FIRST COAST SERVICE OPTIONS
MAC - PART A/B
LOCAL COVERAGE DETERMINATION

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Contractor Name
First Coast Service Options, Inc.

Contractor Number
09101 – Florida
09201 – Puerto Rico/Virgin Islands
09102 – Florida
09302 – Virgin Islands

Contractor Type
MAC – Part A and B

LCD Title
Allergy Testing

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Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Sections 20.2, 80.1 and 80.6
CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Sections 110.9 and 110.11
Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

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N/A

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Indications and Limitations of Coverage and/or Medical Necessity

Allergy is a form of exaggerated sensitivity or hypersensitivity to a substance that is either inhaled, ingested, injected, or comes in contact with the skin or eye. The term allergy is used to describe situations where hypersensitivity results from heightened or altered reactivity of the immune system in response to external substances. Allergic or hypersensitivity disorders may be manifested by generalized systemic reactions as well as localized reactions in any part of the body. The reactions may be acute, subacute, or chronic, immediate or delayed, and may be caused by a variety of offending agents; pollen, molds, mites, dust, feathers, animal fur or dander, venoms, foods, drugs, etc.

Allergy testing is performed to determine a patient's immunologic sensitivity or reaction to particular allergens for the purpose of identifying the cause of the allergic state, and is based on findings during a complete medical and immunologic history and appropriate physical exam obtained by face-to-face contact with the patient.

Allergy testing can be broadly subdivided into two methodologies:

A. **In vivo testing** (skin tests): this testing correlates the performance and evaluation of selective cutaneous and mucous membrane tests with the patient’s history, physician examination, and other observations.

   - Percutaneous testing (scratch, puncture, prick) and intracutaneous (intradermal) testing are used to evaluate immunoglobulin E (IgE) mediated hypersensitivity to inhalants, foods, hymenoptera (e.g., bee venom), drugs and/or chemicals.
   - Patch testing to used to differentiate allergic contact dermatitis (ACD) and irritant contact dermatitis (ICD).
Photo patch testing is used to evaluate unique allergies resulting from light exposure. Photo testing is skin irradiation with a specific range of ultraviolet light. Photo tests are performed for the evaluation of photosensitivity disorders.

B. **In vitro testing** (blood serum analysis): immediate hypersensitivity testing by measurement of allergen-specific serum IgE (CPT code 86003). Special clinical situations in which specific IgE immunoassays may be appropriate include the following:

- Patients with severe dermatographism, ichthyosis or generalized eczema.
- Patients who cannot be safely withdrawn from medications that interfere with skin testing (such as long-acting antihistamines, tricyclic antidepressants).
- Uncooperative patients with mental or physical impairments.
- Evaluation of cross-reactivity between insect venoms (e.g., fire ant, bee, wasp, yellow jacket, hornet).
- As adjunctive laboratory testing for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic diseases.
- Patients at increased risk for anaphylactic response from skin testing based on clinical history (e.g., when an unusual allergen is not available as a licensed skin test extract), or who have a history of a previous systemic reaction to skin testing.
- Patients in whom skin testing was equivocal/inconclusive and in vitro testing is required as a confirmatory test.

**Limitations**

In vitro allergy testing is not covered for the following because it is considered not medically reasonable and necessary:

- Patients with no contraindications to skin testing
- Patients being treated successfully for allergies
- Patients with mild symptoms
- Patients who have had negative skin testing for the allergy in question

In vitro testing is covered when medically reasonable and necessary as a substitute for skin testing; it is not usually necessary in addition to skin testing.

Qualitative multi-allergen screen (CPT code 86005) is a non-specific screening test that does not identify a specific antigen, and is not covered.

The use of sublingual, intracutaneous, and subcutaneous provocative and neutralization testing and neutralization therapy for food allergies are excluded from Medicare coverage because available evidence does not show that these tests and therapies are effective (CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Section 110.11).

Allergen-specific IgG and IgG subclasses measured by using immunoabsorption assays and IgG and IgG subclass antibody tests for food allergy/delayed food allergic symptoms or intolerance to specific foods (e.g., CPT code 86001) are considered experimental and investigational, as there is insufficient evidence in the published peer-reviewed scientific literature to support the diagnostic value of these tests.

