APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

Allergy Testing and Treatment

Policy Number: HS-190

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Clinical Coverage Guideline

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. Note: Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines.”

BACKGROUND

For most allergens, in-vitro allergen - specific immunoassays detect IgE antibody in the serum of most but not all patients who respond clinically to those allergens. The National Asthma Education Program (NAEP) Expert Panel Report recommends the use of skin testing or in vitro IgE antibody testing to determine the presence of specific IgE antibodies to the allergens to which the patient is exposed. The Expert Panel concluded that allergy skin or in vitro IgE antibody tests are reliable in determining the presence of specific IgE. The Expert Panel Report stated that either skin tests or in vitro IgE antibody tests can be used to assess specific IgE sensitization. The second limitation is that on a per test basis skin tests have lower time and reagent costs. Other advantages of skin tests are that they are faster (results are available within an hour), and the results are visible to the patient (this may enhance patient compliance). A variety of modifications have been made to tests related to RAST (such as MAST, PRIST, RIST, FAST, MRT, VAST, ELISA, and ImmunoCAP). An elevated serum IgE level is one of the diagnostic criteria of allergic bronchopulmonary aspergillosis (ABPA). IgE levels can be used to follow the course of the disease. Serum IgE levels will fall when the disease is successfully treated with corticosteroids; rising IgE levels indicate disease exacerbations. Total serum level of IgE is correlated with allergic disease in only a general way. Elevated levels are associated with the presence of allergy, while normal levels are not. However there are many individuals with clinical symptoms and allergen-specific IgE who have serum IgE levels within the normal range. Because of this, routine measurement of serum IgE is not a useful screening test for allergy. A 2011 update by Hayes stated the result of a literature review of 5 abstracts, including clinical and case studies and results from the National Health and Nutrition Examination Survey (NHANES). Information further establishes the efficacy of testing. The NHANES studied levels of serum total and allergen-specific IgE in the American population and found a strong correlation between self-reported allergy symptoms and high levels of plant-, pet-, and mold-specific IgE.

POSITION STATEMENT

Applicable To:
- Medicaid
- Medicare

Allergy Testing

Exclusions

The following tests are considered experimental and investigational for the purposes of allergy testing:
- ALCAT test (Antigen Leukocyte Cellular Antibody Test, an automated food allergy test)
- Alpha gal allergy (meat allergy) testing
- Anti-Fc epsilon receptor antibodies testing
- Anti-IgE receptor antibody testing
- Body chemical analysis
- Bronchial provocation/challenge testing for common allergens (e.g., dust, ragweed)
- Candidiasis test
- Chlorinated pesticides (serum)
- Chronic Urticaria Index testing
- Clifford materials reactivity testing
- Complement (total or components); (may be appropriate in autoimmune disorders, complement component deficiencies, hereditary angioedema, vasculitis)
- Complement Antigen Testing
- Conjunctival challenge/provocation
- C-reactive protein (may be appropriate in inflammatory diseases)
- Cytokine and cytokine receptor assay
- Cytotoxic food testing (Bryans Test, ACT)
- Electrodermal acupuncture
- ELISA/ACT
- Eosinophil cationic protein (ECP) test
- Food immune complex assays (FICA)
- IgG RAST/ELISA testing
- Immune complex assay (may be appropriate in autoimmune disorders, systemic lupus erythematosus, vasculitis)
- In-vitro metal allergy testing (as known as lymphocyte transformation tests [LTT])
- Leukocyte antibodies testing
- Leukocyte histamine release test
- Lymphocytes (B or T subsets); (may be appropriate for collagen vascular disease, immune deficiency syndromes, leukemia, lymphomas)
- Lymphocyte function assay
- Lymphocyte subset counts
- Mediator release test (MRT)
- Muscle strength testing or measurement (kinesiology) after allergen ingestion
- Nasal challenge/provocation
- Ophthalmic mucous membrane tests/conjunctival challenge tests
- Prausnitz-Kustner or P-K testing -- passive cutaneous transfer test
- Provocative nasal test (also known as nasal provocation testing)
- Provocation-neutralization testing (Rinkel Test) either subcutaneously or sublingually
- Pulse test (pulse response test, reaginic pulse test)
- Rebuffskin window test
- Serum immunoglobulin A (IgA), immunoglobulin G (IgG) testing for allergy
- Sublingual provocative neutralization testing and treatment with hormones
- Testing for electromagnetic sensitivity syndrome/disorder (also known as allergy to electricity, electro-sensitivity, electrohypo-sensitivity, and hypersensitivity to electricity)
- Testing for multiple chemical sensitivity syndrome (also known as 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)
- Venom blocking antibodies
- Volatile chemical panels (blood testing for chemicals).
- Tests listed in section I.A., when performed for indications not listed as medically necessary.

