Local Coverage Determination (LCD): Allergy Testing (L36402)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alaska Alabama Arkansas Arizona Connecticut Florida Georgia Iowa Idaho Illinois Indiana Kansas Kentucky Louisiana Massachusetts Maine Michigan Minnesota Missouri - Entire State Mississippi Montana North Carolina North Dakota Nebraska New Hampshire New Jersey Ohio Oregon Rhode Island South Carolina South Dakota Tennessee Utah

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
				Virginia Virgin Islands Vermont Washington Wisconsin West Virginia Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

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LCD Information

Document Information

LCD ID
L36402

LCD Title
Allergy Testing

Proposed LCD in Comment Period
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N/A

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CMS National Coverage Policy
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Title XVIII of the Social Security Act, Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, Section 1862 (a) (1) (A) allows coverage and payment of those items or services that are considered to be *medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.*

Title XVIII of the Social Security Act, Section 1862 (a) (1) (D) excludes investigational or experimental from Medicare coverage.

Title XVIII of the Social Security Act, Section 1862 (a)(7). This section excludes routine physical examinations.

42 CFR, Section 410.20 – Physicians' Services.

42 CFR Section, 410.32 tests not ordered by the physician or other qualified non-physician provider who is treating the patient are not reasonable and necessary. (See 42 CFR 411.15(k)(1).

42 CFR, Section 410.32(b) diagnostic tests must be furnished under the appropriate level of supervision by a physician. Services furnished without the required level of supervision are not reasonable and necessary.

CMS Pub 100-02 *Medicare Benefit Policy Manual*, Chapter 15 – Covered Medical and Other Health Services, Sections
20.2 – Physician Expense for Allergy Treatment,
80.1 – Clinical Laboratory Services, and
80.6 – Requirements for Ordering and Following Orders for Diagnostic Tests.

CMS Pub 100-03 *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1 – Coverage Determinations, Part 2, Sections
110.9 – Antigens Prepared for Sublingual Administration
110.11 – Food Allergy Testing and Treatment
110.12 – Challenge Ingestion Food Testing
110.13 – Cytotoxic Food Tests.

CMS Pub 100-03 *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1 – Coverage Determinations, Part 4, Section 230.10 – Incontinence Control Devices.

CMS Pub 100-04 *Medicare Claims Processing Manual*, Chapter 12 – Physicians/Nonphysician Practitioners, Section 200 - Allergy Testing and Immunotherapy.
Chapter 16 – Laboratory Services, Section
40.7 – Billing for Noncovered Clinical Laboratory Tests.

Coverage Guidance
Coverage Indications, Limitations, and/or Medical Necessity

Overview:
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. It is based on findings during a complete medical and immunologic history, and appropriate physical exam obtained by face-to-face contact with the patient.

Indications:
Allergy skin testing is a clinical procedure that is used to evaluate an immunologic response to allergenic material. It would not be expected that all patients would receive the same tests or the same number of sensitivity tests. The number and type of antigens used for testing must be chosen judiciously given the patient's presentation, history, physical findings, and clinical judgment.

To be covered by Medicare, the antigens must meet all of the following criteria:

1. Skin testing must be performed based on a complete history and physical exam,
2. Proven efficacy as demonstrated through scientifically valid peer reviewed published medical studies, and
3. Exist in the patient's environment with a reasonable probability of exposure

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.

1. Percutaneous Testing (scratch, puncture, prick) and is used to evaluate immunoglobulin E (IgE) mediated hypersensitivity. Percutaneous tests require medical supervision, since there is a small but significant risk of anaphylaxis. Overall, skin testing is quick, safe, and cost-effective. It remains the test of choice in most clinical situations where immediate hypersensitivity reactions are suspected.

Percutaneous testing is the usual preferred method for allergy testing. Medicare covers percutaneous (scratch, prick or puncture) testing when IgE-mediated reactions occur with **any** of the following:

a. Inhalants.
b. Foods. (Patients present with signs and symptoms such as urticarial, angioedema, esosinophilic esophagitis, or anaphylaxis after ingestion of specific foods. Testing for food allergies in patients who present with wheezing is occasionally required.)
c. Hymenoptera (stinging insects).
d. Specific drugs (penicillins, macromolecular agents, enzymes, and egg-containing vaccines). Skin testing is unreliable with other drugs.

2. Intracutaneous/Intradermal Tests are usually performed when increased sensitivity is the main goal such as when percutaneous tests are negative and there is a strong suspicion of allergen sensitivity. Intradermal tests are injections of small amounts of antigen into the superficial layers of the skin. The usual testing program may include 2 concentrations of an extract: a weaker concentration and a stronger concentration. It would not be expected that 3 or more concentrations of one extract would be medically necessary. Medicare covers intradermal (intracutaneous) testing when IgE-mediated reactions occur to **any** of the following:

a. Inhalants.
b. Hymenoptera (stinging insects).
c. Specific drugs (penicillins and macromolecular agents).

3. Patch Testing is the gold standard method of identifying the cause of allergic contact dermatitis. This testing is indicated to evaluate a nonspecific dermatitis, pruritus, to differentiate allergic contact dermatitis (ACD) and irritant contact dermatitis (ICD) and determine the causative antigen. It is a diagnostic test reserved for patients with skin eruptions for which a contact allergy source is likely.

The patch test procedure can induce an eczematous reaction in miniature by applying suspect allergens to normal skin, allowing the physician to determine a specific patient allergy. Patch tests are applied to the skin on the patient's back and left in place for 48 hours. The test is interpreted after 48 hours, and typically once again at 72 or 96 hours, and the reactions are systematically scored and recorded. The patient is then informed and educated regarding specific allergies and avoidance of exposure. Avoidance of the identified allergen(s) is critical to patient improvement and resolution of the dermatitis.

