertain, due to 1 or more of the following conditions: 86003, 86005, 86008
- Uncooperative individuals (e.g., small children, individuals with mental or physical impairments); or
- Pregnant women; or
- Direct skin testing not possible due to presence of widespread skin disease dermatitis, dermographism, ichthyosis, generalized eczema or the necessary continued use of H-1 blockers (antihistamines), or in the rare patient with a persistent unexplained negative histamine control; or
- Patients who have been receiving long-acting antihistamines, tricyclic antidepressants, beta-blockers or medications that may put them at undue risk if the medication(s) are discontinued.
- As adjunctive laboratory tests for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic diseases
- Clinical history is suggestive of an IgE-mediated allergy (e.g., symptoms in the nose, lungs, throat or on the skin), but skin tests are negative; or
- Results of direct skin testing are inconclusive; or
- Uncooperative patient with mental or physical impairments; or
- To determine cross-reactivity between insect venom as an alternative to skin testing
Covered Allergy Treatment:
Allergy Immunotherapy: 95115, 95117, 95144-95170
Rapid Desensitization: 95180

Non-Covered Allergy Testing for all product lines, not all-inclusive:
The following blood, serum and cellular allergy or toxicity tests are considered investigational and not medically necessary, not all-inclusive:

- Antigen leukocyte cellular antibody test (ALCAT), (83516, 86160): r/t the antigen leukocyte cellular antibody test (ALCAT) measures whole blood leukocyte activity to identify allergens, which cause an increase in the leukocyte activity. The ALCAT has been promoted as a diagnostic test for food allergy or intolerance (chemical sensitivity) and as a tool to establish elimination diets.
- Allergen specific IgG; quantitative or semiquantitative, each allergen (RAST/ELISA) testing, (86001), as there is no evidence the IgG antibodies are responsible for delayed allergic symptoms or intolerance to foods.
- Leukocyte histamine release test (LHRT, 86343).
- RAST, MAST, FAST, ELISA, ImmunoCAP: Multiallergen screening (CPT code 86005) is a qualitative test that does not quantify specific antigens; therefore, it is considered not medically necessary and not covered. Multiallergen screening is considered not medically necessary and, therefore, not covered because the available published peer-reviewed literature does not support its use in the treatment of illness.

Allergy Treatment:
Allergy Immunotherapy: (95120-95134)
Sublingual Immunotherapy: (95199)

Procedures 95120, 95125, 95130-95134 are not covered services. They describe the complete service (injection and antigen provision). Medicare designates these as Status Indicator I, and they will be denied to rebill with approved procedure code for HMO, PPO, Individual Marketplace, and Elite. For Advantage, these will be denied, as there is no state established fee.

Paramount considers the following allergy tests experimental and investigational, as they have not been proven to be effective (not all-inclusive):

- ALCAT test
- Allergen specific immunoglobulin testing (i.e., IgA, IgD, IgG, IgM) by any method;
- Alpha gal allergy (meat allergy) testing
- Anti-Fc epsilon receptor antibodies testing
- Anti-IgE receptor antibody testing
- Basophil Activation Testing
- Body chemical analysis
- Candidiasis test
- Chlorinated pesticides (serum)
- Chronic Urticaria Index testing
- Clifford materials reactivity testing
- Complement (total or components); (may be appropriate in autoimmune disorders, complement component deficiencies, hereditary angioedema, vasculitis)
- Complement Antigen Testing
- Component-resolved diagnostics described as quantitative or semiquantitative allergen specific immunoglobulin testing, utilizing recombinant or purified components; individual antigen or multiple epitopes (86008, 0165U, 0178U);
- C-reactive protein (may be appropriate in inflammatory diseases)
- Cyrex testing
- Cytotoxic food testing (Cytotoxic testing is known by a variety of names, including but not limited to, Bryan's Test, the leukocytotoxicity test, the leukocytic food allergy test, the cytotoxic leukocyte test and the CYTOTOXIC test)
- Electrodermal acupuncture
- Eosinophil cationic protein (ECP) test
- Epitope Mapping
- Food sensitivities or food allergies, blood or saliva test panels, including SAGe testing for food delayed sensitivity and Biotek food allergy panel
- Food immune complex assays (FICA)
- HEMOCODE food intolerance testing
- Immune complex assay (may be appropriate in autoimmune disorders, systemic lupus erythematosus, vasculitis)
- Immuno Blood Print test
- Immunoglobulin G (IgG) testing for allergy
- Leukocyte antibodies testing
- Leukocyte histamine release test (LHRT)
- Lymphocytes (B or T subsets); (may be appropriate for collagen vascular disease, immune deficiency syndromes, leukemia, lymphomas)
- Nasal challenge test
- Mediator release test (MRT)(Food Sensitivities/LEAP Substance Profile Testing)
- Muscle strength testing or measurement (kinesiology) after allergen ingestion
- Nambudipad’s Allergy Elimination Technique (NAET) testing
- Peanut allergen-specific IgE and quantitative assessment testing (0165U, 0178U)
- Prausnitz-Kustner or P-K testing -- passive cutaneous transfer test
- Provocation-neutralization testing (Rinkel Test) either subcutaneously or sublingually
- Pulse test (pulse response test, reaginic pulse test)
- Reubuck skin window test
- Sublingual provocative neutralization testing and treatment with hormones
- Testing for electromagnetic sensitivity syndrome/disorder (also known as allergy to electricity, electro-sensitivity, electrohypersensitivity, and hypersensitivity to electricity)
- Testing for multiple chemical sensitivity syndrome (also known as idiopathic environmental intolerance (IEI), clinical ecological illness, clinical ecology, environmental illness, chemical AIDS, environmental/chemical hypersensitivity disease, total allergy syndrome, cerebral allergy, 20th century disease)
- Venom blocking antibodies
- Volatile chemical panels (blood testing for chemicals).