The following tests are considered experimental and investigational for allergy testing as they have not been proven to be effective. These tests are not appropriate for the evaluation and/or management of IgE-mediated allergic reactions.

- Antigen leukocyte cellular antibody (ALCAT) automated food allergy testing
Allergy Testing A/B

- Applied kinesiology or Nambudripad’s allergy elimination test (NAET) (i.e., muscle strength testing or measurement after allergen ingestion)
- Candidiasis test
- Chemical analysis of body tissues (e.g., hair)
- Chlorinated pesticides (serum)
- Complement (total or components)
- C-reactive protein
- Cytokine and cytokine receptor assay
- Cytotoxic testing for food, environmental or clinical ecological allergy testing (Bryans Test, ACT)
- Electrodermal testing or electro-acupuncture
- ELISA/Act qualitative antibody testing
- Food immune complex assay (FICA)
- Ingestion challenge food testing for diagnosing rheumatoid arthritis, depression, or respiratory disorders not associated with anaphylaxis or similar systemic reactions
- Immune complex assay
- Iridology
- Leukocyte histamine release test (LHRT)/basophil histamine release test
- Lymphocytes (B or T subsets)
- Lymphocyte function assay
- Lymphocyte Response Assay (LRA) by ELISA/ACT and Lymphocyte Mitogen Response Assays (LMRA) by ELISA/Act
- Mediator release test (MRT)
- Testing for multiple chemical sensitivity syndrome (a.k.a., idiopathic environmental intolerance (IEI), clinical ecological illness, clinical ecology, environmental illness, chemical AIDS, environmental/chemical hypersensitivity disease, total allergy syndrome, cerebral allergy, 20th century disease)
- Testing of specific Immunoglobulin (IgG) (e.g., by Radioallergosorbent (RAST) or Enzyme-linked immunosorbent assay (ELISA))
- Testing of total serum IgG, immunoglobulin A (IgA) and immunoglobulin M (IgM)
- Prausnitz-Kustner or P-K testing - passive cutaneous transfer test
- Pulse test (pulse response test, reaginic pulse test)
- Rebuck skin window test
- Sage Complement Antigen Test

Measurements of total IgE levels (CPT code 82785-Gammaglobulin[immunoglobulin]; IgE) are not appropriate in most general allergy testing which is performed to determine a patient’s immunologic sensitivity or reaction to particular allergens for the purpose of identifying the cause of the allergic state. It would not be expected that total serum IgE levels would be billed unless evidence exists for allergic bronchopulmonary Aspergillosis (ABPA), select immunodeficiencies, such as the syndrome of hyper-IgE, eczematous dermatitis, atopic dermatitis in children and recurrent pyogenic infections, or in the evaluation for omalizumab therapy. Serial, repeat testing of total IgE will be subject to medical review.

Type of Bill Code

12x Hospital based or inpatient Part B (includes HHA visits under a Part B plan of treatment)
13x Hospital-outpatient (includes Part B plan of treatment)
21x SNF-inpatient, Part A
22x SNF hospital based or inpatient Part B (includes HHA visits under a Part B plan of treatment)
23x SNF-outpatient (includes Part B plan of treatment)
Revenue Codes

0302 Laboratory-imunoloay

0924 Other diagnostic services-allergy test

CPT/HCPCS Codes

CPT Codes that SUPPORT Medical Necessity

86003 Allergen specific IgE; quantitative or semiquantitative, each allergen

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

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

95028 Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests

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

95052 Photo patch test(s) (specify number of tests)

95056 Photo tests

95060 Ophthalmic mucous membrane tests

CPT Codes that DO NOT Support Medical Necessity
Allergy Testing A/B

83516 Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method

84600 Volatiles (eg, acetic anhydride, diethyl ether)

86001 Allergen specific IgG quantitative or semiquantitative, each allergen

86005 Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk)

86140 C-reactive protein;

86160 Complement; antigen, each component

86161 Complement; functional activity, each component

86162 Complement; total hemolytic (CH50)

86332 Immune complex assay

*86343 Leukocyte histamine release test (LHR)

86485 Skin test; candida

86628 Candida

88341 Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)