Allergy patch testing is a covered procedure only when used to diagnose allergic contact dermatitis after the following exposures: dermatitis due to detergents, oils and greases, solvents, drugs and medicines in contact with skin, other chemical products, food in contact with skin, plants (except food), cosmetics, metals, rubber additives, other and unspecified. Patch tests may also be used and may be helpful when a distribution and persistence of dermatitis suggests a possible contact allergy, but the exact etiology of the dermatitis is unknown. These allergens are part of a useful, but limited series of 36 allergens. While this series of 36 allergens represents some of the most common contact allergies, there are a significant number of patients who suffer intractable contact dermatitis for which the 36 allergens are inadequate to diagnose their problem. A supplemental series of

allergens in this case can enhance accurate diagnosis, patient education, and treatment. This supplemental series is particularly critical in the diagnosis of occupationally induced dermatitis. If another supplemental series of allergens are clinically indicated for an accurate diagnosis, the documentation must support the medically reasonable and necessary use of the additional allergens.

The clinician should recognize that contact sensitization to metals or bone cement that is used in orthopedic, cardiac, dental, and gynecological implants has been associated with both dermatitis and noncutaneous complications. These complications may include
localized pain, swelling, erythema, warmth, implant loosening, decreased range of motion, stent stenosis, and pericardial effusions in the case of cardiac implants. Patch testing to implant or device components has been recommended to help determine the etiology of the adverse reaction.

4. Photo Patch Testing uses two patches, with one of them being irradiated with ultraviolet light half way through the occlusive period. It is indicated to evaluate unique allergies resulting from light exposure. Some chemicals or medications produce an allergic reaction only when exposed to light (usually ultraviolet type A, UVA). Patients who are over-sensitive to light and those with a rash that appears on parts of the body normally exposed to light but that does not appear in areas shielded from the light should have a photo-patch test.

5. Photo Tests is skin irradiation with a specific range of ultraviolet light. Photo tests are performed for the evaluation of photosensitivity disorders.

6. Skin Endpoint Titration (SET) Testing or Intradermal Dilutional Testing (IDT) analyzes the highest dilution of a substance that produces a reaction, and may be used to determine the starting dose(s) of allergen immunotherapy.

7. Delayed Hypersensitivity Skin Testing has been commonly used in three ways: anergy testing, testing for infection with intracellular pathogens, and testing for sensitivity to contact allergens. Accurate testing for contact allergy requires careful attention to technique, and limitation of testing to the specific allergens known to be associated with a contact reaction.

8. Ophthalmic Mucous Membrane Tests and Direct Nasal Mucous Membrane Tests are rarely indicated. They are allowed when skin testing cannot test allergens.

Ophthalmic mucous membrane tests and direct nasal mucous membrane tests are approved if levels of allergic mediators (such as histamine and tryptase) are measured and a placebo control is performed. This is usually performed in allergy research laboratories. It is also approved in the office setting if the physician is there to observe objective measurement of reactions which might include redness of the eyes, tearing and sneezing.

9. Inhalation Bronchial Challenge Testing involves the inhalation of agents that can trigger respiratory responses and are often used to evaluate new allergens and/or substantiate the role of allergens in patients with significant symptoms. Results of these tests are ordinarily evaluated by objective measures of pulmonary function and occasionally by characterization of bronchoalveolar lavage samples.

a. Inhalation bronchial challenge tests should be performed as dose-response assays where in provocation concentration thresholds can be determined on the basis of allergen concentration required to cause a significant decrease in measured pulmonary function.
b. Inhalation bronchial challenge tests with occupational allergens need to be carefully controlled with respect to dose and duration of exposure. When industrial small molecular weight agents are assessed, tests should be performed under conditions of continuous monitoring of the specific chemical being assessed so as not to exceed the threshold limit level permitted in the workplace.

10. Ingestion (Oral) Challenge Test involves the administration of sequentially or incrementally larger doses of the test item. The test items may include food or antibiotics. The service is allowed once per patient encounter, regardless of the number of items tested, and includes evaluation of the patient's response to the test items.

Challenge ingestion food testing is a safe and effective technique in the diagnosis of food allergies. This procedure is covered when it is used on an outpatient basis if it is reasonable and necessary for the individual patient. (CMS Pub. 100-03 Medicare National Coverage Determination (NCD)Manual, Chapter 1- Coverage Determinations, Part 2 Section 110.12- Challenge Ingestion Food Testing).

Challenge ingestion food testing is covered for the following indications:

- Food allergy, dermatitis
- Anaphylactic shock due to adverse food reaction

- Allergy to medicinal agents
- Allergy to foods

Challenge ingestion food testing has not been proven to be effective in the diagnosis of rheumatoid arthritis, depression, or respiratory disorders. Accordingly, its use in the diagnosis of these conditions is not reasonable and necessary within the meaning of section 1862(a) (1) of the Medicare law, and no program payment is made for this procedure when it is so used. (CMS Pub. 100-03 *Medicare National Coverage Determination (NCD)Manual,* Chapter 1- Coverage Determinations, Part 2 Section 110.12- Challenge Ingestion Food Testing).

11. Intracutaneous testing, delayed reaction - more than 6 tests, may be covered but requires additional justification and case-by-case review for the number of tests performed and the medical necessity except when the skin test is used:

Prior to collagen implant therapy, a skin test for collagen sensitivity must be administered and evaluated over a 4 week period. CMS Pub 100-03 *Medicare National Coverage Determinations (NCD) Manual, Chapter 1* – Coverage Determinations, Part 4, Section 230.10 – Incontinence Control Devices.

12. Organ challenge test materials may be applied to the mucosae of the conjunctivae, nares, GI tract, or bronchi. Considerable experience with these methods is required for proper interpretation and analysis. All organ challenge tests should be preceded by a control test with diluent and, if possible, the procedure should be performed on a double blind or at least single-blind basis.

B. In vitro testing (blood serum analysis): immediate hypersensitivity testing by measurement of allergen-specific serum IgE in the blood serum. They are useful when testing for inhalant allergens (pollens, molds, dust mites, animal danders), foods, insect stings, and other allergens such as drugs or latex, when direct skin testing is impossible due to extensive dermatitis, marked dermatographism, or in children younger than four years of age.

In vitro testing is covered when skin testing is not possible or would be unreliable; or in vitro testing is medically reasonable and necessary as determined by the physician. When in vitro testing is ordered or performed, the medical record must clearly document the indication and why it is being used instead of skin testing.

It is not covered when done in addition to a skin test for the same antigen, except in the case of suspected latex sensitivity, hymenoptera, or nut/peanut sensitivity where both the skin test and the in-vitro test may be performed. The number of tests done, choice of antigens, frequency of repetition and other coverages issues are the same as skin testing.

