Allergy Testing & Shots

Allergy refers to conditions in which immune responses to environmental antigens cause tissue inflammation and organ dysfunction. Allergy testing is performed to determine immunologic sensitivity or reaction to antigens for the purpose of identifying the cause of the allergic state.

Allergy Immunotherapy

CPT Code	Description
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	; 2 or more injections
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
95125	; 2 or more injections
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
95131	; 2 stinging insect venoms
95132	; 3 stinging insect venoms
95133	; 4 stinging insect venoms
95134	; 5 stinging insect venoms
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199	Unlisted allergy/clinical immunologic service or procedure

Coding Tips

- 95115-95117 are for administration only and do not include provision of the allergenic extract which may be reported separately unless supplied by the patient
- 95120-95125 are for both administration & provision of the allergenic extract
- 95130-95134 are for both administration & provision of allergenic extract, specific to stinging insect venom by number of venoms
- 95180 testing is integral to rapid desensitization and should not be reported separately

Provision of Antigens

CPT Code	Description
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venoms
95146	; 2 single stinging insect venoms
95147	; 3 single stinging insect venoms
95148	; 4 single stinging insect venoms
95149	; 5 single stinging insect venoms
95165	; single or multiple antigens

Allergy Testing

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

Allergy testing is allowed when it has proven efficacy as demonstrated through scientifically valid peer reviewed published medical studies.

- A complete medical and immunologic history and appropriate physical examination must be done prior to performing diagnostic testing
- The testing must be performed based on this history and a physical exam, which documents that the antigen being used for testing exists with a reasonable probability of exposure in the patient's environment
- It would not be expected that all patients would receive the same tests or the same number of sensitivity tests. The number of tests performed must be judicious and related to the history, physical findings, and clinical judgment specific to each individual

CPT Code	Description
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
95044	Patch or application test(s) (specify number of tests)

If a physician performs 25 percutaneous tests (scratch, puncture, or prick) with allergenic extract, the physician must bill code 95004, 95017 or 95018 and specify 25 units.

Challenge Ingestion Testing

CPT Code	Description
95076	Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); initial 120 minutes of testing
95079	Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)

Documentation Requirements

First, the medical record must clearly document medical necessity.

Second, the results of testing must be discussed and an informed decision for allergen immunotherapy must be reported.

- once the decision for therapy has been made, the provider should prescribe the therapy in which the following must be clearly detailed:
  - A prescription signed and dated by physician documenting the specific allergen extract(s) that will be administered
  - Protocols for dosing and dose adjustments must be detailed including:
    - Escalation, or projected build-up schedule,
    - maintenance dosing,
    - seasonal exposure adjustments, and
    - protocol for missed dose

It is expected that supportive documentation evidencing the condition and treatment will be documented in the medical record and be available to the Contractor upon request.

Documentation, such as ICD-10-CM codes, supporting the medical necessity of the service must be submitted with each claim. Claims submitted without such evidence will be denied as not medically reasonable and necessary.

It takes a long time for the dilution to be brought to what is considered the "maintenance dose" for the patient. In 2000, Medicare Part B would not pay for dilutant beyond what is needed for the maintenance dose when billed for the immunotherapy serum. This created a lot of confusion and problems in the specialty. Treatment vials are created from undiluted antigen that are then drawn from and put into dilution vials. Each of the dilution vials have sequentially increasing dilutions. Traditionally, payers are billed for the total number of cubic centimeters (cc) of serum that is created from the non-diluted vial. **Example:** 10 units of maintenance dose can be diluted down to a total of 70 units. Until Medicare published a rule in 2000, all payers would have been charged for 70 units of serum. After Medicare published this rule, for Part B Medicare only, the practice can only charge for the maintenance doses created: 10 units. All other payers may be billed 70 units, but Medicare Part B may be billed only 10 units.
The rule does not apply to Medicare Advantage plans, but applies to all patients with Medicare Part B. This is important for calculating units for 95145-95180. The most commonly used code for the provision of serum is 95165 *Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)*. Overbilling Medicare Part B for the units for this service is "on the radar," and can get the practice into trouble. Be sure your Medicare Part B units are calculated correctly!

Third, services should be administered where prompt recognition and treatment of anaphylaxis are assured, such as the office or clinical setting where a physician is onsite. A physician dated signature must appear on each encounter record.

Fourth, each encounter should document the following:

- Identification of the allergen extract,
- Vial (identified by color, letter, or numeric designation),
- Dilution or concentration,
- Expiration of the dilutions,
- Amount of serum administered,
- Site(s) of administration,
- 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, etc.)

Billing Guidelines

CPT procedure code 95165 is used to report multiple dose vials of non-venom antigens. Effective January 1, 2001, for CPT code 95165, a dose is now defined as a one- (1) cc aliquot from a single multidose vial. When billing code 95165, providers should report the number of units representing the number of 1 cc doses being prepared. A maximum of 10 doses per vial is allowed for Medicare billing, even if more than ten preparations are obtained from the vial. In cases where a multidose vial is diluted, Medicare should not be billed for diluted preparations in excess of the 10 doses per vial allowed under code 95165.

Resources:

- LCD L34313
- LCD L34597
- https://www.aapc.com/blog/44919-requirements-for-reporting-allergy-services-are-nothing-to-sneeze-at/
- https://hcfraudshield.wordpress.com/2017/10/10/allergy-shots-understanding-documentation-guidelines/