Allergy Testing

Reimbursement Policy ID: RPC.0042.72AC

Recent review date: 05/2025

Next review date: 12/2025

AmeriHealth Caritas Pennsylvania Community HealthChoices reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Pennsylvania Community HealthChoices may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement for allergy testing and immunotherapy. The plan specifies limitations on the number of tests performed and the units of antigen provided that will be covered under the plan. Allergy testing and immunotherapy are generally reimbursable in accordance with the guidelines set forth in this policy. Covered testing services include the professional services needed to prepare and administer an allergenic extract.

Exceptions

Allergy testing may not be reimbursed if testing limits, including types and frequency, have exceeded the maximum number allowed.

Reimbursement Guidelines

The following types of testing are eligible for reimbursement when billed using the CPT codes specified below:

- Percutaneous testing (scratch, puncture, prick) for offending allergens such as pollen, molds, mites, dust, feathers, animal fur or dander, venoms, foods, or drugs.
- Intracutaneous (intradermal), sequential and incremental testing when percutaneous tests are negative.
- Skin endpoint titration for determining the starting dose for immunotherapy for members or enrollees who are highly allergic to an inhalant allergen or Hymenoptera venom allergy (insect stings).
- In vitro testing.
- Patch testing.

CPT Code	Code Description	Plan Limit
86003	Allergen specific immunoglobulin E (IgE); quantitative or semiquantitative, each allergen	30 antigens
86008	Allergen specific immunoglobulin E (IgE); quantitative or semiquantitative, recombinant or purified component, each	30 antigens
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report; specify number of tests	70 antigens
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	70 antigens
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	70 antigens
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report; specify number of tests	40 antigens
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	40 antigens
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed reaction type, including reading; specify number of tests	40 antigens
95044	Patch or application test(s); specify number of tests	55 antigens

The following professional services are eligible for reimbursement when billed using the CPT codes below.

CPT Code	Code Description
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single or multiple antigens (specify number of doses)

According to the American Academy of Allergy, Asthma, and Immunology, the frequency of allergen immunotherapy administration is generally one to three injections per week. Therefore, the allergen immunotherapy services (95115, 95117) will be denied when billed for more than three visits per week.

Allergists who prepare antigens are assumed to be able to administer proper doses from the less costly multiple dose vials. The reporting and supervision of preparation and provision of single or multiple antigen doses (95165) to a patient should not exceed 120 units per year. Therefore, when 95165 is billed for additional units, they will be denied.

Evaluation and Management (E/M) services are included in the global allowance for 95004-95199 (Allergy testing or allergy immunotherapy). To be separately reportable, the physician must perform a significant and separately identifiable E/M service on the same day of the procedure. See reimbursement policy RPC.0009.72AC Significant-Separately Identifiable Evaluation and Management Service (Modifier 25).

Clinically significant symptoms must be documented in an allergy-focused history. The allergy tests should correlate with the member's allergy-focused clinical presentation (i.e., testing for antigens to which it is reasonably possible for the member to be exposed). Tests must be performed by a licensed provider acting within their scope of practice to perform allergy and immunology services.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS), https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-policy-manual.
V. The American Academy of Allergy, Asthma, and Immunology, https://www.aaaai.org/allergist-resources/statements-practice-parameters/practice-parameters-guidelines.
VI. The National Correct Coding Initiative (NCCI).
VII. Corresponding AmeriHealth Caritas Pennsylvania Community HealthChoices Clinical Policies.
VIII. Applicable AmeriHealth Caritas Pennsylvania Community HealthChoices manual reference.
IX. Commonwealth of Pennsylvania Medicaid Program guidance.
X. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

Attachments

N/A

Associated Policies

RPC.0009.72AC Significant-Separately Identifiable Evaluation and Management Service (Modifier 25)

Policy History

06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval
04/2025	Revised preamble
11/2024	Annual review

	• Removed Evaluation and Management CPT codes
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Pennsylvania Community HealthChoices from Policy History section
01/2023	Template revised • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added