Testing must be based on a careful history/physical examination which suggests IgE medicated disease. Total Serum IgE is not appropriate in most general allergy testing. Instead, individual IgE tests are performed against a specific antigen.

Special clinical situations in which specific IgE immunoassays are performed against a specific antigen may be appropriate in the following situations:

1. Patients with extensive dermatitis, severe dermatographism, ichthyosis or generalized eczema that will not make direct skin testing possible.
2. Patients needing continued use of H-1 blockers (antihistamines), or in the rare patient with persistent unexplained negative histamine control.
3. Patients who cannot be safely withdrawn from medications that interfere with skin testing, such as long-acting antihistamines, tricyclic antidepressants, beta-blockers, or medications that may put the patient at undue risk if they are discontinued long enough to perform skin tests.
4. Uncooperative patients with mental or physical impairments.
5. For evaluation of cross-reactivity between insect venoms (e.g., fire ant, bee, wasp, yellow jacket, hornet).
6. As adjunctive laboratory testing for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic disease.
7. To diagnose atopy in small children.
8. 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.
9. Patients in who skin testing were equivocal/inconclusive and in vitro testing is required as a confirmatory test.

Total IgE is reasonable and necessary for follow-up of Allergic Bronchopulmonary Aspergillosis (ABPA) and to diagnosis atopy in children.

Retesting with the same antigen(s) should rarely be necessary within a three-year period. Exceptions include young children with negative skin tests, or older children and adults with negative skin tests in the face of persistent symptoms. Routine repetition of skin tests is not indicated (i.e., annually) and not covered.

Limitations:
The following tests are considered not medically reasonable and necessary:
1. Ingestion (Oral) Challenge Food Testing performed by the patient in the home, and not in the office setting, will not be covered.

2. Provocative Testing for which there is limited or no evidence of validity include the cytotoxic test, the provocation-neutralization procedure, electrodermal diagnosis, applied kinesiology, the "reaginic" pulse test, and chemical analysis of body tissues. Controlled studies for the cytotoxic and provocation-neutralization tests demonstrated that the results are not reproducible and do not correlate with clinical evidence of allergy. Electrodermal diagnosis and applied kinesiology have not been evaluated for efficacy. Similarly, the "reaginic" pulse test and chemical analysis of body tissues for various exogenous chemicals have not been substantiated as valid tests for allergy.

Provocative and neutralization testing and neutralization therapy (Rinkel test) of food allergies (sublingual, intracutaneous and subcutaneous) are excluded from Medicare coverage because available evidence does not show these tests and therapies are effective.

3. IgG and IgG Subclass Antibody Tests measure allergen-specific IgG and IgG subclasses by using immunoabsorption assays and IgG and IgG subclass antibody tests for food allergy/delayed food allergic symptoms or intolerance to specific foods. These tests are considered experimental and investigational since there is insufficient evidence in the published peer-reviewed scientific literature to support the diagnostic value of these tests.

4. Antigens for which no clinical efficacy is documented in peer reviewed literature include the following: newsprint, tobacco smoke and leaf, dandelion, orris root, phenol, alcohol, sugar, yeast, grain mill dust, soybean dust (except when the patient has a known exposure to soybean dust such as a food processing plant), honeysuckle, marigold, goldenrod, fiberglass, wool, green tea, or chalk.

5. Radioallergosorbent test (RAST), fluoroallergosorbent test (FAST), and multiple antigen simultaneous test (MAST) are in vitro techniques for determining whether a patient's serum contains IgE antibodies against specific allergens of clinical importance. As with any allergy testing, the need for such tests is based on the findings during a complete history and physical examination of the patient. These tests are not appropriate in most general allergy testing. Instead, individual IgE tests should be performed against a specific antigen.

6. ELISA (enzyme-linked immunoaorbent assay) test is another in vitro method of allergy testing for specific IgE antibodies against allergens. It is used to determine in vitro reaction to various foods and relies on lymphocyte blastogenesis in response to certain food antigens.

7. Quantitative multi-allergen screen is a non-specific screen that does not identify a specific antigen. It is does not have sufficient literature demonstrating clear cut clinical implication. It is a screening tool and therefore not covered by Medicare.

8. *Effective August 5, 1985,* ***cytotoxic leukocyte tests*** *for food allergies are excluded from Medicare coverage because available evidence does not show that these tests are safe and effective.* (CMS Pub. 100-03 *Medicare National Coverage Determination (NCD) Manual,* Chapter 1- Coverage Determinations, Part 2 Section 110.13-Cytotoxic Food Tests).

9. *Effective October 31, 1988,* ***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 Pub 100-03 *Medicare National Coverage Determinations Manual,* Chapter 1- Coverage Determinations, Part 2, Section 110.11 – Food Allergy Testing and Treatment).

10. The following tests are considered **experimental and investigational for allergy testing** as these have not been proven to be effective or appropriate for the evaluation and/or management of IgE-mediated allergic reactions. This list is not all inclusive:

a. Antigen leukocyte cellular antibody (ALCAT) automated food allergy testing
b. Applied kinesiology or Nambudripad's allergy elimination test (NAET (i.e., muscle strength testing or