88342 Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure

88344 Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure

88346 Immunofluorescence, per specimen; initial single antibody stain procedure

95065 Direct nasal mucous membrane test

*95831 Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk

*95832 Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side

*95833 Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands

*95834 Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands

*Services which are also listed in the First Coast LCD for Noncovered Services

ICD-10 Codes that Support Medical Necessity –Group I

The following ICD-10-CM codes apply only to CPT code 86003:
H10.10-H10.13  Acute atopic conjunctivitis
H10.411-H10.419  Chronic giant papillary conjunctivitis
H10.45  Other chronic allergic conjunctivitis
J30.0-J30.9  Vasomotor and allergic rhinitis
J45.20-J45.909  Asthma
J45.998  Other asthma
L20.0-L20.82  Atopic dermatitis
L20.84-L20.9  Atopic dermatitis
L23.9  Allergic contact dermatitis, unspecified cause
L24.9  Irritant contact dermatitis, unspecified cause
L25.9  Unspecified contact dermatitis, unspecified cause
L27.0-L27.9  Dermatitis due to substances taken internally
L30.0-L30.9  Vasomotor and allergic rhinitis
L30.8  Other specified dermatitis
L30.9  Dermatitis, unspecified
L50.0  Allergic urticaria
L50.3  Dermatographic urticaria
L50.9  Urticaria, unspecified
R21  Rash and other nonspecific skin eruption
T36.0X5A-T36.0X5S  Adverse effect of penicillins
T36.1X5A-T36.1X5S  Adverse effect of cephalosporins and other beta-lactam antibiotics
T36.2X5A-T36.2X5S  Adverse effect of chloramphenicol group
T36.3X5A-T36.3X5S  Adverse effect of macrolides
T36.4X5A-T36.4X5S  Adverse effect of tetracyclines
T36.5X5A-T36.5X5S  Adverse effect of aminoglycosides
T36.6X5A-T36.6X5S  Adverse effect of rifampicins
T36.7X5A-T36.7X5S  Adverse effect of antifungal antibiotics, systemically used
T36.8X5A-T36.8X5S  Adverse effect of other systemic antibiotics
T36.95XA-T36.95XS  Adverse effect of unspecified systemic antibiotic
T37.0X5A-T37.0X5S  Adverse effect of sulfonamides
T37.1X5A-T37.1X5S  Adverse effect of antimycobacterial drugs
T37.2X5A-T37.2X5S  Adverse effect of antimalarials and drugs acting on other blood protozoa
T37.3X5A-T37.3X5S  Adverse effect of other antiprotozoal drugs
T37.4X5A-T37.4X5S  Adverse effect of anthelminthics
T37.5X5A-T37.5X5S  Adverse effect of antiviral drugs
T37.6X5A-T37.6X5S  Adverse effect of other specified systemic anti-infectives and antiparasitics
T37.95XA-T37.95XS  Adverse effect of unspecified systemic anti-infective and antiparasitic
T38.0X5A-T38.0X5S  Adverse effect of glucocorticoids and synthetic analogues
T38.1X5A-T38.1X5S  Adverse effect of thyroid hormones and substitutes
T38.2X5A-T38.2X5S  Adverse effect of antithyroid drugs
T38.4X5A-T38.4X5S  Adverse effect of oral contraceptives
T38.5X5A-T38.5X5S  Adverse effect of other estrogens and progestogens
T38.6X5A-T38.6X5S  Adverse effect of antigonadotrophins, antiestrogens, not elsewhere classified
T38.7X5A-T38.7X5S  Adverse effect of androgens and anabolic congeners
T38.805A-T38.805S  Adverse effect of unspecified hormones and synthetic substances
T38.815A-T38.815S  Adverse effect of anterior pituitary [adenohypophyseal] hormones
T38.895A-T38.895S  Adverse effect of other hormones and synthetic substitutes
T38.905A-T38.905S  Adverse effect of unspecified hormone antagonists
T38.995A-T38.995S  Adverse effect of other hormone antagonists
T39.015A-T39.015S  Adverse effect of aspirin
T39.095A-T39.095S  Adverse effect of salicylates
T39.1X5A-T39.1X5S  Adverse effect of 4-Aminophenol derivatives
T39.2X5A-T39.2X5S  Adverse effect of pyrazolone derivatives
T39.315A-T39.315S  Adverse effect of propionic acid derivatives
Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID]
