



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Effective Date
Allergy Testing and Allergen Immunotherapy		PY-0006	01/01/2021-06/30/2021
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Allergy Testing and Allergen Immunotherapy

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

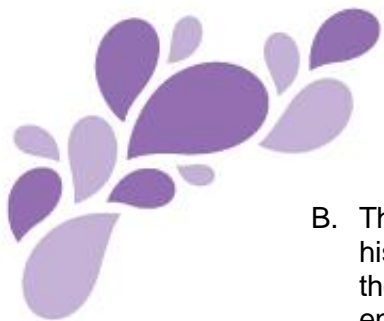
CareSource considers specific allergy testing and allergy immunotherapy medically necessary for members with clinically significant allergic symptoms. Based on a review of the medical literature and the position statements of scientific organizations in the field of allergy and immunology, CareSource considers the specific allergy testing and treatment described below medically necessary in accordance with the selection criteria noted.

C. Definitions

- **Allergy** - Refers to an acquired potential for developing adverse reactions that are mediated by the immune system (via Immunoglobulin E antibodies). Allergic disease represents the clinical manifestations of these adverse immune responses.
- **Allergen immunotherapy** - (Desensitization, Hypo-sensitization) is parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage maintained as maintenance therapy.
- **Allergy testing** - Identifying the offending antigen(s) for a patient by in-vivo testing percutaneous, intradermal, and less commonly, patch and photo patch tests.
- **Dose** - A 1cc aliquot of medicine or serum taken from a single, multi- dose vial. Ten doses are typically obtained from such a vial. In accordance with Centers for Medicare & Medicaid Services (CMS) guidelines, diluted doses will not be reimbursed; instead, if the medication or serum is diluted, only those doses designated from the maintenance vial (a maximum of ten) will be reimbursed.

D. Policy

- I. CareSource will reimburse providers of physician services for the performance and evaluation of allergy sensitivity tests when the following conditions are met:
 - A. A complete medical and allergic/immunologic history and physical examination must be done prior to performing diagnostic testing and documentation to support medical necessity must be submitted with the claim.



- B. The testing must be performed based on the medical and allergic/immunologic history and physical examination that documents that the antigen being used for the testing exists within a reasonable probability of exposure in the patient's environment and be documented in the patient's medical record.
 - C. Based on the information in the medical record, the testing must be limited to the minimal number of necessary tests to reach a diagnosis.
- II. Percutaneous tests, intra-cutaneous/intradermal tests, photo patch tests, and patch tests, photo tests, or application tests are reimbursed on a per test basis. When submitting claims, the provider must specify the number of tests performed.
- III. Quantitative or semi-quantitative in-vitro allergen specific IgE tests (formerly referred to a RAST tests) are covered if skin testing is not possible or not reliable and they are performed by providers certified under the "Clinical Laboratory Improvement Amendment of 1988" (CLIA '88) to perform the tests.
- IV. Ophthalmic mucous membrane tests and direct nasal mucous membrane tests are allowed only when skin testing cannot test allergens.
- V. If an ingestion challenge test is completed in less than 61 minutes, according to CPT/RUC rules, an E/M code should be used instead of 95076, if appropriate.
- A. The add-on code [95079] is intended to be used for challenges lasting beyond the two-hour base code. CPT rules require that an add-on must last at least for 1 min. more than 50% of the total duration of the code, which means physicians should not use 95079 until the additional time equaled at least 31 minutes beyond the first two-hour oral food challenge.
- VI. Allergen immunotherapy
- A. Providers may be reimbursed for the professional services necessary for allergen immunotherapy.
 - B. An office visit may be reimbursed in addition to the allergen immunotherapy codes (such as 95115, 95117, 95144-95180) only if other identifiable services are provided at that time. If an office visit code is submitted with an allergen immunotherapy service, the modifier 25 must be used.
 - C. Allergen immunotherapy will not be covered for the following antigens: newsprint, tobacco smoke, dandelion, orris root, phenol, formalin, alcohol, sugar, yeast, grain mill dust, goldenrod, pyrethrum, marigold, soybean dust, honeysuckle, wool, fiberglass, green tea, or chalk since they are not considered medically necessary.
 - D. CareSource recognizes two components of allergen immunotherapy, one being the administration (injection) of the antigen, which includes all professional services associated with the administration of the antigen, and the other being the antigen itself. These two components must be separate on the claim, regardless of whether or not the provider who prescribes and provides the antigen is the same as the provider who administers the antigen.