measurement after allergen ingestion)
c. Anti-Fc epsilon receptor antibodies testing
d. Anti-IgE receptor antibody testing
e. Blood, urine, or stool micro-nutrient assessments
f. Candidiasis test
g. Chemical analysis of body tissues (e.g., hair)
h. Chlorinated pesticides (serum)
i. Chronic urticarial index testing
j. Clifford materials reactivity testing
k. Complement (total or components)
l. Complement antigen testing
m. C-reactive protein
n. Cytokine and cytokine receptor assay
o. Cytotoxic testing for environmental or clinical ecological allergy testing (Bryans Test, ACT)
p. Electrodermal testing or electro-acupuncture
q. Electromagnetic sensitivity syndrome/disorder (allergy to electricity, electro-sensitivity, electrohypersensitivity, and hypersensitivity to electricity).
r. Environmental cultures and chemicals
s. Eosinophil cationic protein (ECP) test
t. Food immune complex assay (FICA) or food allergenic extract immunotherapy
u. General immune system assessments
v. Immune complex assay
w. Immunoglobulin G (IgG) testing for allergy
x. Iridology
y. Leukocyte antibodies testing
z. Leukocyte histamine release test (LHRT)/basophil histamine release test
aa. Lymphocytes (B or T subsets)
ab. Lymphocyte function assay
ac. Mediator release test (MRT) or the LEAP program
ad. Metabolic assessments
ae. 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)
af. Prausnitz-Kustner or P-K testing - passive cutaneous transfer test
ag. Pulse response test
ah. Qualification of nutritional assessments
ai. Rebuck skin window test
aj. Secretory IgA (salvia)
ak. Sage Complement Antigen Test
al. Specific Immunoglobulin (IgG) (e.g., by Radioallergosorbent (RAST) or Enzyme-linked immunosorbent assay (ELISA)
am.Sublingual provocative neutralization testing and treatment with hormones.
an.Total serum IgG, immunoglobulin A (IgA) and immunoglobulin M (IgM
ao. Venom blocking antibodies
ap. Volatile chemical panels (blood testing for chemicals)
aq. Live Cell Analysis
ar. Passive Transfer
as. Cytotoxic Food Testing

Routine allergy re-testing does not meet the definition of medically necessity according to the practice parameters and recommendations from the American College of Allergy, Asthma, and Immunology (ACAAI), the American Academy of Allergy, Asthma, and Immunology (AAAAI), and the Joint Council of Allergy, Asthma, and Immunology (JCAAI).

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

N/A

CPT/HCPCS Codes

Group 1 Paragraph:

Allergy Testing - Covered

Group 1 Codes:

82785 Assay of ige
86003 Allg spec ige crude xtrc ea
86008 Allg spec ige recomb ea
95004 Percut allergy skin tests
95017 Perq & icut allg test venoms
95018 Perq&ic allg test drugs/biol
95024 Icut allergy test drug/bug
95027 Icut allergy titrate-airborn
95028 Icut allergy test-delayed
95044 Allergy patch tests
95052 Photo patch test
95056 Photosensitivity tests
95060 Eye allergy tests
95065 Nose allergy test
95070 Bronchial allergy tests
95071 Bronchial allergy tests
95076 Ingest challenge ini 120 min
95079 Ingest challenge addl 60 min

Group 2 Paragraph:

Allergy Testing Non-covered

Group 2 Codes:
86001 Allergen specific igg
86005 Allg spec ige multiallg scr

ICD-10 Codes that Support Medical Necessity
Group 1 Paragraph:
Note: Diagnosis codes must be coded to the highest level of specificity.

Allergy Testing **95004, 95017, 95018, 95024, 95027**

For codes in the table below that requires a 7th character: letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 1 Codes:

ICD-10 Codes	Description
B44.81	Allergic bronchopulmonary aspergillosis
H10.11	Acute atopic conjunctivitis, right eye
H10.12	Acute atopic conjunctivitis, left eye
H10.13	Acute atopic conjunctivitis, bilateral
H10.31	Unspecified acute conjunctivitis, right eye
H10.32	Unspecified acute conjunctivitis, left eye
H10.33	Unspecified acute conjunctivitis, bilateral
H10.411	Chronic giant papillary conjunctivitis, right eye
H10.412	Chronic giant papillary conjunctivitis, left eye
H10.413	Chronic giant papillary conjunctivitis, bilateral
H10.44	Vernal conjunctivitis
H10.45	Other chronic allergic conjunctivitis
H16.261	Vernal keratoconjunctivitis, with limbar and corneal involvement, right eye
H16.262	Vernal keratoconjunctivitis, with limbar and corneal involvement, left eye
H16.263	Vernal keratoconjunctivitis, with limbar and corneal involvement, bilateral
H65.01	Acute serous otitis media, right ear
H65.02	Acute serous otitis media, left ear
H65.03	Acute serous otitis media, bilateral
H65.04	Acute serous otitis media, recurrent, right ear
H65.05	Acute serous otitis media, recurrent, left ear
H65.06	Acute serous otitis media, recurrent, bilateral
H65.21	Chronic serous otitis media, right ear
H65.22	Chronic serous otitis media, left ear
H65.23	Chronic serous otitis media, bilateral
H65.411	Chronic allergic otitis media, right ear
H65.412	Chronic allergic otitis media, left ear
H65.413	Chronic allergic otitis media, bilateral
H65.491	Other chronic nonsuppurative otitis media, right ear
H65.492	Other chronic nonsuppurative otitis media, left ear
H65.493	Other chronic nonsuppurative otitis media, bilateral
H66.91	Otitis media, unspecified, right ear
H66.92	Otitis media, unspecified, left ear
H66.93	Otitis media, unspecified, bilateral
J01.00	Acute maxillary sinusitis, unspecified
J01.01	Acute recurrent maxillary sinusitis
J01.10	Acute frontal sinusitis, unspecified
J01.11	Acute recurrent frontal sinusitis
J01.20	Acute ethmoidal sinusitis, unspecified
J01.21	Acute recurrent ethmoidal sinusitis
J01.30	Acute sphenoidal sinusitis, unspecified
J01.31	Acute recurrent sphenoidal sinusitis
J01.40	Acute pansinusitis, unspecified
J01.41	Acute recurrent pansinusitis

ICD-10 Codes	Description
J01.80	Other acute sinusitis
J01.81	Other acute recurrent sinusitis
J01.90	Acute sinusitis, unspecified
J01.91	Acute recurrent sinusitis, unspecified
J04.0	Acute laryngitis
J04.30	Supraglottitis, unspecified, without obstruction
J04.31	Supraglottitis, unspecified, with obstruction
J05.0	Acute obstructive laryngitis [croup]
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
J31.0	Chronic rhinitis
J31.1	Chronic nasopharyngitis
J31.2	Chronic pharyngitis
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J33.0	Polyp of nasal cavity
J33.8	Other polyp of sinus
J34.3	Hypertrophy of nasal turbinates
J34.81	Nasal mucositis (ulcerative)
J34.89	Other specified disorders of nose and nasal sinuses
J35.01	Chronic tonsillitis
J35.02	Chronic adenoiditis
J35.03	Chronic tonsillitis and adenoiditis
J35.1	Hypertrophy of tonsils
J35.2	Hypertrophy of adenoids
J35.3	Hypertrophy of tonsils with hypertrophy of adenoids
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
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
J45.991	Cough variant asthma
J45.998	Other asthma
K20.0	Eosinophilic esophagitis
K29.30	Chronic superficial gastritis without bleeding
K29.60	Other gastritis without bleeding
L20.0	Besnier's prurigo
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L23.9	Allergic contact dermatitis, unspecified cause

