

Overview of Prior Authorization Requests (PARs) for Allergy Testing

Methods of submission:

1. **Provider Portal (if you do not have access, please contact the Internet Helpdesk for assistance @ 1-800-522-0114, Option 2)**

A. Key in PAR via the on-line secure website then upload the documents

- Please review the section on our MAU webpage regarding the Provider Portal process. As you are creating an online authorization request, there are fields that must contain specific information regarding each code/service being requested. If you key in the line item / service detail information needed, you DO NOT need to print out the on line version of the HCA-12A (PA Request form)
- **Upload** the documents you are submitting – currently the documents must be Jpeg, PDF or TIF files. If documents are in a Word format go to file, “Save As” PDF prior to uploading.

B. Key in PA via the online secure website then **Fax** the documents you are submitting

- HCA-13A fax cover sheet: You may print the pre-populated one generated to use
- HCA-13A is required to be the **TOP** document
- Enter the contact person’s name and direct phone #

2. **Faxing your entire PAR**

A. HCA-13A fax cover sheet, required to the **TOP** document

B. HCA-12A PA request form (see also form instructions on the MAU Webpage)

Section I: Physician must sign/date **or** include a copy of the ORDER and enter: “see Rx”

Section II: Member RID, Member Name, Member DOB

Section III: Estimated Length of Treatment, Diagnosis Code

Section IV: Facility to perform the testing. Anyone from the facility may sign/date this area

Section V: Date span- enter date span for testing

Section VI: Enter code (see section below) short description and units

Only enter code requesting – no other codes

DO NOT SKIP LINES OR the PAR will be cancelled

Example:

Line	Code	Modifier	Short Description	Units
A	86003		ALLERGEN SPECIFIC IGE	40

C. Documentation required for all codes requested:

- Copy of Order for the service requested, signed/dated by the treating qualified professional; and
- A complete medical and immunologic history and appropriate physical examination must be completed prior to performing diagnostic testing; and
- Documentation of member's immunologic history and physical exam with documentation there is a 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 medical studies; and
- The allergy test must be performed only for symptom/diagnostic evaluations.

D. Documentation required for 86003 code requested:

- 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.

Amendments

If the code requested on the PAR needs to be added/changed or modifiers need to be added/deleted, you may submit an amendment within 30 days of the testing done as long as the approved PA is still active. A copy of the testing results must be included for any change in codes. Please see section on Amendments on the MAU Webpage @ www.okhca.org, Providers, Medical Authorization Unit, scroll & click on segment for Amendments.

Codes:

CPT CODE	AGES-YEARS	DESCRIPTION
86003	0-999	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMI QUANTITATIVE, EACH ALLERGEN
95004	0-999	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS
95017	0-999	ALLERGY TESTING, ANY COMINATION 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	0-999	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	0-999	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS
95027	0-999	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	0-999	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY NUMBER OF TESTS
95044	0-999	PATCH OR APPLICATION TEST(S), SPECIFY NUMBER OF TESTS
95052	0-999	PHOTO PATCH TEST(S), SPECIFY NUMBER OF TESTS
95056	0-999	PHOTO TESTS
95060	0-999	OPHTHALMIC MUCOUS MEMBRANE TESTS
95065	0-999	DIRECT NASAL MUCOUS MEMBRANE TESTS
95070	0-999	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE, METHACHOLINE OR SIMILAR COMPOUNDS
95071	0-999	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH ANTIGENS OR GASES, SPECIFY NUMBER OF TESTS