In addition, the following are not considered medically necessary:
- Routine allergy re-testing
- Member has no contraindications to skin testing
- Member is being treated successfully for allergies
• Member has mild symptoms
• Member has had negative skin testing for the allergy in question

Coverage
The following types of allergy testing are considered medically necessary when one of the following criterion (1 through 11) are met:

1. **Epicutaneous (scratch, prick or puncture)** when IgE-mediated reactions occur to any of the following:
   - Foods; OR
   - Hymenoptera (stinging insects); OR
   - Inhalants; OR
   - Specific drugs (penicillins and macromolecular agents).

   * For epicutaneous and intracutaneous skin tests, evaluation of inhalant allergy may require up to 70 percutaneous tests, followed by up to 40 intracutaneous tests (typically performed with a negative percutaneous test result). Fewer tests are often required.

2. **Intradermal (intracutaneous)** when IgE-mediated reactions occur to any of the following:
   - Foods; OR
   - Hymenoptera (stinging insects); OR
   - Inhalants; OR
   - Specific drugs (penicillins and macromolecular agents).

   * For epicutaneous and intracutaneous skin tests, evaluation of inhalant allergy may require up to 70 percutaneous tests, followed by up to 40 intracutaneous tests (typically performed with a negative percutaneous test result). Fewer tests are often required.

3. **Skin Endpoint Titration (SET) (or intradermal dilutional testing [IDT])** to determine the starting dose for immunotherapy for members who are highly allergic to stinging insects (hymenoptera venom allergy [stinging insects]) or inhalants.

   NOTE: SET should not be used in place of skin testing. It may be used to determine the starting dose for immunotherapy in highly allergic members; up to 14 titration tests may be necessary. An additional 40 antigens or 80 IDT injections may be medically necessary if any of the initial test results is positive.

4. **Skin Patch Testing** for diagnosing contact allergic dermatitis.

   For testing prior to joint replacement surgery when:
   - Previous surgery involving an implant with complications suspected to be caused by metal allergy; OR
   - History of severe localized (e.g., blistering, hives, and/or extensive rash) or systemic cutaneous reaction to metals

   For testing after to joint replacement surgery when:
   - There is a presence of symptoms attributable to metal allergy/hypersensitivity (e.g., pain, swelling, cutaneous rash, loss of function); OR
   - Etiology other than metal allergy/hypersensitivity (e.g., infection, mechanical failure) has been excluded

5. **Photo Patch Testing** for diagnosing photo-allergy (e.g., photo-allergic contact dermatitis).

6. **Photo Tests** for evaluating photo-sensitivity disorders.

7. **Bronchial Challenge Test** for testing with methacholine, histamine or antigens in defining asthma or airway hyperactivity when one of the following is met:
   - Test is being used to identify new allergens for which skin or blood testing has not been validated; OR
   - Skin testing is unreliable.