ICD-10 Codes	Description
L24.9	Irritant contact dermatitis, unspecified cause
L25.9	Unspecified contact dermatitis, unspecified cause
L27.0	Generalized skin eruption due to drugs and medicaments taken internally
L27.1	Localized skin eruption due to drugs and medicaments taken internally
L27.2	Dermatitis due to ingested food
L27.8	Dermatitis due to other substances taken internally
L27.9	Dermatitis due to unspecified substance taken internally
L29.9	Pruritus, unspecified
L30.0	Nummular dermatitis
L30.2	Cutaneous autosensitization
L30.8	Other specified dermatitis
L50.0	Allergic urticaria
L50.1	Idiopathic urticaria
L50.3	Dermatographic urticaria
L50.6	Contact urticaria
L50.8	Other urticaria
R05	Cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.83	Snoring
R06.89	Other abnormalities of breathing
R09.81	Nasal congestion
R21	Rash and other nonspecific skin eruption
R43.0	Anosmia
R43.1	Parosmia
R43.2	Parageusia
R43.8	Other disturbances of smell and taste
T36.0X5A - T44.2X5S	Adverse effect of penicillins, initial encounter - Adverse effect of ganglionic blocking drugs, sequela
T44.3X5A - T50.Z95S	Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, initial encounter - Adverse effect of other vaccines and biological substances, sequela
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
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
T65.811A	Toxic effect of latex, accidental (unintentional), initial encounter
T65.812A	Toxic effect of latex, intentional self-harm, initial encounter
T65.813A	Toxic effect of latex, assault, initial encounter
T65.814A	Toxic effect of latex, undetermined, initial encounter
T65.894A	Toxic effect of other specified substances, undetermined, initial encounter
T78.00XA	Anaphylactic reaction due to unspecified food, initial encounter
T78.01XA	Anaphylactic reaction due to peanuts, initial encounter

ICD-10 Codes	Description
T78.02XA	Anaphylactic reaction due to shellfish (crustaceans), initial encounter
T78.03XA	Anaphylactic reaction due to other fish, initial encounter
T78.04XA	Anaphylactic reaction due to fruits and vegetables, initial encounter
T78.05XA	Anaphylactic reaction due to tree nuts and seeds, initial encounter
T78.06XA	Anaphylactic reaction due to food additives, initial encounter
T78.07XA	Anaphylactic reaction due to milk and dairy products, initial encounter
T78.08XA	Anaphylactic reaction due to eggs, initial encounter
T78.09XA	Anaphylactic reaction due to other food products, initial encounter
T78.1XXA	Other adverse food reactions, not elsewhere classified, initial encounter
T78.2XXA	Anaphylactic shock, unspecified, initial encounter
T78.3XXA	Angioneurotic edema, initial encounter
T78.40XA	Allergy, unspecified, initial encounter
T78.49XA	Other allergy, initial encounter
T80.51XA	Anaphylactic reaction due to administration of blood and blood products, initial encounter
T80.52XA	Anaphylactic reaction due to vaccination, initial encounter
T80.59XA	Anaphylactic reaction due to other serum, initial encounter
T80.61XA	Other serum reaction due to administration of blood and blood products, initial encounter
T80.62XA	Other serum reaction due to vaccination, initial encounter
T80.69XA	Other serum reaction due to other serum, initial encounter
T88.6XXA	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered, 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
Z88.5	Allergy status to narcotic agent status
Z88.6	Allergy status to analgesic agent status
Z88.7	Allergy status to serum and vaccine status
Z88.8	Allergy status to other drugs, medicaments and biological substances status
Z91.010	Allergy to peanuts
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
Z91.018	Allergy to other foods
Z91.02	Food additives allergy status
Z91.030	Bee allergy status
Z91.038	Other insect allergy status
Z91.040	Latex allergy status
Z91.041	Radiographic dye allergy status
Z91.048	Other nonmedicinal substance allergy status
Z91.09	Other allergy status, other than to drugs and biological substances

Group 2 Paragraph:
Specific IgE in Vitro Test **86003, 86008**

For codes in the table below that requires a 7th character: letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 2 Codes:

ICD-10 Codes	Description
B44.81	Allergic bronchopulmonary aspergillosis
H10.11	Acute atopic conjunctivitis, right eye
H10.12	Acute atopic conjunctivitis, left eye
H10.13	Acute atopic conjunctivitis, bilateral
H10.31	Unspecified acute conjunctivitis, right eye