Adverse effect of antirheumatics, not elsewhere classified
Adverse effect of other nonopioid analgesics and antipyretics, not elsewhere classified
Adverse effect of unspecified nonopioid analgesic, antipyretic and antiinflammatory
Adverse effect of opium
Adverse effect of other opioids
Adverse effect of methadone
Adverse effect of other synthetic narcotics
Adverse effect of cocaine
Adverse effect of unspecified narcotics
Adverse effect of other narcotics
Adverse effect of cannabis (derivatives)
Adverse effect of unspecified psychodyseptics [hallucinogens]
Adverse effect of other psychodyseptics [hallucinogens]
Adverse effect of inhaled anesthetics
Adverse effect of intravenous anesthetics
Adverse effect of other general anesthetics
Adverse effect of local anesthetics
Adverse effect of unspecified anesthetic
Adverse effect of therapeutic gases
Adverse effect of hydantoin derivatives
Adverse effect of iminostilbenes
Adverse effect of succinimides and oxazolidinediones
Adverse effect of barbiturates
Adverse effect of benzodiazepines
Adverse effect of mixed antiepileptics
Adverse effect of other antiepileptic and sedative-hypnotic drugs
Adverse effect of unspecified antiepileptic and sedative-hypnotic drugs
Adverse effect of antiparkinsonism drugs and other central muscle-tone depressants
Adverse effect of tricyclic antidepressants
Adverse effect of tetracyclic antidepressants
Adverse effect of monoamine-oxidase-inhibitor antidepressants
Adverse effect of unspecified antidepressants
Adverse effect of selective serotonin and norepinephrine reuptake inhibitors
Adverse effect of selective serotonin reuptake inhibitors
Adverse effect of other antidepressants
Adverse effect of phenothiazine antipsychotics and neuroleptics
Adverse effect of butyrophenone and thiothixene neuroleptics
Adverse effect of unspecified antipsychotics and neuroleptics
Adverse effect of other antipsychotics and neuroleptics
Adverse effect of unspecified psychodynamic depressants
Adverse effect of unspecified psychostimulants
Adverse effect of caffeine
Adverse effect of amphetamines
Adverse effect of methylphenidate
Adverse effect of other psychostimulants
Adverse effect of other psychotropic drugs
Adverse effect of unspecified psychotropic drug
Adverse effect of anticholinesterase agents
Adverse effect of other parasympathomimetics [cholinergics]
Adverse effect of ganglionic blocking drugs
Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics
Adverse effect of predominantly alpha-adrenoreceptor agonists
Adverse effect of predominantly beta-adrenoreceptor agonists
Adverse effect of alpha-adrenoreceptor antagonists
Adverse effect of beta-adrenergic antagonists
Adverse effect of centrally-acting and adrenergic-neuron-blocking agents
Adverse effect of unspecified drugs primarily affecting the autonomic nervous system
Adverse effect of other drug primarily affecting the autonomic nervous system
Adverse effect of antiallergic and anti-asthmatic drugs
Adverse effect of antineoplastic and immunosuppressive drugs
Adverse effect of vitamins
Adverse effect of enzymes
Adverse effect of iron and its compounds
Adverse effect of anticoagulants
Adverse effect of antithrombotic drugs
Adverse effect of unspecified fibrinolysis-affecting drugs
Adverse effect of thrombolytic drugs
Adverse effect of hemostatic drugs
Adverse effect of other fibrinolysis-affecting drugs
Adverse effect of anticoagulant antagonists, vitamin K and other coagulants
Adverse effect of other primarily systemic and hematological agents
Adverse effect of unspecified primarily systemic and hematological agent
Adverse effect of cardiac-stimulant glycosides and drugs of similar action
Adverse effect of calcium-channel blockers
Adverse effect of other antiarrhythmic drugs
Adverse effect of coronary vasodilators
Adverse effect of angiotensin-converting-enzyme inhibitors
