

PROVIDER REIMBURSEMENT GUIDANCE							
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Allergy Testing and Allergy Immunotherapy							
Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date				
05/10/2022	08/01/2022	08/01/2022					
Scope: Commonwealth Care Alliance (CCA) Product Lines							
⊠ Senior Care Options, (SCO) (MA)							
⊠ One Care (MA)							

PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance® (CCA) reimburses medically necessary allergy testing services, in accordance with the member's benefits. Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services.

Note: Senior Care Options and One Care members are not subject to an allergy copayment in accordance with the member's benefit plan specifics

AUTHORIZATION REQUIREMENTS:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered.

Allergy Testing

- Direct skin testing and intradermal testing. Percutaneous (scratch puncture, prick) with allergenic extracts rendered by a physician only
- Intracutaneous tests with extracts rendered by a physician only
- Blood tests such as RAST, PRIST, ELISA and MAST
- Patch testing rendered by a physician only
- Challenge testing, including bronchial, nasal, and conjunctival
- Photo patch testing
- Photo tests
- In vitro testing for IgE antibodies



REIMBURSEMENT GUIDELINES (cont.):

Allergy Treatment:

- Antigens, extracts, and venoms used in allergy treatment
- Enteral feedings for neonates in accordance with medical policy criteria
- Epinephrine kits prescribed by the physician if the member has a prescription drug rider
- Preparation and/or provision of the allergy immunotherapy injection(s) (For specific information please see the Medical Policy for Allergy Immunotherapy)

Evaluation and Management Services:

An office visit will be reimbursed in addition to the injection only when a significant, separately identifiable, evaluation and management service has been performed and the evaluation and management service is documented in the medical record and billed with the appropriate modifier.

Do not report Evaluation and Management (E&M) services for allergy test interpretation and report.

BILLING and CODING GUIDELINES:

Unless otherwise stated, CCA follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Code	Description	Comments
95004-95079	Allergy testing	Bill with a count representing the number of tests performed; 95004, 95024 and 95044 reimbursed for professional services only
95004, 95024, 95027	Percutaneous tests with allergenic extracts, Intracutaneous tests with allergenic extracts immediate type reaction and intracutaneous tests sequential and incremental with allergenic extracts	These codes include the test interpretation and report
95115-95180	Allergy Immunotherapy	Bill 95115 and 95117 with a count of one
95120-95134	Antigen preparation	Use these codes when physician is administering a prepared antigen
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(s)	Bill only by an allergist who is preparing extract to be administered by another physician
95145-95170	Antigen preparation	Bill with the specific number of doses prepared
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens	Limited to 150 units per 365 days when billed by any provider

Table may not include all provider claim codes related to allergy testing and treatment.



BILLING and CODING GUIDELINES (cont.):

Multi-Dose Billing:

When preparing a multi-dose vial of antigens for a patient for whom only one dose is injected, bill the entire number of doses in the vial and one injection service. For the remaining doses, bill only the injection service. This applies even if someone else in the office injects the preparations or the injections take place outside the office.

Preparation	Injection	Bill	With
Multi-dose antigen preparation	Single	Entire number of doses prepared using appropriate CPT code(s) 95144–95170	One injection code using CPT code 95115 or 95117
Multi-dose antigen preparation	None	Entire number of doses prepared using appropriate CPT code(s) 95144–95170	No injection code
No antigen preparation	single	No preparation code	One injection code using CPT code 95115 or 95117

RELATED SERVICE POLICIES:

Evaluation and Management Laboratory and Pathology Maximum Units Per Day

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- CMS Website
- CMS Medicare Claim Processing Manual, Chapter 12, Section 200-Allergy Testing and Immunotherapy

POLICY TIMELINE DETAILS:

1. Effective 08/01/2022