

	Allergy Testing and Immunotherapy	
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NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Allergy skin testing is a clinical procedure that is used to evaluate an immunologic response to allergenic material. The need for testing and interpretation of test findings must be correlated with signs and symptoms of possible allergies as

determined by a complete history and physical examination of the patient. The number and type of antigens used for testing must be chosen judiciously given the patient's presentation and the tester's clinical judgment.

Immunotherapy is the parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage which is maintained as maintenance.

Policy

For indications of coverage and medical necessity please see Blue KC Medical Policy 2.01.501 Allergy Testing and Allergy Immunotherapy.

Types of Skin Testing:

- Allergy skin tests include prick or scratch testing (most common), intracutaneous testing, and sequential and incremental testing.
- Use code 95004 for the scratch test, – the units are counted by the number of allergens tested.
- Use codes 95017 and 95018 for Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra-dermal), sequential and incremental.
- Use 95024 when a suspected allergenic substance is injected into the skin.

Code 95017 with venoms, immediate type reaction, including test interpretation and report, specify number of tests.

Code 95018 with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests involve any combination of percutaneous (scratch, puncture, prick), intracutaneous (intra-dermal), sequential and incremental testing.

The number of scratch, puncture, or prick tests and intracutaneous tests are counted per allergen; the number of dilutions, or the number of patient sticks performed during the sequential and incremental testing should be added.

Patch or Application Testing

Allergy patch testing is a covered procedure only when used to diagnose allergic contact dermatitis after the following exposures: dermatitis due to detergents, oils and greases, solvents, drugs, and medicines in contact with skin, other chemical products, food in contact with skin, plants (except food), cosmetics, metals, rubber additives, other and unspecified. Patch tests may also be used and may be helpful when a distribution and persistence of dermatitis suggests a possible contact allergy, but the exact etiology of dermatitis is unknown

Photo Tests

Photo patch testing uses two patches, with one of them being irradiated with ultraviolet light halfway through the occlusive period. It is indicated to evaluate unique allergies resulting from light exposure. When photo patch tests (e.g., CPT code 95052) are performed (same antigen/same session) with patch or application tests, only the photo patch testing should be reported. Additionally, if photo testing is performed including application or patch testing, the code for photo patch testing (CPT code 95052) is to be reported, not CPT code 95044 (patch or application tests) and CPT code 95056 (photo tests).

Ingestion Challenge Testing

Codes 95076 and 95079 are used to report ingestion challenge testing. Report 95076 for an initial 120 minutes of testing time

(i.e., not physician face to face time) Report 95079 for each additional 60 minutes of testing time. For total testing time of less than 61 minutes (e.g., positive challenge resulting in cessation of testing), report an evaluation and management service, if appropriate. Patient assessment/monitoring activities for allergic reaction (e.g., blood pressure testing, peak flow meter testing) are not separately reported. Intervention therapy (e.g., injection of steroid or epinephrine, 96372) may be reported separately as appropriate.

For purposes of reporting testing times, if an evaluation and management service is required, then testing time ends.

Nitric Oxide expired gas determination

Nitric oxide expired gas determination (**CPT 95012**) is a **noncovered service** and is not reimbursable.

Mucous Testing

Ophthalmic mucous membrane tests (**95060**) and direct nasal mucous membrane test (**95065**) are **noncovered services** and are not reimbursable.

Allergen Immunotherapy

Indications for immunotherapy are determined by appropriate diagnostic procedures coordinated with clinical judgement and knowledge of the natural history of allergic diseases.

Codes 95115–95170 include the professional services necessary for allergen immunotherapy.

Each encounter of immunotherapy should document the following in the patient's medical record:

- Identification of the allergen extract,
- The vial (identified by color, letter, or numeric designation),
- Dilution or concentration,
- The expiration of the dilutions,
- The amount of serum administered,
- The site(s) of administration,
- The identification and attestation of the provider administering the injection(s), and
- Inspection and description of injection site after 20 minutes (e.g., negative, inflammation, swelling, wheal and flare size in mm of longest diameter).

When documentation supports that a significant, separately identifiable evaluation and management (E/M) service was rendered, the appropriate code for the E/M service may be reported with modifier 25.

Example: Patient comes in for scheduled immunotherapy injection and is complaining of sore throat and headache.

Supervision of Preparation and Provision of Antigen/s for Immunotherapy

- Codes are used to report the professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, and the provision of the antigen itself
- Codes also include the providing physician's calculations for the concentration and volume to be used in the dosage based upon the patient's previous skin test results and personal history
- Codes do not include the administration of the allergen therapy
- The number of doses must be specified
- Report the code based on the type of preparation i.e., the number of different venoms contained in a single administered injection of the extract.

Allergy testing is not performed on the same day as allergy immunotherapy in standard medical practice. These codes, therefore, should not be reported together.

Coding

Code	Description	Maximum units per date of service
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	80
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra-dermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	27
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra-dermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	19
95024	Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	40
95027	Intracutaneous (intra-dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	90
95028	Intracutaneous (intra-dermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of test	30
95044	Patch or application test(s) (specify number of tests)	90
95115 - 95170	Professional services for allergen immunotherapy	

References and Resources

American Medical Association

National Correct Coding Initiative Medically Unlikely Edits

Related Documents

Blue KC Medical Policy 2.01.501 Allergy Testing and Allergy Immunotherapy.

Revision History

Version	Date	Summary of Revisions
001	9/1/2020	Initial version
002	9/1/2021	Annual review, there were no updates, or changes made to this policy
003	9/1/2022	Annual Review, MUE for CPT 95044 raised to 90 (effective 7/1/2022)
004	9/1/2023	Annual review. Removed limitations and/or indications for coverage and added reference to Blue KC Medical Policy 2.01.501 Allergy Testing and Allergy Immunotherapy.

005	9/1/2024	Annual review, there were no updates, or changes made to this policy
006-008	9/1/2025	Annual review, there were no updates, or changes made to this policy Catching up versions to match with LogicGate system.