8. **Exercise Challenge Testing** for exercise-induced bronchospasm.
9. **Ingestion (Oral) Challenge Test** for any of the following:
   - Food or other substances (i.e., metabisulfite); OR
   - Drugs when all of the following are met:
     - History of allergy to a particular drug; **AND**
     - There is no effective alternative drug; **AND**
     - Treatment with that drug class is essential.

10. **In Vitro IgE Antibody Tests** (radioallergosorbent test [RAST], multiple radioallergosorbent test [MAST], MRT [modified RAST], VAST, fluorescent allergosorbent test [FAST], enzyme-linked immunosorbent assay [ELISA], ImmunoCAP, paper radioimmunosorbent test [PRIST], radioimmunosorbent test [RIST]) are for:
   - Allergic broncho-pulmonary aspergillosis (ABPA) and certain parasitic diseases; **OR**
   - Food allergy; **OR**
   - Hymenoptera venom allergy (stinging insects); **OR**
   - Inhalant allergy; **OR**
   - Specific drugs.
   
   Testing is medically necessary for the diagnosis of suspected IgE-mediated food or inhalant allergies for any of the following in members:
   - With severe dermatographism, ichthyosis or generalized eczema; **OR**
   - Who cannot be safely withdrawn from medications that interfere with skin testing (such as long-acting antihistamines, tricyclic antidepressants); **OR**
   - Who have a history of a previous systemic reaction to skin testing; **OR**
   - When specific IgE immunoassays are used as adjunctive testing for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic diseases.

11. **Total Serum IgE** for diagnostic evaluation in members with known or suspected ABPA and or hyper IgE syndrome. Lymphocyte transformation tests (LTT) (lymphocyte mitogen response test, PHE stimulation test, lymphocyte antigen response assay) may be medically necessary for evaluation of members:
   - For sensitivity to beryllium;
   - Are suspected of having congenital or acquired immunodeficiency diseases affecting cell-mediated immunity (e.g., severe combined immunodeficiency, common variable immunodeficiency, X-linked immunodeficiency with hyper IgM, Nijmegen breakage syndrome, reticular dysgenesis, DiGeorge syndrome, Nezelof syndrome, Wiscott-Aldrich syndrome, ataxia telangiectasia, and chronic mucocutaneous candidiasis); **OR**
   - With thymoma and to predict allograft compatibility in the transplant setting; **OR**
   - When performed following joint replacement surgery when the following criteria are met:
     - There is a presence of symptoms attributable to metal allergy/hypersensitivity (e.g., pain, swelling, cutaneous rash, loss of function); **AND**
     - Etiology other than metal allergy/hypersensitivity (e.g., infection, mechanical failure) has been excluded.

   Lymphocyte transformation tests are **not considered medically necessary** for evaluation of persons with allergies or other hypersensitivities.

**NOTE:** In vitro tests may be medically necessary for the initial allergy screen in lieu of skin testing. An initial allergy screen is 12 tests; additional tests may be medically necessary if any initial test result is positive. If all test results are negative, additional testing beyond the initial allergy screen of 12 tests/allergens is not considered medically necessary.

**NOTE:** Units billed in excess of 120 units per day and/or 120 units per year require submission of documentation of medical necessity.
Allergy Immunotherapy

Exclusions

The following *are considered experimental and investigational* due to a lack of established efficacy:

- Angioedema
- Atopic dermatitis (cover for dust mite atopic dermatitis)
- Chronic urticaria
- Food allergy or hypersensitivity
- Intrinsic (non-allergic) asthma
- Migraine headaches
- Non-allergic vasomotor rhinitis

In addition, the following *are considered experimental / investigational*:

- Acupuncture for allergies
- Allergoids (modification of allergens to reduce allergenicity)
- Aspirin desensitization for any indication not listed above
- Autogenous urine immunization (autogenous urine therapy)
- Bacterial immunotherapy
- Detoxification for allergies
- Ecology units/environmental control units/environmental chemical avoidance for multiple chemical sensitivity syndrome
- Enzyme potentiated desensitization (EPD)
- Epinephrine kits for other indications not listed above
- Helminth Trichuris suis therapy for allergic rhinitis
- Home administration of allergy immunotherapy
- Homeopathy for allergies
- Injection of food extracts
- Intranasal immunotherapy
- Neutralization therapy (desensitization neutralization therapy)
- Neutralizing therapy of chemical and food extracts
- Oral nystatin for the treatment of candidiasis hypersensitivity syndrome
- Peptide therapy
- Photo-inactivated extracts
- Polymerized extracts
- Poison ivy/poison oak extracts for immunotherapy in the prevention of toxicodendron (Rhus) dermatitis
- Rapid desensitization for indications not listed above
- Repository emulsion therapy
- Rhinophototherapy
- Rotational and multiple food elimination diets (e.g., rotary diversified diet)
- Sublingual drops/sublingual immunotherapy other than Oralair, Grastek and Ragwitek. (Oralair and Grastek tablets are considered medically necessary for grass pollen allergies and Ragwitek is considered medically necessary for ragweed pollen allergies.)*
- Treatments for electromagnetic sensitivity syndrome/disorder
- Ultra low dose enzyme activated immunotherapy (low dose allergens or LDA).

NOTE: In vitro tests MAY BE medically necessary for the initial allergy screen in lieu of skin testing in certain situations (i.e. member has serious skin condition, skin tests are inconclusive). An initial allergy screen is comprised of 12 tests. Additional tests may be medically necessary if any of the initial test results are positive. If all test results are negative, additional testing beyond the initial allergy screen of 12 tests/allergens is not considered medically necessary.

NOTE: Routine allergy re-testing is NOT considered medically necessary.
Coverage

Allergy immunotherapy for the treatment of the IgE-mediated allergies below is considered medically necessary when administered in a medical facility:

- Allergic (extrinsic) asthma
- Dust mite atopic dermatitis
- Hymenoptera (bees, hornets, wasps, fire ants) sensitive individuals when the following are met:
  - Member has a history of systemic reaction to a Hymenoptera sting;
  - There is a presence of Hymenoptera-specific IgE demonstrated by skin testing or serum/in-vitro testing;
- Mold-induced allergic rhinitis
- Perennial rhinitis
- Seasonal allergic rhinitis or conjunctivitis when all of the following conditions are met:
  - Member has symptoms of allergic rhinitis and/or asthma after natural exposure to the allergen OR has a life-threatening allergy to insect stings (bees, hornets, wasps, and fire ants), AND
  - Member has skin test and/or serologic evidence of IgE-mediated antibody to a potent extract of the allergen, AND
  - Avoidance or pharmacologic therapy cannot control allergic symptoms or member has unacceptable side effects with pharmacologic therapy.

NOTE: Units billed in excess of 120 units per day and/or 120 units per year require submission of documentation of medical necessity.

In addition, rapid desensitization (e.g., rush, cluster or acute desensitization) is considered medically necessary when any of the following are met:

- Allergy to a particular drug that cannot be treated effectively with alternative medications; OR
- Insect sting (e.g., wasps, hornets, bees, fire ants) hypersensitivity (hymenoptera); OR
- Members with moderate to severe allergic rhinitis who need treatment during or immediately before the season of the affecting allergy.

NOTE: If a woman is contemplating pregnancy and requires initiation of allergy immunotherapy and/or it is anticipated that she will require allergy medications that may increase risk to her or the fetus, rapid desensitization is an acceptable approach.

Epinephrine kits (e.g., Ana-Kit, Epi-Pen auto-injectors) are considered medically necessary to prevent anaphylactic shock for individuals who have had life-threatening reactions to insect stings, foods, drugs or other allergens or have severe asthma or if needed during immunotherapy.