VII. Injections

- A. For reimbursement for the administration (injection) of allergenic extract or stinging insect venom, the provider must use CPT code 95115 or 95117.
 - 1. The allergenic extract may be administered by the physician or by a properly instructed employee under the general supervision of the physician in an office setting.
 - 2. These codes may not be used with CPT code 95144 [Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vials].
- B. Antigens (excluding stinging insect venoms)
 - 1. When the provider prescribes and provides single or multiple antigens for allergen immunotherapy in multiple-dose vials (i.e., vials containing two or more doses of antigens), the provider must use CPT code 95165 [Professional services for the supervision or preparation and provision of antigens for allergen immunotherapy; single or multiple antigens] in the procedure/service code block and the number of doses contained in the vial in the unit(s) block on the invoice.
 - 2. If the provider dispenses two or more multiple-dose vials of antigen, for each vial dispensed CPT code 95165 must be listed on a separate line along with the corresponding number of doses.
 - 3. For example, if a patient cannot be treated with immunotherapy by placing all antigens in one vial and two multi-dose vials containing ten doses each must be dispensed, the CPT code 95165 must be listed on two separate lines and a “10” (for ten doses) must be entered for the corresponding units.
 - 4. CPT code 95144, the single dose vial antigen preparation code, must not be used as one of the components of a complete service performed by a provider. The code must be used only if the provider providing the antigen is providing it to be injected by some other entity. The number of vials prepared must be indicated.
 - 5. CareSource does not recognize CPT codes 95120 through 95134 because they represent complete services, i.e., services that include the injection service as well as the antigen and its preparation. Only component billing will be allowed. Providers providing both components of the service must do component billing. The provider must, as appropriate, use one of the injection CPT codes (such as 95115 or 95117) and one of the antigen/antigen preparation CPT codes (such as 95145 through 95149, 95165, or 95170). The number of doses must be specified.

VIII. Insect venoms in single dose vials or preparations

- A. If the provider administers the venom(s), CPT code 95115 or 95117 must be used for the injection(s) of the antigen(s).
- B. When a provider prescribes and/or provides stinging insect venom antigens in single dose vials or preparations, CPT codes 95145 to 95149 must be used.
 - 1. For each single dose vial or preparation provided, a unit of service of “1” must be reported.
 - 2. If the provider also administers the venom, CPT code 95115 or 95117 must be used for the injection(s).
- C. Insect venoms in multiple dose vials or preparations
 - 1. When a provider prescribes and provides single or multiple stinging insect venom(s) in multiple dose vials, CPT codes 95145 to 95149 must be used.



The number reported as the unit of service must represent the total number of doses contained in the vial.

2. Regardless of the number of doses, the date of service reported should be:
 - a. The date the vial is dispensed to the patient, if the patient takes the vial home to be administered at a different office OR
 - b. The date that the first dose is administered to the patient, if the vial is kept in the physician's office.
3. If the provider also administers the venom, CPT code 95115 or 95117 must be used for the single or multiple injection(s). The correct quantity is one for either code.

NOTE: CareSource does not cover:

- Allergen immunotherapy that is considered experimental, investigational, or unproven;
- Allergen therapy administered by the member at home, from vials of serum prepared by the provider.

E. Conditions of Coverage

Documentation to support medical necessity must be submitted with the claim.

F. Related Policies/Rules

N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	03/08/2017	
Date Revised	09/02/2020	Removed code list. Added language for documentation to be submitted with the claim. Added references.
Date Effective	01/01/2021	
Date Archived	06/30/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. References

1. ANCILLARY FEE SCHEDULE. (2016, September 21). Retrieved July 27, 2020 from www.medicaid.ohio.gov.
2. Conditions Dictionary. American Academy of Allergy, Asthma & Immunology. (2020). Retrieved July 27, 2020 from www.aaaai.org.
3. Lawriter - OAC - 5160-4-19 Allergy services. (2016, April 1). Retrieved July 27, 2020 from www.codes.ohio.gov.



The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.

Archived