ICD-10 Codes	Description
H10.32	Unspecified acute conjunctivitis, left eye
H10.33	Unspecified acute conjunctivitis, bilateral
H10.411	Chronic giant papillary conjunctivitis, right eye
H10.412	Chronic giant papillary conjunctivitis, left eye
H10.413	Chronic giant papillary conjunctivitis, bilateral
H10.44	Vernal conjunctivitis
H10.45	Other chronic allergic conjunctivitis
H16.261	Vernal keratoconjunctivitis, with limbar and corneal involvement, right eye
H16.262	Vernal keratoconjunctivitis, with limbar and corneal involvement, left eye
H16.263	Vernal keratoconjunctivitis, with limbar and corneal involvement, bilateral
H65.01	Acute serous otitis media, right ear
H65.02	Acute serous otitis media, left ear
H65.03	Acute serous otitis media, bilateral
H65.04	Acute serous otitis media, recurrent, right ear
H65.05	Acute serous otitis media, recurrent, left ear
H65.06	Acute serous otitis media, recurrent, bilateral
H65.21	Chronic serous otitis media, right ear
H65.22	Chronic serous otitis media, left ear
H65.23	Chronic serous otitis media, bilateral
H65.411	Chronic allergic otitis media, right ear
H65.412	Chronic allergic otitis media, left ear
H65.413	Chronic allergic otitis media, bilateral
H65.491	Other chronic nonsuppurative otitis media, right ear
H65.492	Other chronic nonsuppurative otitis media, left ear
H65.493	Other chronic nonsuppurative otitis media, bilateral
H66.91	Otitis media, unspecified, right ear
H66.92	Otitis media, unspecified, left ear
H66.93	Otitis media, unspecified, bilateral
H68.011	Acute Eustachian salpingitis, right ear
H68.012	Acute Eustachian salpingitis, left ear
H68.013	Acute Eustachian salpingitis, bilateral
H68.021	Chronic Eustachian salpingitis, right ear
H68.022	Chronic Eustachian salpingitis, left ear
H68.023	Chronic Eustachian salpingitis, bilateral
J01.00	Acute maxillary sinusitis, unspecified
J01.01	Acute recurrent maxillary sinusitis
J01.10	Acute frontal sinusitis, unspecified
J01.11	Acute recurrent frontal sinusitis
J01.20	Acute ethmoidal sinusitis, unspecified
J01.21	Acute recurrent ethmoidal sinusitis
J01.30	Acute sphenoidal sinusitis, unspecified
J01.31	Acute recurrent sphenoidal sinusitis
J01.40	Acute pansinusitis, unspecified
J01.41	Acute recurrent pansinusitis
J01.80	Other acute sinusitis
J01.81	Other acute recurrent sinusitis
J01.90	Acute sinusitis, unspecified
J01.91	Acute recurrent sinusitis, unspecified
J04.0	Acute laryngitis
J04.30	Supraglottitis, unspecified, without obstruction
J04.31	Supraglottitis, unspecified, with obstruction
J05.0	Acute obstructive laryngitis [croup]
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

ICD-10 Codes	Description
J31.0	Chronic rhinitis
J31.1	Chronic nasopharyngitis
J31.2	Chronic pharyngitis
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J33.0	Polyp of nasal cavity
J33.8	Other polyp of sinus
J34.3	Hypertrophy of nasal turbinates
J34.81	Nasal mucositis (ulcerative)
J34.89	Other specified disorders of nose and nasal sinuses
J35.01	Chronic tonsillitis
J35.02	Chronic adenoiditis
J35.03	Chronic tonsillitis and adenoiditis
J35.1	Hypertrophy of tonsils
J35.2	Hypertrophy of adenoids
J35.3	Hypertrophy of tonsils with hypertrophy of adenoids
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
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.991	Cough variant asthma
J45.998	Other asthma
K29.30	Chronic superficial gastritis without bleeding
K29.60	Other gastritis without bleeding
L20.0	Besnier's prurigo
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other 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	Generalized skin eruption due to drugs and medicaments taken internally
L27.1	Localized skin eruption due to drugs and medicaments taken internally
L27.2	Dermatitis due to ingested food
L27.8	Dermatitis due to other substances taken internally
L27.9	Dermatitis due to unspecified substance taken internally
L29.9	Pruritus, unspecified
L30.0	Nummular dermatitis
L30.2	Cutaneous autosensitization
L30.8	Other specified dermatitis
L50.0	Allergic urticaria
L50.1	Idiopathic urticaria
L50.3	Dermatographic urticaria
L50.6	Contact urticaria
L50.8	Other urticaria

ICD-10 Codes	Description
R05	Cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R09.81	Nasal congestion
R21	Rash and other nonspecific skin eruption
R43.0	Anosmia
R43.1	Parosmia
R43.2	Parageusia
R43.8	Other disturbances of smell and taste
T36.0X5A - T44.2X5S	Adverse effect of penicillins, initial encounter - Adverse effect of ganglionic blocking drugs, sequela
T44.3X5A - T50.Z95S	Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, initial encounter - Adverse effect of other vaccines and biological substances, sequela
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
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
T65.811A	Toxic effect of latex, accidental (unintentional), initial encounter
T65.812A	Toxic effect of latex, intentional self-harm, initial encounter
T65.813A	Toxic effect of latex, assault, initial encounter
T65.814A	Toxic effect of latex, undetermined, initial encounter
T65.894A	Toxic effect of other specified substances, undetermined, initial encounter
T78.00XA	Anaphylactic reaction due to unspecified food, initial encounter
T78.01XA	Anaphylactic reaction due to peanuts, initial encounter
T78.02XA	Anaphylactic reaction due to shellfish (crustaceans), initial encounter
T78.03XA	Anaphylactic reaction due to other fish, initial encounter
T78.04XA	Anaphylactic reaction due to fruits and vegetables, initial encounter
T78.05XA	Anaphylactic reaction due to tree nuts and seeds, initial encounter
T78.06XA	Anaphylactic reaction due to food additives, initial encounter
T78.07XA	Anaphylactic reaction due to milk and dairy products, initial encounter
T78.08XA	Anaphylactic reaction due to eggs, initial encounter
T78.09XA	Anaphylactic reaction due to other food products, initial encounter
T78.1XXA	Other adverse food reactions, not elsewhere classified, initial encounter
T78.2XXA	Anaphylactic shock, unspecified, initial encounter
T78.3XXA	Angioneurotic edema, initial encounter
T78.40XA	Allergy, unspecified, initial encounter
T78.49XA	Other allergy, initial encounter
T80.51XA	Anaphylactic reaction due to administration of blood and blood products, initial encounter
T80.52XA	Anaphylactic reaction due to vaccination, initial encounter
T80.59XA	Anaphylactic reaction due to other serum, initial encounter
T80.61XA	Other serum reaction due to administration of blood and blood products, initial encounter
T80.62XA	Other serum reaction due to vaccination, initial encounter

ICD-10 Codes	Description
T80.69XA	Other serum reaction due to other serum, initial encounter
T88.6XXA	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered, 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
Z88.5	Allergy status to narcotic agent status
Z88.6	Allergy status to analgesic agent status
Z88.7	Allergy status to serum and vaccine status
Z88.8	Allergy status to other drugs, medicaments and biological substances status
Z91.010	Allergy to peanuts
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
Z91.018	Allergy to other foods
Z91.048	Other nonmedicinal substance allergy status
Z91.09	Other allergy status, other than to drugs and biological substances

Group 3 Paragraph:
Food allergy testing **95004**
Medicare is establishing the following limited coverage for food allergies.

