ALLERGY TESTING AND TREATMENT

Description: Allergic or hypersensitivity disorders may manifest as generalized systemic reactions or localized reactions in any organ system of the body. Allergic reactions may be acute, subacute, chronic, immediate or delayed and may be caused by a number of agents including: pollen, dust mites, mold, animal dander, foods, drugs, and stinging insect venoms.

Allergy testing can be broadly categorized as in vivo or in vitro testing. In vivo testing includes various types of skin testing, bronchial provocation testing and food challenges. In vitro testing includes numerous techniques to test the blood for the presence of specific IgE antibodies to a particular antigen.

Allergy treatment is directed toward increasing tolerance and reducing symptoms. Immunotherapy, which involves regular injections of an offending allergen over a period of months, begins with low doses and gradually increases to higher doses injected once or twice a week as tolerance to the antigen develops. After the maintenance dose is achieved, the interval between injections may range between one and four weeks. This type of immunotherapy may be administered continuously for approximately three to five years.

Policy: I. TESTING
A. The following allergy tests may be considered MEDICALLY NECESSARY:
   1. Direct skin testing (percutaneous and intradermal);
   2. Serial dilution endpoint titration, when there is potential for the specific allergen in question to produce anaphylaxis or a severe life-threatening reaction (e.g., testing for venom immunotherapy);
   3. Skin Patch (Application test)/Photo Patch;
   4. Inhalation Bronchial Challenge testing;
   5. Ingestion Challenge testing (Double Blind Food
Challenge);
6. Specific IgE in vitro testing (RAST, MAST, FAST, ELISA)

B. The following allergy tests are considered INVESTIGATIVE:
1. Cytotoxic leukocyte testing (Bryan’s test);
2. Leukocyte histamine release testing;
3. Provocation-neutralization testing (sublingual, subcutaneous, intradermal, or intracutaneous);
4. Reuck Skin Window Test;
5. Passive Transfer or P-K Test (Prausnitz-Kustner);
6. Candidiasis Hypersensitivity Syndrome testing;
7. IgG level testing;
8. General Volatile Organic Screening Test (Volatile Aliphatic Panel);
9. ELISA/ACT Immunoassay Test (Elisa ACT Biotechnologies);
10. Antigen Leukocyte Cellular Antibody Test (ALCAT)

C. Routine testing for allergies is considered INVESTIGATIVE for all behavioral health disorders in patients who have no symptoms of allergies. This includes, but is not limited to, the following:
1. Autistic spectrum disorders;
2. Obsessive-compulsive disorders.

II. TREATMENT
A. Allergy immunotherapy by subcutaneous injection may be considered MEDICALLY NECESSARY for patients with a demonstrated hypersensitivity that cannot be adequately managed by medications or avoidance of the allergen and when the specific type of immunotherapy is not identified below as investigative.

B. The following allergy treatments are considered INVESTIGATIVE:
1. Provocation-neutralization treatment (sublingual, subcutaneous, intradermal, or intracutaneous);
2. Oral and sublingual immunotherapy (includes oral drops, solutions, and oral capsules and tablets);
3. Rinkel immunotherapy;
4. Autologous urine immunizations;
5. Clinical Ecology Units
6. Candidiasis Hypersensitivity Syndrome treatment and related services
7. IV Vitamin C Therapy
8. Enzyme Potentiated Desensitization
9. Rhinophototherapy
10. Poison ivy/poison oak extracts for immunotherapy
11. T.O.E. (Trichophyton, Oidiomycetes, and Epidermophyton) immunotherapy for chronic otitis media

C. Treatment for allergies is considered INVESTIGATIVE for all behavioral health disorders in patients who have not been diagnosed with allergies by a physician. This includes, but is not limited to, the following:
1. Autistic spectrum disorder;
2. Obsessive-compulsive disorder.

**Coverage:**

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**

*The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**

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
86343 Leukocyte histamine release test (LHR)
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 test(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 additional 60 minutes of testing (List separately in addition to code for primary procedure)
95144 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95199 Unlisted allergy/clinical immunologic service or procedure

Deleted Codes: 95010, 95015, 95075

Policy History: Developed November 1, 1985

Most recent history:
Reviewed February 9, 2011
Reviewed February 8, 2012
Revised February 13, 2013
Reviewed March 12, 2014

Cross Reference: