

Allergy Testing and Desensitization

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This section describes the procedures and codes used to bill allergy testing and desensitization.

Allergy Testing Codes

Procedure codes for allergy tests are billed and reimbursed “per test” for the actual number of tests performed. Therefore, providers must bill the appropriate procedure codes and the number of tests rendered. For example, if 65 percutaneous tests with allergenic extracts are performed, CPT® code 95004 should be billed with a quantity of 65.

The following <table> identifies the allergy testing CPT codes with the “per test” unit value for each.

CPT Code	“Per Test” Unit Value
95004	1.00
95017	1.00
95018	1.00
95024	1.50
95028	1.50
95044	2.00
95052	4.00

Ingestion Challenge Testing

CPT codes 95076 (ingestion challenge test; initial 120 minutes of testing) and 95079 (...each additional 60 minutes of testing) are used to report ingestion challenge testing.

Bill CPT code 95076 for the first 120 minutes of testing. Bill CPT code 95079 in conjunction with 95076. A provider may bill 95079 for a maximum of six units per day.

Quantitative or Semiquantitative Allergen Specific IgE Testing

Complex allergic conditions are best evaluated and managed by a clinician familiar with the performance characteristics of the specific allergy tests so the most appropriate tests are utilized, and the test results are applied accurately to diagnose and treat the allergic disorders.

When billing for CPT code 86003 (allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each) or 86008 (allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each), providers must include documentation in the recipient's medical record with one of the following criteria:

- The recipient has asthma or rhinitis, and the test is needed to determine the potential sensitivity to inhalant allergens, which may be clinically relevant.^{1, 4, 14, 16}
- The recipient is undergoing testing to identify a specific cause of anaphylaxis, which includes at least one of the following:^{2, 3, 5, 11, 12, 13}
 - Venom testing for insect sting reactions as a complementary test for skin testing (that is, for recipients with an anaphylactic reaction to a sting but a negative skin test).
 - Medication
 - Food
 - Latex
- The recipient is undergoing an evaluation for allergic bronchopulmonary aspergillosis (ABPA) or allergic fungal rhinosinusitis (AFRS).^{4, 16}
- The recipient is undergoing an evaluation for food allergy.⁵
- The recipient is undergoing an evaluation for atopic dermatitis or acute urticaria.⁶
- The recipient is undergoing an environmental assessment for exposure to dust mites, cockroaches, molds, cats, dogs or rodents.^{1, 7, 8, 9, 10}
- As a complementary test for skin testing in any one of the following clinical scenarios:^{12, 15}
 - A recipient is undergoing evaluation for stinging insect hypersensitivity.
 - When confirmation of skin test results are required.
 - When skin test extracts are not available.
- For a recipient who cannot undergo skin testing due to one of the following conditions:^{13, 14, 15}
 - Widespread skin disease (such as dermatographism, ichthyosis or generalized atopic dermatitis).
 - Recipient is receiving skin test suppressive therapy.
 - Uncooperative recipients.
 - When the history suggests an unusually greater risk of anaphylaxis from skin testing.

Allergy testing should be based on the recipient's medical history and epidemiologic factors related to the allergens. Testing to large panels of allergens without consideration of the recipient's history is not helpful and should be avoided.^{1, 5, 6} Services billed with CPT code 86003 or 86008 may be reimbursable for 50 units per recipient, annually. Services exceeding this frequency will require a *Treatment Authorization Request* (TAR).

Providers must document medical necessity in the recipient's medical record. Claims billed with CPT code 86003 or 86008 that do not have supporting medical documentation may result in recoupment.

Desensitization Services

Use CPT code 95115 (professional services for allergen immunotherapy not including provision of allergenic extracts; single injection) when billing for single use allergy desensitization services. Use CPT code 95117 (professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections) when billing for multiple use allergy injections. Code 95117 may be billed in conjunction with modifiers SA, SB, UD, U7 and 99. Reimbursement for 95115 and 95117 excludes the cost of antigen sets.

Note: CPT codes 95120 – 95134 and 95145 – 95165 for allergen immunotherapy services are non-benefits.

Frequency Limits for Allergy Injections

CPT codes 95115 and 95117 are reimbursable without authorization subject to the following frequency limits:

CPT Code	Frequency Limit
95115	Eight allergy injections in any 120-day period, same recipient, any provider
95117	Four allergy injections in any 120-day period, same recipient, any provider

For codes 95115 and/or 95117 in any combination, a maximum of eight allergy injections in any 120-day period is reimbursable to any provider for the same recipient without authorization.