For codes in the table below that requires a 7th character: letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 3 Codes:

ICD-10 Codes	Description
K20.0	Eosinophilic esophagitis
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.3	Indeterminate colitis
K52.831	Collagenous colitis
K52.832	Lymphocytic colitis
K52.838	Other microscopic colitis
K52.89	Other specified noninfective gastroenteritis and colitis
R05	Cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.2	Wheezing
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
R14.0	Abdominal distension (gaseous)
R14.1	Gas pain
R14.2	Eructation
R14.3	Flatulence
R19.7	Diarrhea, unspecified
T78.00XA	Anaphylactic reaction due to unspecified food, initial encounter
T78.00XD	Anaphylactic reaction due to unspecified food, subsequent encounter
T78.00XS	Anaphylactic reaction due to unspecified food, sequela
T78.01XA	Anaphylactic reaction due to peanuts, initial encounter

ICD-10 Codes	Description
T78.01XD	Anaphylactic reaction due to peanuts, subsequent encounter
T78.01XS	Anaphylactic reaction due to peanuts, sequela
T78.02XA	Anaphylactic reaction due to shellfish (crustaceans), initial encounter
T78.02XD	Anaphylactic reaction due to shellfish (crustaceans), subsequent encounter
T78.02XS	Anaphylactic reaction due to shellfish (crustaceans), sequela
T78.03XA	Anaphylactic reaction due to other fish, initial encounter
T78.03XD	Anaphylactic reaction due to other fish, subsequent encounter
T78.03XS	Anaphylactic reaction due to other fish, sequela
T78.04XA	Anaphylactic reaction due to fruits and vegetables, initial encounter
T78.04XD	Anaphylactic reaction due to fruits and vegetables, subsequent encounter
T78.04XS	Anaphylactic reaction due to fruits and vegetables, sequela
T78.05XA	Anaphylactic reaction due to tree nuts and seeds, initial encounter
T78.05XD	Anaphylactic reaction due to tree nuts and seeds, subsequent encounter
T78.05XS	Anaphylactic reaction due to tree nuts and seeds, sequela
T78.06XA	Anaphylactic reaction due to food additives, initial encounter
T78.06XD	Anaphylactic reaction due to food additives, subsequent encounter
T78.06XS	Anaphylactic reaction due to food additives, sequela
T78.07XA	Anaphylactic reaction due to milk and dairy products, initial encounter
T78.07XD	Anaphylactic reaction due to milk and dairy products, subsequent encounter
T78.07XS	Anaphylactic reaction due to milk and dairy products, sequela
T78.08XA	Anaphylactic reaction due to eggs, initial encounter
T78.08XD	Anaphylactic reaction due to eggs, subsequent encounter
T78.08XS	Anaphylactic reaction due to eggs, sequela
T78.09XA	Anaphylactic reaction due to other food products, initial encounter
T78.09XD	Anaphylactic reaction due to other food products, subsequent encounter
T78.09XS	Anaphylactic reaction due to other food products, sequela

Group 4 Paragraph:

Patch Tests **95044, 95052**

Group 4 Codes:

ICD-10 Codes	Description
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
L23.81	Allergic contact dermatitis due to animal (cat) (dog) dander
L23.89	Allergic contact dermatitis due to other agents
L23.9	Allergic contact dermatitis, unspecified cause
L24.0	Irritant contact dermatitis due to detergents
L24.1	Irritant contact dermatitis due to oils and greases
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

ICD-10 Codes	Description
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
L30.0	Nummular dermatitis
L30.2	Cutaneous autosensitization
L30.8	Other specified dermatitis
T84.89XS	Other specified complication of internal orthopedic prosthetic devices, implants and grafts, sequela
Z91.09	Other allergy status, other than to drugs and biological substances

Group 5 Paragraph:
Ingestion Challenge Testing **95076, 95079**

For codes in the table below that requires a 7th character: letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 5 Codes:

ICD-10 Codes	Description
L27.2	Dermatitis due to ingested food
T78.00XA	Anaphylactic reaction due to unspecified food, initial encounter
T78.00XD	Anaphylactic reaction due to unspecified food, subsequent encounter
T78.00XS	Anaphylactic reaction due to unspecified food, sequela
T78.01XA	Anaphylactic reaction due to peanuts, initial encounter
T78.01XD	Anaphylactic reaction due to peanuts, subsequent encounter
T78.01XS	Anaphylactic reaction due to peanuts, sequela
T78.02XA	Anaphylactic reaction due to shellfish (crustaceans), initial encounter
T78.02XD	Anaphylactic reaction due to shellfish (crustaceans), subsequent encounter
T78.02XS	Anaphylactic reaction due to shellfish (crustaceans), sequela
T78.03XA	Anaphylactic reaction due to other fish, initial encounter
T78.03XD	Anaphylactic reaction due to other fish, subsequent encounter
T78.03XS	Anaphylactic reaction due to other fish, sequela
T78.04XA	Anaphylactic reaction due to fruits and vegetables, initial encounter
T78.04XD	Anaphylactic reaction due to fruits and vegetables, subsequent encounter
T78.04XS	Anaphylactic reaction due to fruits and vegetables, sequela
T78.05XA	Anaphylactic reaction due to tree nuts and seeds, initial encounter
T78.05XD	Anaphylactic reaction due to tree nuts and seeds, subsequent encounter
T78.05XS	Anaphylactic reaction due to tree nuts and seeds, sequela
T78.06XA	Anaphylactic reaction due to food additives, initial encounter
T78.06XD	Anaphylactic reaction due to food additives, subsequent encounter
T78.06XS	Anaphylactic reaction due to food additives, sequela
T78.07XA	Anaphylactic reaction due to milk and dairy products, initial encounter
T78.07XD	Anaphylactic reaction due to milk and dairy products, subsequent encounter
T78.07XS	Anaphylactic reaction due to milk and dairy products, sequela
T78.08XA	Anaphylactic reaction due to eggs, initial encounter
T78.08XD	Anaphylactic reaction due to eggs, subsequent encounter
T78.08XS	Anaphylactic reaction due to eggs, sequela
T78.09XA	Anaphylactic reaction due to other food products, initial encounter
T78.09XD	Anaphylactic reaction due to other food products, subsequent encounter
T78.09XS	Anaphylactic reaction due to other food products, sequela
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