- Paramount considers the following treatments experimental and investigational, as they have not been proven to be effective (not all-inclusive):
  - Acupuncture for allergies
  - Allergy testing related to the diagnosis of autism (e.g., food allergies for gluten, casein, candida and other molds)
  - Allergoids (modification of allergens to reduce allergenicity)
  - Autogenous urine immunization (autogenous urine therapy)
  - Bacterial immunotherapy
  - Detoxification for allergies
  - Ecology units/environmental control units/environmental chemical avoidance for multiple chemical sensitivity syndrome
  - Enzyme potentiated desensitization (EPD)
  - Helminth Trichuris suis therapy for allergic rhinitis
  - Homeopathy for allergies
  - Neutralization therapy (desensitization neutralization therapy)
  - Neutralizing therapy of chemical and food extracts
  - Oral nystatin for the treatment of "candidiasis hypersensitivity syndrome"
  - Photo-inactivated extracts
• Polymerized extracts
• Poison ivy/poison oak extracts for immunotherapy in the prevention of toxicodendron (Rhus) dermatitis
• Repository emulsion therapy
• Rhinophototherapy
• Sublingual drops/sublingual immunotherapy (*Please refer to the patient’s Paramount prescription benefit for determinations for Ragwitek, Oralair and Grastek tablets)
• Treatments for electromagnetic sensitivity syndrome/disorder
• Ultra low dose enzyme activated immunotherapy (low dose allergens or LDA).

*Note: Drugs are reviewed for coverage by pharmacy. Please check the patient’s Paramount prescription benefit for determinations.

Routine annual skin testing without a definite clinical indication is not considered medically necessary with the exception of venom skin tests, which may require a repeat test at three to six month intervals when the initial test is negative