Aspirin Desensitization is considered medically necessary for aspirin sensitive persons who requiring administration of ASA or ASA-like drugs (aspirin avoidance is not possible) in the setting of:

- Chronic rhinosinusitis with nasal polyposis that is refractory to topical glucocorticoids, leukotriene modifying agents and other therapies; or
- Stable cardiovascular disease or cardiovascular risk factors requiring aspirin antiplatelet therapy; or
- The need for NSAIDS to treat chronic inflammatory conditions, such as arthritis; or
- Antiphospholipid syndromes during pregnancy; or
- Poorly controlled asthma.

Coding

Covered CPT® Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>86003</td>
<td>Allergen specific IgE; quantitative or semiquantitative, each allergen</td>
</tr>
<tr>
<td>86005</td>
<td>Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle or disk)</td>
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<tr>
<td>95115</td>
<td>Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection</td>
</tr>
<tr>
<td>95117</td>
<td>Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections</td>
</tr>
<tr>
<td>95144</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(s) (specify number of vials)</td>
</tr>
<tr>
<td>95145</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom</td>
</tr>
</tbody>
</table>
95146  Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
95147  Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
95146  Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
95149  Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
95165  Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170  Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180  Rapid desensitization procedure, each hour (e.g., insulin, penicillin, equine serum)

NOTE: Units billed in excess of 120 units per day and/or 120 units per year require submission of documentation of medical necessity.

HCPCS Level II® Codes – No applicable codes.

ICD-9-CM Procedure Code – No applicable codes.

ICD-10-PCS Codes – No applicable codes.

Covered ICD-9-CM Diagnosis Codes
477.0 - 477.9  Allergic rhinitis due to pollen, food, animal hair and dander, other allergen and unspecified cause
518.6  Allergic bronchopulmonary aspergillosis
691.8  Other atopic dermatitis and related conditions
692.0-692.6  Contact dermatitis and other eczema
693.1  Dermatitis due to food taken internally
708.0  Allergic urticaria
989.5  Toxic effect of venom; Bites of venomous snakes, lizards and spiders; tick
995.27  Other drug allergy
995.3  Allergy, unspecified, not elsewhere classified
995.60 - 995.69  Anaphylactic shock due to adverse food reaction
995.7  Other adverse food reactions, not elsewhere classified