Adverse effect of other antihypertensive drugs
Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs
Adverse effect of peripheral vasodilators
Adverse effect of antivascular drugs, including sclerosing agents
Adverse effect of unspecified agents primarily affecting the cardiovascular system
Adverse effect of other agents primarily affecting the cardiovascular system
Adverse effect of histamine H2-receptor blockers
Adverse effect of other antacids and anti-gastric-secretion drugs
Adverse effect of stimulant laxatives
Adverse effect of saline and osmotic laxatives
Adverse effect of other laxatives
Adverse effect of digestants
Adverse effect of antidiarrheal drugs
Adverse effect of emetics
Adverse effect of other agents primarily affecting gastrointestinal system
Adverse effect of unspecified agents primarily affecting the gastrointestinal system
Adverse effect of oxytocic drugs
Adverse effect of skeletal muscle relaxants [neuromuscular blocking agents]
Adverse effect of unspecified drugs acting on muscles
Adverse effect of other drugs acting on muscles
Adverse effect of antitussives
Adverse effect of expectorants
Adverse effect of other anti-common-cold drugs
Adverse effect of antiasthmatics
Adverse effect of unspecified agents primarily acting on the respiratory system
Adverse effect of other agents primarily acting on the respiratory system
Adverse effect of unspecified agents primarily acting on the respiratory system
Adverse effect of local antifungal, anti-infective and anti-inflammatory drugs
Adverse effect of antipruritics
Adverse effect of local astringents and local detergents
Adverse effect of emollients, demulcents and protectants
Adverse effect of keratolytics, keratoplastics, and other hair treatment drugs and preparations
Adverse effect of ophthalmological drugs and preparations
T49.6X5A-T49.6X5S  Adverse effect of otorhinolaryngological drugs and preparations
T49.7X5A-T49.7X5S  Adverse effect of dental drugs, topically applied
T49.8X5A-T49.8X5S  Adverse effect of other topical agents
T49.95XA-T49.95XS  Adverse effect of unspecified topical agent
T50.0X5A-T50.0X5S  Adverse effect of mineralocorticoids and their antagonists
T50.1X5A-T50.1X5S  Adverse effect of loop [high-ceiling] diuretics
T50.2X5A-T50.2X5S  Adverse effect of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics
T50.3X5A-T50.3X5S  Adverse effect of electrolytic, caloric and water-balance agents
T50.4X5A-T50.4X5S  Adverse effect of drugs affecting uric acid metabolism
T50.5X5A-T50.5X5S  Adverse effect of appetite depressants
T50.6X5A-T50.6X5S  Adverse effect of antidotes and chelating agents
T50.7X5A-T50.7X5S  Adverse effect of analeptics and opioid receptor antagonists
T50.8X5A-T50.8X5S  Adverse effect of diagnostic agents
T50.905A-T50.905S  Adverse effect of unspecified drugs, medicaments and biological substances
T50.995A-T50.995S  Adverse effect of other drugs, medicaments and biological substances
T63.001A-T63.94XS  Toxic effect of contact with venomous animals and plants
T65.811A-T65.814S  Toxic effect of latex
T78.00XA-T78.00XS  Anaphylactic reaction due to unspecified food
T78.02XA-T78.02XS  Anaphylactic reaction due to shellfish (crustaceans)
T78.03XA-T78.03XS  Anaphylactic reaction due to other fish
T78.05XA-T78.05XS  Anaphylactic reaction due to tree nuts and seeds
T78.06XA-T78.06XS  Anaphylactic reaction due to food additives
T78.07XA-T78.07XS  Anaphylactic reaction due to milk and dairy products
T78.08XA-T78.08XS  Anaphylactic reaction due to eggs
T78.09XA-T78.09XS  Anaphylactic reaction due to other food products
T78.2XXA-T78.2XXS  Anaphylactic shock, unspecified
T78.3XXA-T78.3XXS  Angioneurotic edema
T88.59XA-T88.59XS  Other complications of anesthesia
T88.6XXA-T88.6XXS  Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered
Z91.048-Z91.09  Allergy status, other than to drugs and biological substances

