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.

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. 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.

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

HMO, PPO, Individual Marketplace, Advantage, Elite

Covered for all product lines
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 antigens must meet ALL of the following criteria:
1. Skin testing must be performed based on a complete history and physical exam
2. Proven efficacy as demonstrated through scientifically valid peer reviewed published medical studies
3. Exist in the patient’s environment with a reasonable probability of exposure

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
RAST, MAST, FAST, ELISA, ImmunoCAP when percutaneous testing of IgE-mediated allergies cannot be done: 86003, 86008
Lymphocyte Transformation Tests: 86353
Ophthalmic Mucous Membrane Test: 95060
Direct Nasal Mucous Membrane Test: 95065

Allergy Treatment:
Allergy Immunotherapy: 95115, 95117, 95144-95170
Rapid Desensitization: 95180

Non-Covered for HMO, PPO, Individual Marketplace, & Elite
Covered for Advantage ONLY

Allergy Testing:
Antigen Leukocyte Antibody Test (ALCAT): 83516, 86160
IgG RAST Allergy Testing: 86001
Leukocyte Histamine Release Test (LHRT): 86343

Non-Covered for all product lines

Allergy Testing:
RAST, MAST, FAST, ELISA, ImmunoCAP: 86005

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):

- Alpha gal allergy (meat allergy) testing
- Anti-Fc epsilon receptor antibodies testing
- Anti-IgE receptor antibody 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
- C-reactive protein (may be appropriate in inflammatory diseases)
- Cytotoxic food testing (Bryans Test, ACT)
- Electrodermal acupuncture
- Eosinophil cationic protein (ECP) test
- Food immune complex assays (FICA)
- Immune complex assay (may be appropriate in autoimmune disorders, systemic lupus erythematosus, vasculitis)
- Immunoglobulin G (IgG) testing for allergy
- Leukocyte antibodies testing
- Lymphocytes (B or T subsets); (may be appropriate for collagen vascular disease, immune deficiency syndromes, leukemia, lymphomas)
- Mediator release test (MRT)
- Muscle strength testing or measurement (kinesiology) after allergen ingestion
- 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)
- Rebuck 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
- 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.

**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.

**CPT CODES**

<table>
<thead>
<tr>
<th>Code</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 (eg, 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>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>
<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 number of tests</td>
</tr>
<tr>
<td>95076</td>
<td>Ingestion challenge test (sequential and incremental ingestion of test items, eg, 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, eg, 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 physicians office or institution, including provision of allergenic extract; single injection</td>
</tr>
<tr>
<td>95125</td>
<td>Professional services for allergen immunotherapy in prescribing physicians 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 physicians 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 physicians 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 physicians 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 physicians 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 physicians office or institution, including provision of allergenic extract; 5 stinging insect venom</td>
</tr>
</tbody>
</table>
95144 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(s), specify number of vial(s)

95145 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single stinging insect venom

95146 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; (specify number of doses); 2 single stinging insect venom

95147 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; (specify number of doses); 3 single stinging insect venom

95148 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; (specify number of doses); 4 single stinging insect venom

95149 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; (specify number of doses); 5 single stinging insect venom

95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

95170 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod

95180 Rapid desensitization procedure, each hour

95199 Unlisted allergy/clinical immunologic service or procedure

**TAWG REVIEW DATES:**
Sublingual immunotherapy (95199) - 02/14/2014, 01/23/2015
Metal Lymphocyte Transformation Testing (LTT) (86353) - 05/30/2014

**REVISION HISTORY EXPLANATION**

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.
01/09/18: 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.
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.

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Industry Standard Review
Hayes, Inc.