ICD-10 Codes	Description
Z88.4	Allergy status to anesthetic agent status
Z88.5	Allergy status to narcotic agent status
Z88.6	Allergy status to analgesic agent status
Z88.7	Allergy status to serum and vaccine status
Z88.8	Allergy status to other drugs, medicaments and biological substances status
Z91.010	Allergy to peanuts
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
Z91.018	Allergy to other foods
Z91.02	Food additives allergy status

ICD-10 Codes that DO NOT Support Medical Necessity
Group 1 Paragraph:

N/A

Group 1 Codes: N/A

ICD-10 Additional Information Back to Top

General Information

Associated Information
Documentation Requirements
Adequate documentation is essential for high-quality patient care and to demonstrate the reasonableness and medical necessity of the testing. Documentation must support the criteria for coverage as described in the Coverage Indications, Limitations, and/or Medical Necessity section of this LCD. There should be a permanent record of the allergy test and its interpretation including the test methodology and either the measurement (in mm) of reaction size of both the wheal and erythema response or a standardized grading system for in vivo testing. If in vitro testing is used, instead of skin testing, the medical necessity must be documented. For the in vitro testing, the quantitative result(s) (in kIU/L) for specific IgE must be documented. All patient reaction(s) or complications should be recorded. The report should address or answer any specific clinical questions. If there are factors that prevent answering the clinical questions, this should be explained in the documentation. An official interpretation (final report) of the testing should be included in the patient's medical record. Retention of the allergy test(s) should be consistent both with clinical need and with relevant legal and local health care facility requirements.

The medical record must document the elements of the medical and immunologic history including but not limited to correlation of symptoms; occurrence of symptoms; exposure profile; documentation of allergic sensitization by accepted means and where attempts at avoidance have proven unsuccessful (or the impracticality of avoidance exists); and a copy of the sensitivity results; along with the physical examination. The history should support that attempts to narrow the area of investigation were taken so that the minimal number of necessary skin tests might deliver a diagnosis. Testing results need to justify the diagnosis and code on each claim form. The clinical condition that is claimed to justify this test must be clearly documented in the record. Note: A payable diagnosis alone does not support medical necessity of ANY service. The interpretation of the test results and how the results of the test will be used in the patient's plan of care for treatment and the management of the patient's medical condition (s) must be documented.

Claims submitted without such evidence will be denied as not medically necessary. When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

All documentation must be maintained in the patient's medical record and made available to Medicare upon request.

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. The selection of antigens should be individualized, based on the history and physical examination.

Retesting with the same antigen(s) should rarely be necessary within a three-year period. Exceptions include young children with negative skin tests or older children and adults with negative skin tests, but persistent symptoms suggestive of allergic disease where skin tests may be repeated one year later. Claims for retesting within a three-year period should be submitted with documentation of the medical necessity.

Testing done on separate days for different antigens is acceptable as long as the total number of tests done within any three-year period is not excessive.

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. If in vitro testing is inconclusive, and contraindications for skin testing have been resolved, then skin testing may be done and is covered. The medical record must document this rationale. In vitro IgE testing will be limited to 30 allergens/beneficiary over a 12-month period. If more tests are performed, medical records may be requested.

A maximum of 55 allergy patch tests for diagnose of allergic contact dermatitis per beneficiary per year is allowed without the submission of documentation with the claim to support medical necessity. Greater than 55 patch tests per patient per year may result in a request of medical records.

It would not be expected that more than forty (40) units be reported for intracutaneous (intradermal) testing per year for a patient. If more than 40 units are reported, medical records may be requested.

Sources of Information

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2018	R7	01/01/2018 CPT/HCPCS code updates: description change to Group 1 code 86003, description change to Group 2 code 86005, and added code 86008 to Group 1 table of codes and to Group 2 Paragraph. Annual review done 12/06/2017	• Revisions Due To CPT/HCPCS Code Changes • Other (Annual Review)
10/01/2017	R6	10/01/2017 ICD-10 code updates: Added the following code to Groups 1, 2 and 3: R06.03. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	• Revisions Due To ICD-10-CM Code Changes
05/01/2017	R5	05/01/2017 Added diagnosis code K20.0 to Groups 1 and 3. Added verbiage "eosinophilic esophagitis" to indications for percutaneous testing A.1.b.	• Reconsideration Request
02/01/2017	R4	02/01/2017 Annual review done 01/03/2017. Added diagnosis codes T84.89XS and Z91.09 to Group 4 for Patch Tests 95044, 95052. Added a paragraph to clarify patch testing for joint replacement patients. Updated Sources of Information.	• Other (Annual Review)
10/01/2016	R3	10/01/2016 Per ICD-10 code updates: In Group 3: deleted code K52.2 and added codes K52.21, K52.22, K52.29, K52.3, K52.831, K52.832, and K52.838, effective 10/01/2016.	• Revisions Due To ICD-10-CM Code Changes
03/18/2016	R2	08/01/2016 Added codes Z88.0-Z88.8 to Group 5, effective 03/18/2016.	• Revisions Due To ICD-10-CM Code Changes
03/18/2016	R1	04/01/2016 Added initial annual review date into system.	• Other

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Associated Documents

Attachments Billing and Coding Guidelines (PDF - 40 KB)

Related Local Coverage Documents Article(s) A54842 - Response to Comments: Allergy Testing (L36402) LCD(s) DL36402 - (MCD Archive Site)

Related National Coverage Documents NCD(s) 110.12 - Challenge Ingestion Food Testing 110.13 - Cytotoxic Food Tests 110.11 - Food Allergy Testing and Treatment

Public Version(s) Updated on 12/20/2017 with effective dates 01/01/2018 - N/A Updated on 09/19/2017 with effective dates 10/01/2017 - 12/31/2017 Updated on 04/17/2017 with effective dates 05/01/2017 - 09/30/2017 Updated on 01/17/2017 with effective dates 02/01/2017 - 04/30/2017 Updated on 09/19/2016 with effective dates 10/01/2016 - 01/31/2017 Some older versions have been archived. Please visit the MCD Archive Site to retrieve them. Back to Top

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