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>83516</td>
<td>Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method</td>
</tr>
<tr>
<td>86001</td>
<td>Allergen specific IgG quantitative or semiquantitative, each allergen</td>
</tr>
<tr>
<td>86003</td>
<td>Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each</td>
</tr>
<tr>
<td>86005</td>
<td>Allergen specific IgE; qualitative, multiallergen screen (e.g., disk, sponge, card)</td>
</tr>
<tr>
<td>86008</td>
<td>Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each (New code effective 01/01/2018)</td>
</tr>
<tr>
<td>86160</td>
<td>Complement antigen, each component</td>
</tr>
<tr>
<td>86343</td>
<td>Leukocyte histamine release test (LHR)</td>
</tr>
<tr>
<td>86353</td>
<td>Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis</td>
</tr>
<tr>
<td>89190</td>
<td>Nasal smear for eosinophils</td>
</tr>
<tr>
<td>95004</td>
<td>Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests</td>
</tr>
<tr>
<td>95017</td>
<td>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</td>
</tr>
<tr>
<td>95018</td>
<td>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</td>
</tr>
<tr>
<td>95024</td>
<td>Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests</td>
</tr>
<tr>
<td>95027</td>
<td>Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician, specify number of tests</td>
</tr>
<tr>
<td>95028</td>
<td>Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests</td>
</tr>
<tr>
<td>95044</td>
<td>Patch or application test(s) (specify number of tests)</td>
</tr>
<tr>
<td>95052</td>
<td>Photo patch test(s) (specify number of tests)</td>
</tr>
<tr>
<td>95056</td>
<td>Photo tests</td>
</tr>
<tr>
<td>95060</td>
<td>Ophthalmic mucous membrane tests</td>
</tr>
<tr>
<td>95065</td>
<td>Direct nasal mucous membrane test</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>95070</td>
<td>Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds</td>
</tr>
<tr>
<td>95071</td>
<td>Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify</td>
</tr>
<tr>
<td>95076</td>
<td>Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); initial 120 minutes of testing</td>
</tr>
<tr>
<td>95079</td>
<td>Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>95115</td>
<td>Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection</td>
</tr>
<tr>
<td>95117</td>
<td>Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections</td>
</tr>
<tr>
<td>95120</td>
<td>Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; single injection</td>
</tr>
<tr>
<td>95125</td>
<td>Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; two or more injections</td>
</tr>
<tr>
<td>95130</td>
<td>Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; single stinging insect venom</td>
</tr>
<tr>
<td>95131</td>
<td>Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; 2 stinging insect venom</td>
</tr>
<tr>
<td>95132</td>
<td>Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; 3 stinging insect venom</td>
</tr>
<tr>
<td>95133</td>
<td>Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; 4 stinging insect venom</td>
</tr>
<tr>
<td>95134</td>
<td>Professional services for allergen immunotherapy in prescribing physician’s office or institution, including provision of allergenic extract; 5 stinging insect venom</td>
</tr>
<tr>
<td>95144</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(s), specify number of vial(s)</td>
</tr>
<tr>
<td>95145</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; (specify number of doses); single stinging insect venom</td>
</tr>
<tr>
<td>95146</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; (specify number of doses); 2 single stinging insect venom</td>
</tr>
<tr>
<td>95147</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; (specify number of doses); 3 single stinging insect venom</td>
</tr>
<tr>
<td>95148</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; (specify number of doses); 4 single stinging insect venom</td>
</tr>
<tr>
<td>95149</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; (specify number of doses); 5 single stinging insect venom</td>
</tr>
<tr>
<td>95165</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)</td>
</tr>
<tr>
<td>95170</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod</td>
</tr>
<tr>
<td>95180</td>
<td>Rapid desensitization procedure, each hour</td>
</tr>
<tr>
<td>95199</td>
<td>Unlisted allergy/clinical immunologic service or procedure</td>
</tr>
<tr>
<td>0165U</td>
<td>Peanut allergen-specific Iguanid quantitative assessment of 64 epitopes using enzyme linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation (VeriMAP Peanut Dx – Bead-based Epitope Assay, AllerGenis) (effective 4/1/20)</td>
</tr>
<tr>
<td>0178U</td>
<td>Peanut allergen specific quantitative assessment of multiple epitopes using enzyme linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction (VeriMAP Peanut Sensitivity, AllerGenis)(effective 7/1/20)</td>
</tr>
</tbody>
</table>
REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 11/30/2008

06/14/12: No changes
10/18/12: Removed procedure 95027 as an exception as not covered. Per medical review procedure 95027 is part of the preventive coverage
02/14/14: Sublingual immunotherapy (95199) continues to be a non-covered service per TAWG review. Added CPT code 95199.
05/30/14: Metal Lymphocyte Transformation Testing (LTT) (86353) covered without prior authorization per TAWG review. Added CPT code 86353.
01/13/15: Policy combined with PG0099 Allergy Immunotherapy and changed name of policy from Allergy Testing to Allergy Testing and Treatments. Added CPT codes 83516, 86001, 86003, 86005, 86160, 86343, 95017, 95018, 95056, 95060, 95065, 95076, 95079. Removed deleted CPT codes 95010, 95015, 95075. Procedures 83516, 86001, 86160, 86343, 95060, 95065, 95120-95134, 95199 (sublingual immunotherapy) are non-covered for Elite per CMS guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
01/23/15: Policy reviewed and updated to reflect most current clinical evidence per TAWG.
07/14/15: 86005 now non-covered for all product lines. 86160 now only covered for Advantage. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
05/02/17: Added verbiage to clarify why procedures 95120, 95125, 95130-95134 are not covered services.
01/09/18: Effective 01/01/18 revised codes 86003 & 86005. Added effective 01/01/18 new code 86008 as covered for all product lines. Codes 83516, 86001, & 86343 are now non-covered for HMO, PPO, & Individual Marketplace, and will continue to be non-covered for Elite. Codes 83516, 86001, & 86343 will continue to be covered for Advantage per ODM guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
9/01/2020: Medical Policy updated, based upon Paramount criteria and review of the peer-reviewed literature, to clarify continued noncoverage of procedures 86160 and 83516 as documented above. Added procedures 0165U and 0178U to the medical policy.
12/15/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES
American Academy of Allergy Asthma & Immunology (AAAAI).
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Industry Standard Review
Hayes, Inc