

## ALLERGY TESTING AND ALLERGY IMMUNOTHERAPY

### Policy

AllWays Health Partners reimburses contracted providers for the provision of medically necessary clinically indicated allergy testing and allergy immunotherapy services.

### Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider's agreement with AllWays Health Partners. Member liability amounts may include but are not limited to: copayments, deductible(s) and/or co-insurance, and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

AllWays Health Partners reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [Coding Provider Payment Guidelines](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

AllWays Health Partners' reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type.

### AllWays Health Partners Reimburses

- Allergy treatment, including desensitization therapy, for clinically significant allergy symptoms
- Antigens, extracts, and venoms used in allergy treatment

- Blood tests
- Challenge testing, including bronchial
- Epinephrine kits prescribed by the provider for members with a pharmacy benefit
- Mite-proof bedding encasings for members with asthma or significant allergic rhinitis who are allergic to dust mites and require daily control medication to treat their underlying condition
- Photo patch testing
- Photo tests
- Preparation and/or provision of the allergy immunotherapy injections

### AllWays Health Partners Does Not Reimburse

- Acupuncture for allergies
- Air conditioners, air filters, or other products to eradicate dust mites
- Allergy testing and immunotherapy that is considered experimental or not FDA approved
- Chiropractic manipulations for allergies
- Diet therapy (specialty foods) for allergies
- Duplicate services, including allergy testing for percutaneous scratch tests, intradermal tests, and patch tests to a facility
- Homeopathic treatment of allergies

### Procedure Codes

*Note: This list of codes may not be all-inclusive*

Code	Descriptor	Comments
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	<ul style="list-style-type: none"> <li>• Report with a count representing the number of tests performed</li> <li>• This procedure includes the test interpretation and report by the provider and is only reimbursed to the provider</li> </ul>
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	<ul style="list-style-type: none"> <li>• Report with a count representing the number of tests performed</li> </ul>
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	<ul style="list-style-type: none"> <li>• Report with a count representing the number of tests performed</li> </ul>
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by physician, specify number of tests	<ul style="list-style-type: none"> <li>• Report with a count representing the number of tests performed</li> </ul>

		<ul style="list-style-type: none"> <li>This procedure includes the test interpretation and report by the provider and is only reimbursed to the provider</li> </ul>
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	<ul style="list-style-type: none"> <li>Report with a count representing the number of tests performed</li> <li>This procedure includes the test interpretation and report by the provider and is only reimbursed to the provider</li> </ul>
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	<ul style="list-style-type: none"> <li>Report with a count representing the number of tests performed</li> </ul>
95044	Patch or application test(s) (specify number of tests)	<ul style="list-style-type: none"> <li>Report with a count representing the number of tests performed</li> <li>This procedure is only reimbursed to the provider</li> </ul>
95052	Photo patch test(s) (specify number of tests)	<ul style="list-style-type: none"> <li>Report with a count representing the number of tests performed</li> </ul>
95056	Photo tests	<ul style="list-style-type: none"> <li>Report with a count representing the number of tests performed</li> </ul>
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds	<ul style="list-style-type: none"> <li>Report with a count representing the number of tests performed</li> </ul>
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	<ul style="list-style-type: none"> <li>Report with a count representing the number of tests performed</li> </ul>
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	<ul style="list-style-type: none"> <li>Report with a count representing the number of tests performed</li> </ul>
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)	<ul style="list-style-type: none"> <li>Report with a count representing the number of tests performed</li> </ul>
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	<ul style="list-style-type: none"> <li>Report with a count of one</li> </ul>
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	<ul style="list-style-type: none"> <li>Report with a count of one</li> </ul>

95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	<ul style="list-style-type: none"> <li>Report when a provider is administering a prepared antigen</li> </ul>
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	<ul style="list-style-type: none"> <li>Report when a provider is administering a prepared antigen</li> </ul>
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	<ul style="list-style-type: none"> <li>Report when a provider is administering a prepared antigen</li> </ul>
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	<ul style="list-style-type: none"> <li>Report when a provider is administering a prepared antigen</li> </ul>
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	<ul style="list-style-type: none"> <li>Report when a provider is administering a prepared antigen</li> </ul>
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	<ul style="list-style-type: none"> <li>Report when a provider is administering a prepared antigen</li> </ul>
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	<ul style="list-style-type: none"> <li>Report when a provider is administering a prepared antigen</li> </ul>
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	<ul style="list-style-type: none"> <li>Report only by an allergist who is preparing the extract to be administered by another provider</li> </ul>
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	<ul style="list-style-type: none"> <li>Report with a count representing the specific number of doses prepared</li> </ul>
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	<ul style="list-style-type: none"> <li>Report with a count representing the specific number of doses prepared</li> </ul>

95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	<ul style="list-style-type: none"> <li>Report with a count representing the specific number of doses prepared</li> </ul>
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	<ul style="list-style-type: none"> <li>Report with a count representing the specific number of doses prepared</li> </ul>
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	<ul style="list-style-type: none"> <li>Report with a count representing the specific number of doses prepared</li> </ul>
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	<ul style="list-style-type: none"> <li>Report with a count representing the specific number of doses prepared</li> </ul>
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	<ul style="list-style-type: none"> <li>Report with a count representing the specific number of doses prepared</li> </ul>
95180	Rapid desensitization procedure, each hour (eg: insulin, penicillin, equine serum)	<ul style="list-style-type: none"> <li>Report with a count of one for each hour</li> </ul>
95199	Unlisted allergy/clinical immunologic service or procedure	<ul style="list-style-type: none"> <li>Not reimbursable</li> </ul>

## Provider Payment Guidelines and Documentation

### Multiple Dose Billing

If a multiple dose vial of antigens is prepared for a member for whom only one dose is injected, please report the total number of doses in the vial and one injection service. For the remaining doses, report only the injection service when provided. This applies if someone else in the provider office injects the preparation or the injections take place outside of the office setting.

<b>Preparation</b>	<b>Injection</b>	<b>Report</b>	<b>With</b>
Multiple dose antigen preparation	Single	Total number of doses prepared with the appropriate code from the CPT range 95144-95170	Injection CPT code 95115 with a count of one
Multiple dose antigen preparation	None	Total number of doses prepared with the appropriate code from the CPT range 95144-95170	No injection code
No antigen preparation	Single	No preparation code	Injection CPT code 95115 with a count of one

## Publication History

<b>Topic: Allergy Testing and Allergy Immunotherapy</b>	<b>Owner: Network Management</b>
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<i>May 11, 2010</i>	<i>Original documentation</i>
<i>May 18, 2011</i>	<i>Authorization, notification, referral, and disclaimer updated</i>
<i>February 1, 2012</i>	<i>Referral grid updated</i>
<i>March 16, 2012</i>	<i>Referral grid updated</i>
<i>February 14, 2017</i>	<i>Document restructure; updated procedure code grid</i>
<i>January 01, 2019</i>	<i>Document restructure; codes, code descriptor and references updated</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners ' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers ‘contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.