Covered ICD-10-CM Diagnosis Codes
B44.81  Allergic bronchopulmonary aspergillosis
H10.411  Chronic giant papillary conjunctivitis, right eye
H10.412  Chronic giant papillary conjunctivitis, left eye
H10.413  Chronic giant papillary conjunctivitis, bilateral
H10.419  Chronic giant papillary conjunctivitis, unspecified eye
H10.45  Other chronic allergic conjunctivitis
J30.0  Vasomotor rhinitis
J30.1  Allergic rhinitis due to pollen
J30.2  Other seasonal allergic rhinitis
J30.5  Allergic rhinitis due to food
J30.81  Allergic rhinitis due to animal (cat)(dog) hair and dander
J30.89  Other allergic rhinitis
J30.9  Allergic rhinitis, unspecified
J45.20  Mild intermittent asthma, uncomplicated
J45.21  Mild intermittent asthma with (acute) exacerbation
J45.22  Mild intermittent asthma with status asthmaticus
J45.30  Mild persistent asthma, uncomplicated
J45.31  Mild persistent asthma with (acute) exacerbation
J45.32  Mild persistent asthma with status asthmaticus
J45.40  Moderate persistent asthma, uncomplicated
J45.41  Moderate persistent asthma with (acute) exacerbation
J45.42  Moderate persistent asthma with status asthmaticus
J45.50  Severe persistent asthma, uncomplicated
J45.51  Severe persistent asthma with (acute) exacerbation
J45.52  Severe persistent asthma with status asthmaticus
J45.909 Unspecified asthma, uncomplicated
J45.998 Other asthma
J82    Pulmonary eosinophilia, not elsewhere classified
L20.0  Besnier's prurigo
L20.81 - L20.9  Atopic dermatitis
L23.0 - L23.9  Allergic contact dermatitis
L23.1    Allergic contact dermatitis due to adhesives
L23.3    Allergic contact dermatitis due to drugs in contact with skin
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
L24.0 - L24.9  Irritant contact dermatitis
L24.0    Irritant contact dermatitis due to detergents
L24.1    Irritant contact dermatitis due to oils and greases
L24.2    Irritant contact dermatitis due to solvents
L25.3    Unspecified contact dermatitis due to other chemical products
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
L25.0 - L25.9  Unspecified contact dermatitis
L25.1    Unspecified contact dermatitis due to drugs in contact with skin
L25.4    Unspecified contact dermatitis due to food in contact with skin
L25.5    Unspecified contact dermatitis due to plants, except food
L27.2    Dermatitis due to ingested food
L50.0    Allergic urticarial
T36.0X5A - T44.2X5A  Opens in a new window Adverse effect of penicillins, initial encounter - Adverse effect of ganglionic blocking drugs, initial encounter
T44.3X5A - T50.Z95A  Opens in a new window Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmylytics, initial encounter - Adverse effect of other vaccines and biological substances, initial encounter
T50.905A    Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.995A    Adverse effect of other drugs, medicaments and biological substances, initial encounter
T80.51XA    Anaphylactic reaction due to administration of blood and blood products, initial encounter
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
T63.421A    Toxic effect of venom of ants, accidental (unintentional), initial encounter
T63.422A    Toxic effect of venom of ants, intentional self-harm, initial encounter
T63.423A    Toxic effect of venom of ants, assault, initial encounter
T63.424A    Toxic effect of venom of ants, undetermined, initial encounter
T63.441A    Toxic effect of venom of bees, accidental (unintentional), initial encounter
T63.442A    Toxic effect of venom of bees, intentional self-harm, initial encounter
T63.443A    Toxic effect of venom of bees, assault, initial encounter
T63.444A    Toxic effect of venom of bees, undetermined, initial encounter
T63.451A    Toxic effect of venom of hornets, accidental (unintentional), initial encounter
T63.452A    Toxic effect of venom of hornets, intentional self-harm, initial encounter
T63.453A    Toxic effect of venom of hornets, assault, initial encounter
T63.454A    Toxic effect of venom of hornets, undetermined, initial encounter
T63.461A Toxic effect of venom of wasps, accidental (unintentional), initial encounter
T63.462A Toxic effect of venom of wasps, intentional self-harm, initial encounter
T63.463A Toxic effect of venom of wasps, assault, initial encounter
T63.464A Toxic effect of venom of wasps, undetermined, initial encounter
T63.481A Toxic effect of venom of other arthropod, accidental (unintentional), initial encounter
T78.00XA - T78.1XXX Anaphylactic reaction due to food
T78.2XXA Anaphylactic shock, unspecified, initial encounter
T78.40XA Allergy, unspecified, initial encounter
T78.40XA - T78.40XS Allergy, NOS
T78.49XA Other allergy, initial encounter
T86.6XXA Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered, initial encounter
T80.52XA Anaphylactic reaction due to vaccination, initial encounter
T80.59XA Anaphylactic reaction due to other serum, initial encounter
T80.62XA Other serum reaction due to vaccination, initial encounter
T80.69XA Other serum reaction due to other serum, 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
Z88.4 Allergy status to anesthetic agent status
Z88.7 Allergy status to serum and vaccine status
Z91.030 Bee allergy status
Z91.038 Other insect allergy status
Z91.048 Other nonmedicinal substance allergy status
Z91.09 Other allergy status, other than to drugs and biological substances


REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date Action
10/17/2015 Approved by MPC. Additional coding added per CMS.
10/1/2015 Approved by MPC. Expanded criteria. Formerly titled InVitro IgE Antibody Allergen Testing.
9/1/2011 New template design approved by MPC.
12/1/2011 Approved by MPC.
9/1/2011

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