


**Oklahoma Health Care Authority
Medical Professional Services
Prior Authorization Guidelines**

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Medical Authorization Director Sig/Date

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Physician Medical Director Sig/Date

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Author Sig/Date

SUBJECT: Allergy Testing

EFFECTIVE: August 1, 2014

OBJECTIVE: To provide guidelines to assist in clinical decision making regarding medical necessity and consistency in the prior authorization process.

DISCLAIMER: This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit. Prior Authorization is not a guarantee of member eligibility or SoonerCare payment.

DESCRIPTION: Allergic or hypersensitivity disorders may be manifested by generalized systemic reactions as well as localized reactions in any organ system of the body. The reactions may be acute, subacute, or chronic, immediate or delayed, and may be caused by numerous offending agents, e.g., pollen, molds, dust, mites, animal dander, stinging insect, venoms, foods and drugs. These substances, when recognized by the cells and antibodies that cause an allergic response, also called allergens. It is essential to the care of allergic patients to determine which allergens may be inciting their disease because this information is used to direct allergy prevention and treatment.

The optimum management of the allergic patient should include a careful history and physical examination and may include confirming the cause of allergic reaction by information from various testing methods. Once the offending allergen is identified treatment is provided by avoidance, medication and/or immunotherapy.

DOCUMENTATION REQUIREMENTS:

Documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with OAC 317: 30-3-1.

GUIDELINES FOR AUTHORIZATION

Medical Necessity Service Requirements for Allergy Testing: (all of the following)

- Diagnostic allergy testing must be ordered by the treating qualified medical professional; and
- A complete medical and immunologic history and appropriate physical examination must be completed prior to performing diagnostic testing; and
- Any allergy testing must be based on the member's documented immunologic history and physical exam, and there is reasonable probability of exposure in the member's environment to the antigen being used for testing; and
- Documentation that simple medical treatments and avoidance of offending agent(s) have been tried but have not shown adequate response; and
- The efficacy of the allergy testing methodology that is used must be demonstrated through scientific peer-reviewed published medical studies; and
- The allergy test must be performed only for symptom/diagnostic evaluations.

Note: The decision to test for an allergen must be related to the history, physical findings, and clinical judgment specific to the individual. It would not be expected that all members would receive the same number or types of tests.

Serum Allergy Tests

***86001**-Allergen specific IgG quantitative or semiquantitative, each allergen and **86005**-Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk) are considered experimental/investigational and are therefore not covered.

86003 refers to allergy testing to detect antigen-specific **IgE** antibodies in the patient's serum. These types of tests include: Radioallergosorbent Test (RAST), Multiple Radioallergosorbent tests (MAST), Fluorescent Allergosorbent Test (FAST), and Enzyme –linked Immunosorbent Assay (ELISA).

These serum allergy tests may be considered medically necessary when **both** of the following criteria are met:

- Medical Necessity Service Requirements listed above have all been met; and
- Direct allergy skin testing is impossible due to any of the following:
 - extensive dermatitis or marked dermatographism; or
 - patient unable to discontinue use of interfering medications (e.g., antidepressants, beta blocking agents, antihistamines); or
 - patient on immune-suppressive therapy; or
 - patient with history suggestive of high risk of anaphylaxis from skin test.

****Serum allergy testing is not considered medically necessary for members who have had negative skin testing for the allergen in question.**

95027-Serial Endpoint Titration

CPT **95027** refers to intradermal testing of varying dilutions of a single allergenic antigen extract for airborne allergens. It is the weakest dilution that produces a positive skin reaction and initiates a progressive increase in the diameter of the wheals with each stronger dilution. ****It is inappropriate to use SET in place of allergy skin testing.**

95028-Intracutaneous (intra-dermal) tests, with allergenic extract, delayed type reaction

Allergy test where allergenic extract is injected under the skin and then the site is watched for a delayed reaction. An example of this testing is when a member is tested for collagen sensitivity prior to a urinary tract collagen implant. A skin test is performed to ensure they do not have an allergy to the collagen implant. For this test, a small amount of collagen material is injected under the skin of the forearm and then the skin test site is watched for four weeks to check for a reaction. It is required prior to the implant.