The following ICD-10-CM codes apply only to CPT codes *95004, 95017, 95018, 95024, 95027, and 95028: --

Group II

H10.10-H10.13  Acute atopic conjunctivitis
H10.411-H10.419  Chronic giant papillary conjunctivitis
H10.45  Other chronic allergic conjunctivitis
J30.0-J30.9  Vasomotor and allergic rhinitis
J31.0  Chronic rhinitis
J45.20-J45.52  Asthma
L20.0-L20.82  Atopic dermatitis
L20.84-L20.9  Atopic dermatitis
*L27.2  Dermatitis due to ingested food
L29.9  Pruritus, unspecified
L50.0  Allergic urticaria
L50.6-L50.8  Urticaria
T50.905A-T50.905S  Adverse effect of unspecified drugs, medicaments and biological substances
T50.995A-T50.995S  Adverse effect of other drugs, medicaments and biological substances
Allergy Testing A/B

T63.001A-T63.94XS  Toxic effect of contact with venomous animals and plants
T65.811A-T65.814S  Toxic effect of latex
*T78.00XA-T78.00XS  Anaphylactic reaction due to unspecified food
*T78.02XA-T78.02XS  Anaphylactic reaction due to shellfish (crustaceans)
*T78.05XA-T78.05XS  Anaphylactic reaction due to tree nuts and seeds
*T78.06XA-T78.06XS  Anaphylactic reaction due to food additives
*T78.07XA-T78.07XS  Anaphylactic reaction due to milk and dairy products
*T78.08XA-T78.08XS  Anaphylactic reaction due to eggs
*T78.09XA-T78.09XS  Anaphylactic reaction due to other food products
*T78.1XXA-T78.1XXS  Other adverse food reactions, not elsewhere classified
T78.3XXA-T78.3XXS  Angioneurotic edema, initial encounter
T88.2XXA-T88.2XXS  Shock due to anesthesia, initial encounter
Z88.0  Allergy status to penicillin
Z88.1  Allergy status to other antibiotic agents status
Z88.2  Allergy status to sulfonamides status
Z88.3  Allergy status to other anti-infective agents status
Z88.7  Allergy status to serum and vaccine status
Z91.010-Z91.038  Allergy status, other than to drugs and biological substances

*ICD-10-CM codes that apply for CPT code 95004 for food allergy testing.

The following ICD-10-CM codes apply only to CPT codes 95044, 95052 and 95056: -- Group III

L20.0-L20.82  Atopic dermatitis
L20.84-L20.9  Atopic dermatitis
L23.0  Allergic contact dermatitis due to metals
L23.1  Allergic contact dermatitis due to adhesives
L23.2  Allergic contact dermatitis due to cosmetics
L23.3  Allergic contact dermatitis due to drugs in contact with skin
L23.4  Allergic contact dermatitis due to dyes
L23.5  Allergic contact dermatitis due to other chemical products
L23.6  Allergic contact dermatitis due to food in contact with the skin
L23.7  Allergic contact dermatitis due to plants, except food
L23.89  Allergic contact dermatitis due to other agents
L23.9  Allergic contact dermatitis, unspecified cause
L24.0  Irritant contact dermatitis due to detergents
L24.2  Irritant contact dermatitis due to solvents
L24.3  Irritant contact dermatitis due to cosmetics
L24.4  Irritant contact dermatitis due to drugs in contact with skin
L24.5  Irritant contact dermatitis due to other chemical products
L24.6  Irritant contact dermatitis due to food in contact with skin
L24.7  Irritant contact dermatitis due to plants, except food
L24.81  Irritant contact dermatitis due to metals
L24.89  Irritant contact dermatitis due to other agents
L24.9  Irritant contact dermatitis, unspecified cause
L25.0  Unspecified contact dermatitis due to cosmetics
L25.1  Unspecified contact dermatitis due to drugs in contact with skin
L25.2  Unspecified contact dermatitis due to dyes
L25.3  Unspecified contact dermatitis due to other chemical products
L25.4  Unspecified contact dermatitis due to food in contact with skin
L25.5  Unspecified contact dermatitis due to plants, except food
L25.8  Unspecified contact dermatitis due to other agents
L25.9  Unspecified contact dermatitis, unspecified cause
L30.0  Nummular dermatitis
L30.2  Cutaneous autosensitization
Other and unspecified dermatitis

The following ICD-10-CM codes apply only to CPT code 95060: -- Group IV

- H10.10-H10.13 Acute atopic conjunctivitis
- H10.411-H10.419 Chronic giant papillary conjunctivitis
- H10.45 Other chronic allergic conjunctivitis

Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

The following ICD-10-CM codes are noncovered for procedure codes 86005, 86160, 86161, and 86162:

