

ALLERGY TESTING AND TREATMENT

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I. PROCEDURE CODE RANGE

95004 - 95199

II. DESCRIPTION

The testing and treatment of conditions related to allergies.

III. POLICY

Allergy testing and treatment are covered.

IV. POLICY CONSIDERATIONS

A. Claims exceeding the guidelines below must be justified in writing and must be submitted to medical review to determine medical necessity and appropriateness. More frequent review and evaluation may be required if indicated by the case. Claims should be denied at the point at which medical necessity no longer exists.

1. Percutaneous tests (includes suspected food allergies) e.g., scratch, prick, puncture which exceed 100 tests.
2. Intracutaneous (intradermal) testing which exceeds 75 tests.
3. Intracutaneous (intradermal) testing for delayed hypersensitivity of the tuberculin type which exceeds 8 tests.
4. Patch testing which exceeds 30 tests.
5. RAST (Radio Allergosorbent Test) FAST (Fluoro Allergosorbent Test) and IPA (Immunoperoxidase Assay Test). All claims for RAST, FAST, and IPA require medical review. Payment may be made only when one of the following circumstances is documented:
 - a. Direct skin testing is impossible because the patient has extensive dermatitis or marked dermatographism;

- b. Direct skin testing is impossible because the patient is 6 months of age or younger;
- c. Direct skin testing is inconclusive and a further diagnostic test is necessary; or
- d. Direct skin testing is impossible because the patient is on a histamine suppressive medication for the treatment of depression, neurologic or psychiatric disorder. In this case, evaluation can be performed with no more than 10 RAST.

NOTE: Injections of antigens based on RAST or IPA may be cost-shared even if the testing does not meet the above criteria.

6. Total serum IgE Concentration (also known as PRIST and RIST).

This test is not indicated for all allergic patients; it should be reserved for those with such conditions as severe eczema, hypersensitivity lung disease or allergic broncho-pulmonary aspergillosis. Medical review is required for all claims.

7. Bronchial challenge testing (also called inhalation challenge testing). All claims for this procedure require medical review. The testing is done by having the patient inhale low, gradually increasing concentrations of aerosolized methacholine, histamine, or exposing the patient to dust or fumes in a special exposure chamber. Testing should be done only in a facility with adequate emergency resuscitation equipment close by. The indications for inhalation challenge include:

- a. To diagnose or rule out hyperreactive airways and/or provide supportive evidence when asthma is suspected on clinical grounds.
- b. To identify causative or provocative occupational or other allergens for which skin testing is not reliable.
- c. To identify new allergens for which skin or serum testing has not yet been validated.
- d. To confirm the importance of unavoidable pollen or other inhalant allergens before committing a patient to immunotherapy.

8. Nasal challenge testing. This test is not required for the routine testing of allergic patients. All claims for this procedure, which involves the precise measurement of changes in the resistance of the nasal airways, require medical review. The "sniff test", in which a direct visual assessment is made of the nasal mucosa after inhaling pollen, is not covered.

9. Conjunctival challenge testing. This test is not required routinely. All claims require medical review.

10. Food challenge testing. Food challenge testing done as an office procedure must be justified by report and must be submitted to medical review. Food challenge testing is covered only to diagnose food allergies. It is not covered when used in the diagnosis of such conditions as rheumatoid arthritis, depression, or respiratory disorders. Food challenge testing performed in connection with clinical ecology programs not covered.

B. All claims for allergy testing must indicate the type and number of tests performed.

C. The following guidelines apply to payment of claims for allergy treatment (desensitization or immunotherapy):

1. All payment for antigen sets is to be made on payment policy found in [Chapter 13, Section 3.6](#) under the subject of legend drugs and insulin.
2. Three complete antigen sets may be allowed initially without review. (A complete antigen treatment set is a concentrated mixture of one or more antigens along with one or more serial dilutions of that same mixture).
3. One replacement set will be allowed within the first year for each complete antigen treatment set originally provided under paragraph 2 above.
4. One replacement set will be covered in the second and each subsequent year for each replacement set allowed within the first year under 3 above.
5. Up to 64 allergy injections may be payable in the first year. In the second and subsequent years, up to 52 allergy injections per year may be payable. Services in excess of these limits require written justification by report and must be submitted to medical review for determination of the medical necessity.

V. EXCEPTIONS

A. The following allergy testing procedures are considered unproven and are not covered:

1. Leucocyte histamine release
2. Intracutaneous (intra-dermal) and subcutaneous provocative and neutralization testing for food allergies
3. Cytotoxic leukocyte test for food and inhalant allergies
4. Sublingual provocative testing for food and inhalant allergy
5. Reback skin window test
6. Passive transfer (Prausnitz-Kustner) test
7. Rinkel method and all other types of skin-test end point titration
8. Kinesiology testing. This test involves muscle strength measurements after food ingestion or sublingual application of food extracts.
9. Pulse test. This test measures the increase of pulse rates after ingestion of a suspected allergic food substance.
10. ELISA - Enzyme-linked immunoabsorbent assay.

B. The following allergy treatment procedures are considered unproven and are not covered:

1. Sublingual antigen therapy
2. Sublingual neutralization therapy for food and inhalant allergy
3. Urine autoinjection (autogenous urine immunization)
4. Intracutaneous (intra-dermal) and subcutaneous neutralization therapy for food allergies
5. Injections of antigens based on Rinkel method of immunotherapy or other type of skin-test end point titrations
6. Immunotherapy involving any injection of a food antigen.

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