95052-Photo Patch Tests

Dermatologists apply patch tests in patients with dermatitis, to find out whether their skin condition may be caused or aggravated by a contact allergy. Patch tests are not the same as skin prick tests, which are used to diagnose hay fever allergy (house dust mite, grass pollens and cat dander). Skin prick tests have very limited value for patients with skin rashes.

Photo Patch Testing reflects contact photosensitization. Patients who are over-sensitive to light and those with a rash that appears on parts of the body normally exposed to light but that does not appear in areas shielded from the light should have a photo-patch test. A patch of skin is applied with the suspected sensitizer for 48 hours. If no reaction occurs, the area is exposed to a dose of ultraviolet light sufficient to produce inflammatory redness of the skin. If the test is positive, a more severe reaction develops at the patch site than on the surrounding skin. Some chemicals or medications (e.g., lomefloxacin, ofloxacin, ciprofloxacin and norfloxacin) produce an allergic reaction only when exposed to light (usually ultraviolet type A, UVA).

95056-Photo Test

Photo testing is skin irradiation with a specific range of ultraviolet light. Photo tests are performed for the evaluation of photosensitivity disorders.

95060-Ophthalmic Mucous Membrane Test

Ophthalmic mucous membrane test, also known as conjunctival challenge test, is done by placing an allergenic extract into the conjunctival sac of the eye followed by observation for redness, itchiness, tearing of the eye, and other similar symptoms. This test is used for the diagnosis of either food or inhalant allergies. Only 1 antigen may be administered per session.

95065-Direct Nasal Mucous Membrane Test

Direct nasal mucous membrane test, also known as nasal challenge test, provides precise measurements of changes in nasal airway resistance and is seldom used because of the instrumentation required. This test is used for the diagnosis of either food or inhalant allergies. Only 1 antigen may be administered per session.

Allergy Testing

Allergy Testing Codes:

- 86001** –Allergen specific IgG quantitative or semiquantitative, each allergen
- 86003** – Allergen specific IgE; quantitative or semiquantitative, each allergen
- 86005** – Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk)
- 95004** – Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
- 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
- 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
- 95024** – Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
- 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
- 95028** – Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
- 95044** – Patch or application test(s) (specify number of tests)
- 95052** – Photo patch tests(s) (specify number of tests)
- 95056** – Photo tests
- 95060** – Ophthalmic mucous membrane tests
- 95065** – Direct nasal mucous membrane test
- 95070** – Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine or similar compounds
- 95071** – Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
- 95076** – Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance) initial 120 minutes of testing
- 95079** – Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance; each addition 60 minutes of testing (list separately in addition to code for primary procedure)
- 95199** – Unlisted allergy/clinical immunologic service or procedure

Sources:

1. Oklahoma Health Care Authority, Policies and Rules, Chapter 3, Subchapter 1; Chapter 5, Subchapter 1.
2. CMS Medicare Claims Processing Manual, Chapter 12, Transmittal 200, Allergy Testing and Immunotherapy.
3. BlueCross Blue Shield of North Carolina, Corporate Medical Policy, Allergy Testing, 11/2013.
4. Aetna, Clinical Policy Bulletin: Allergy and Hypersensitivity, Number 0038, 06/04/2014.
5. HealthNet, National Medical Policy, Allergy Testing, NMP 252, September 2013.
6. Wisconsin Physician's Service, Local Coverage Determination, L30471 Allergy Testing and Allergy Immunotherapy, 9/7/2013.

Allergy Testing

7. North Carolina Division of Medical Assistance, Clinical Coverage Policy No: 1N-1, Allergy Testing, February 1, 2013.
8. I. Leonard Bernstein, M.D.; James T. Li, M.D., PhD; David I. Bernstein, M.D, et al, Allergy Diagnostic Testing: An Updated Practice Parameter; developed by the Joint Task Force on Practice Parameters, representing the American Academy of Allergy, Asthma & Immunology (AAAAI); the American College of Allergy, Asthma & Immunology (ACAAI); and the Joint Council of Allergy, Asthma & Immunology.
9. Texas Medicaid, Provider Procedures Manual, 8.2.4.2, Allergy Testing, 2012.