- L23.6 Allergic contact dermatitis due to food in contact with the skin
- L24.6 Irritant contact dermatitis due to food in contact with skin
- L25.4 Unspecified contact dermatitis due to food in contact with skin
- L27.2 Dermatitis due to ingested food
- T78.00XA-T78.09XS Anaphylactic reaction due to food
- T78.1XXA- Other adverse food reactions, not elsewhere classified
- T78.1XXS

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

Medical record documentation (e.g., history & physical, office/progress notes, procedure report, test results) must include the following information, and be available upon request:

- A complete medical and immunologic history and appropriate physical exam obtained by face-to-face contact with the patient.
- The medical necessity for performing the test.
- The test methodology used.
- The measurement (in mm) of reaction sizes of both wheal and erythema response (in vivo testing).
- The medical necessity for the use of in vitro testing if used, instead of in vivo methods.
- The quantitative result (in kIU/L) for specific IgE testing (in vitro testing).
- The interpretation of the test results and how the results of the test will be used in the patient’s plan of care.

Per 42 CFR §410.32, all diagnostic tests must be ordered by the physician/nonphysician practitioner who is treating the patient, that is, the physician/nonphysician practitioner who furnishes a consultation or treats a patient for a specific medical problem and who uses the results in the management of the patient’s specific medical problem. Tests not ordered by the physician/nonphysician practitioner who is treating the patient are not reasonable and necessary.
Providers should not submit additional information with the claim. Information may be requested separately with an additional documentation request (ADR) letter.

**Utilization Guidelines**

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

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 patient.

In vitro testing is covered when medically reasonable and necessary as a substitute for skin testing; it is not usually necessary in addition to skin testing.

In vitro testing (CPT code 86003) will be covered for only thirty (30) units per year for medically reasonable and necessary indications as outlined in this LCD. Services exceeding this parameter will be considered not medically necessary.

It would not be expected that more than twenty (20) units be reported for percutaneous testing per year for food sensitivity (CPT code 95004).

It would not be expected that more than forty (40) units be reported for intracutaneous (intradermal) testing (CPT code 95024) per year for a patient.

It would not be expected that more than forty (40) units be reported for intracutaneous (intradermal), sequential and incremental testing (CPT code 95027) per year for a patient.

When photo patch test(s) (CPT code 95052) are performed (same antigen/same session) with patch or application test(s) (CPT code 95044), only the photo patch tests should be reported.

In the event photo tests (CPT code 95056) are performed with patch or application test(s) (CPT code 95044), only the photo tests should be reported.

**Sources of Information and Basis for Decision**

First Coast Service Options, Inc. reference LCD number(s) – L31271

Contact dermatitis: a practice parameter. (2006). The American Academy of Allergy, Asthma and Immunology (AAAAI) and the American College of Allergy, Asthma and Immunology (ACAAI), 100, S1-S38.

Food allergy: a practice parameter. (2006). The American Academy of Allergy, Asthma and Immunology (AAAAI) and the American College of Allergy, Asthma and Immunology (ACAAI), 96, S1-S68.

Other Contractor(s) LCDs


**Start Date of Comment Period**

N/A

**End Date of Comment Period**

N/A

**Start Date of Notice Period**

04/01/2014

**Revision History**

**Revision History Number: R2**

Revision Number: 2
Publication: June 2017 Connection
LCR A/B2017-023

Explanation of Revision: Based on CR 8776, the following verbiage was removed from the “CPT/HCPCS Codes” section of the LCD: “Per CR 8572, beginning in CY 2014, payment for most laboratory tests (except for molecular pathology tests) will be packaged under the OPPS, therefore the clinical laboratory tests listed below, for TOB 13X (outpatient hospital), are packaged in this setting.” The effective date of this revision is for claims processed on or after 05/12/2017, for dates of service on or after 01/01/2014.

**Revision History Number: R1**

Revision Number: 1
Publication: December 2015 Connection
LCR A/B 2016-001

Explanation of Revision: Annual 2016 HCPCS Update. Descriptor revised for CPT code 88346. The effective date of this revision is based on date of service.

**Revision Number: Original**

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

**Related Documents**
Allergy Testing A/B

N/A

**LCD Attachments**

Coding Guidelines

Document formatted: 04/27/2017 (MP/mb)