If a recipient's medical condition warrants additional injections, a *Treatment Authorization Request* (TAR) with the following treatment plan documentation may be submitted to the TAR Processing Center:

- The principal diagnosis and significant associated diagnosis
- Clinical information adequate to describe the physiological and functional limitations, including the date of onset of the illness
- Prognosis
- Specific services to be rendered
- The therapeutic goals to be achieved and the anticipated time needed to attain those goals
- Drug regimen

Office Visit Reimbursement Restriction with Allergy Testing and Allergen Immunotherapy

Routine office visits (CPT codes 99211 thru 99215) are not reimbursable if billed with allergy testing (codes 95004 thru 95056) or with allergen immunotherapy (codes 95115 and 95117) by the same provider, for the same recipient and date of service, unless a diagnosis unrelated to allergy testing or allergen immunotherapy is present on the claim.

Antigen Codes

To bill for the cost of antigens, use one of the following CPT codes:

CPT Code	Description
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(s)
95170	whole body extract of biting insect or other arthropod

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
1	Matsui E, Abramson S, Sandel M, American Academy of Pediatrics Section on Allergy and Immunology and Council on Environmental Health. Indoor Environmental Control Practices and Asthma Management. <i>Pediatrics</i> ; originally published online October 31, 2016; DOI: 10.1542/peds.2016-2589.
2	Lieberman P, Nicklas R, Randolph C, et al. Anaphylaxis – a practice parameter update 2015. <i>Ann Allergy Asthma Immunol.</i> 2015; 115: e341 – e384.
3	Fonacier L, Bernstein D, Pacheco K, et al. Contact Dermatitis: A Practice Parameter – Update 2015. <i>J Allergy Clin Immunol Pract.</i> 2015; 3: S1 – S39.
4	Peters A, Spector S, Hsu J, et al. Diagnosis and management of rhinosinusitis: a practice parameter update. <i>Ann Allergy Asthma Immunol.</i> 2014; 113: 347e385.
5	Sampson H, Aceves S, Bock S, et al. Food allergy: A practice parameter update – 2014. <i>J Allergy Clin Immunol.</i> 2014; 134: 1016 – 1025; 1025e1 – e43.
6	Schneider L, Tilles S, Lio P, et al. Atopic dermatitis: A practice parameter update 2012. <i>J Allergy Clin Immunol.</i> 2013; 131: 295 – 9.
7	Phipatanakul W, Matsui E, Portnoy J, et al. Environmental assessment and exposure reduction of rodents: a practice parameter. <i>Ann Allergy Asthma Immunol.</i> 2012; 109: 375e387.
8	Portnoy J, Miller J, Williams B, et al. Environmental assessment and exposure control of dust mites: a practice parameter. <i>Ann Allergy Asthma Immunol.</i> 2013; 111: 465e507.
9	Portnoy J, Chew G, Phipatanakul W, et al. Environmental assessment and exposure reduction of cockroaches: A practice parameter. <i>J Allergy Clin Immunol.</i> 2013; 132: 802 – 808.e25.
10	Portnoy J, Kennedy K, James Sublett J, et al Environmental assessment and exposure control: a practice parameter – furry animals. <i>Ann Allergy Asthma Immunol.</i> 2012; 108: 223.e1 – 223.e15.
11	Kelso J, Greenhawt M, Li J, et al. Adverse reactions to vaccines practice parameter 2012 update. <i>J Allergy Clin Immunol.</i> 2012; 130: 25 – 43.

«Legend Continued»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
12	Golden D, Demain J, Freeman T, et al. Stinging insect hypersensitivity: A practice parameter update 2016. <i>Ann Allergy Asthma Immunol.</i> 2017; 118: 28e54.
13	Solensky R, Khan D, Bernstein L, et al. Drug Allergy: An Updated Practice Parameter. <i>Ann Allergy Asthma Immunol.</i> 2010; 105: 273e1 – e78.
14	Wallace D, Dykewicz M, Bernstein D, et al. The diagnosis and management of rhinitis: An updated practice parameter. <i>J Allergy Clin Immunol.</i> 2008; 122: S1 – S84.
15	Bernstein L, Li J, Bernstein D, Hamilton R, et al. Allergy Diagnostic Testing: An Updated Practice Parameter. <i>Ann Allergy Asthma Immunol.</i> 2008; 100: S1 – 148.
16	National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma: Summary Report 2007. Bethesda, MD: National Institutes of Health, US Dept of Health and Human Services, National Heart, Lung and Blood Institute; 2007. Available at: http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm