

AAOA



PRACTICE RESOURCE TOOL KIT

Allergy Coding



Materials presented in this tool kit are intended as resource only and should not be construed as guidance



Allergy Coding

Common Allergy Codes — Testing (AMA CPT Codes):

95004	Skin Prick Test	1 stick/antigen
95024	Intradermal Test	1 stick/antigen
95027	Intradermal Dilutional Testing	Multiple sticks/antigen
86003	In Vitro Test	Only billable if performed in office; cannot bill lab work
95017	Venoms— <i>New</i>	Any combination of percutaneous (scratch, puncture, prick) & intracutaneous sequential and incremental, immediate test reaction
95018	Biologicals & Drugs— <i>New</i>	Any combination of percutaneous (scratch, puncture, prick) & intracutaneous sequential and incremental, immediate test reaction

Allergy CPT Testing Codes:

95004

- CPT Definition:
Percutaneous tests, (scratch, puncture, prick) with allergenic extracts, immediate-type reaction, including test interpretation and reported by a physician, specify number of tests
- CPT 2008 revised guideline to support that history and physical services are not included in this code and that an E/M service should not be reported separately for the interpretation and report.
 - *“including test interpretation and report by a physician” added to descriptor*
- An E/M can be billed in addition *only* if a separate and distinct service is performed

95024

- CPT Definition:
Intracutaneous (intradermal) tests, with allergenic extracts for **airborne** allergens, immediate-type reaction, including test interpretation and report by a physician, specify number of tests
- CPT 2008 revised guideline to support that history and physical services are not included in this code and that an E/M service should not be reported separately for the interpretation and report.
 - *“including test interpretation and report by a physician” added to descriptor*
- An E/M can be billed in addition **only** if a separate and distinct service is performed
- Intradermal Codes (**95024/95027**) do **not** cover foods; Airborne only

95027

- CPT Definition:
Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for **airborne allergens**, immediate-type reaction, including test interpretation and report by a physician, specify number of tests



- CPT 2008 revised guideline to support that history and physical services are not included in this code and that an E/M service should not be reported separately for the interpretation and report.
 - “including test interpretation and report by a physician” added to descriptor
- An E/M can be billed in addition **only** if a separate and distinct service is performed
- If >1 dilution/antigen; must use 95027
- Do not refer to as SET or Skin Endpoint Titration
- Terms SET & Rinkel = NonCoverage by many carriers
- Intradermal Codes (**95024/95027**) do **not** cover foods; Airborne only

Coding Vignettes

Note: Each practice is responsible for confirming coverage, coding, and payment parameters for those payers that affect the practice. *These vignettes are cited as examples only*

- All codes are billed using the number of sticks or tests/antigen
- Many carriers have strict interpretations of how testing codes differ
- For ID testing,
 - if only perform 1 stick/test per antigen considered straight intradermal = **95024**
 - Two or more sticks/tests per antigen considered intradermal dilutional testing = **95027**

For each antigen/same day,

- You **can** bill
95004 + 95024 or 95004 + 95027
- You **cannot** bill
95004, 95024, + 95027 or 95024 + 95027
- Billing audits are based on correct code usage
- Carriers have limits on the number of tests:
 - Billed at one time
 - Billed within a certain time (year)
- Billing in excess of carrier limits may restrict payment or be flagged for audit
- Recommend requesting current allergy payment practices from carriers

Sample Billing for 14 Allergen Test Battery

- Percutaneous (Prick) Testing — **95004** X 14 units
- Intradermal Testing (ID) — **95024** X 14 (1 test/antigen)
- Intradermal Dilutional Testing (IDT) — **95027** X 42 units (*assumes 3 dilutions/antigen*)

In Vitro Testing

- Most Medicare carriers and private payers currently cover IVT as a second line option to skin prick testing
- Key to check for policy updates; Some may have defined restrictions
- Billing is under CPT Code **86003**
- IVT must be performed in the physician’s office to bill
- If lab performs test, only bill blood draw

Supervision

- All diagnostic tests are assigned a level of supervision
 - General:* Physician does not need to be on premise, but have management responsibility for staff who does the test
 - Direct:* Physician needs to be in the office suite, but does not need to be in the room when the test is done.
 - Personal:* Physician needs to be in the room when the test is performed
- Allergy tests are under **Direct Supervision**

Ancillary Staff: Scope of Practice

- Nurse practice laws and regulations are specific to each state.
- AANP offers quick reference guide for licensure and regulatory requirements, as well as practice environment details, for all 50 states and the U.S. Territories. Downloadable State Regulatory Map available at www.aanp.org
- AAPA's webstore offers "PA State Laws and Regulations" includes all 50 states and the District of Columbia. www.AAPA.org offers a synopsis of each state's PA practice act, including scope of practice, prescribing and supervision, among other topics that cover PA practice.
- Recommend checking with state nursing board to confirm scope of practice and whether an NP/PA can supervise another staff member testing or treating

As an example, NP Scope of Practice is defined as:

- Full Practice: Evaluate patients, diagnose, order and interpret tests, initiate and manage treatments under the exclusive licensure authority of the state nursing board
- Reduced Practice: Reduces the ability to engage in at least one element of NP practice (above) and requires collaborative agreement with an outside health discipline for the NP to provide patient care
- Restricted Practice: Restricts the ability to engage in at least one element of NP practice (above) and state requires supervision, delegation, or team-management by an outside health discipline in order to provide patient care.

Common Allergy Codes — Immunotherapy (Treatment) (AMA CPT Codes):

95004	Skin Prick	1 stick/antigen
95024	Intradermal	1 stick/antigen
95027	IDT	Multiple sticks/antigen
95115	Single Shot	Single Injection Immunotherapy Single shot from single vial
95117	Multiple Shot	Two or more Immunotherapy Injections Single shot from multiple vial; no X's
95165	Vial Preparation	Bill X #units Medicare exception: Dose defined as 1 cc regardless of actual dosage delivered
95144	Vial Preparation	Single dose vial

Immunotherapy Codes

Administration

- **CPT Code: 95115**
Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
- **CPT Code: 95117**
Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections

Report either 95115 or 95117 during a single patient encounter. If one injection is given, report 95115 (only). If two or more injections are given, report 95117 (only).

Preparation

- **CPT Code: 95165**
Professional services for the supervision of preparation and provision of antigens for allergy immunotherapy; single or multiple antigens (specify number of doses)
- **CPT Code: 95165**
Describes the preparation of the antigen, the antigen extract itself, and the physician's assessment and determination of the concentration and volume to use based on the patient's history and results of previous skin testing.
These codes require that the number of doses be specified.

Coding Vignettes

- **CPT Code: 95165**
Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
 - 95165 X units
 - Units = doses for non-Medicare carriers
 - Units = cc for Medicare
 - Note: *Several private payers have adopted Medicare interpretation*
- Non-Medicare Clinical Example:
 - Physician prepares 10-dose multidose 5 cc vial for a patient. Same encounter, 1 dose is administered via 1 injection
 - 95165 X 10 in units box and 1 injection code: 95115
- Medicare Clinical Example
 - Physician prepares 10-dose multidose 5 cc vial for a patient. Same encounter, 1 dose is administered
 - 95165 X 5 in units box and 95115
- CMS interprets the unit as a “billable dose,” not a clinical dose.
- CMS billable dose is equal to 1 cc
 - 5 cc vial = 5 units no matter how many doses



- **CPT Code: 95144**
Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vials(s) (specify number of vials)
- **CPT Code: 95144**
Describes the preparation and provision of extract furnished in a single dose vial(s) by the allergist/otolaryngologist for administration by another physician. Single dose vials contain a single dose of antigen that is administered in one injection.
- **CPT Code: 95144**
Describes the preparation and provision of single-dose vials of antigens to be administered by another physician.
 - Single dose vials contain one dose of antigen to be administered in a single injection.
 - Vials are designed for use when there is concern about the accuracy of measurement of doses from a multidose vial by a non-allergist.
 - Number of single dose vials prepared and provided should be specified when reporting this code.

Coding Vignettes

- **95144 Vignette**
 - You prepare two single-dose vials of allergenic extract for a patient who plans to travel to another city within his state during the time his two different allergy injections are due.
 - Your staff packages the vials along with relevant storage and other information and gives them to the patient.
 - Several weeks later, a primary care physician in another city administers the two allergy injections from the single dose vials.
 - You report **code 95144** with the number **2 in the units field** of the claim, specifying, according to the code, the number of vials prepared and provided.

The primary care physician reports **code 95117** with the number **1 in the units field** of the claim, indicating that two or more injections, exclusive of the supply of antigen, were administered at that visit.

Per CPT Guidelines (2005 Edits):

"Office visit codes may be used in addition to allergen immunotherapy, if other identifiable services are provided at that time"

NCCI Procedure to Procedure (PTP) edits

- Focus: Codes 95115-95180 (allergen immunotherapy) with Codes 95004-95079 (allergy testing & ingestions challenge)
- Assumptions: Testing precedes immunotherapy by at least one day
- CMS will allow use of NCCI-associated modifiers for the "uncommon" scenario where a patient needs to be tested for reactions to additional allergens on same day of service
- Physicians may perform intradermal testing when a new vial is used (e.g., vial test).
- This is ***NOT*** separately reportable with an allergy testing code since CMS considers this quality control (safety check) to be an inherent component of immunotherapy
- Vial Testing: NCCI Policy Manual states:



“Physicians should not report allergy testing CPT codes for allergen potency (safety) testing prior to administration of immunotherapy. Confirmation of the appropriate potency of an allergen vial for immunotherapy administration is an inherent component of immunotherapy”

Supervision

- **Code 95165 & 95144** describe the supervision and provision of antigens for allergy immunotherapy, whether single or multiple antigens
- Supervision refers to direct supervision, meaning the physician *needs* to be in the office suite, but does not need to be in the room.
- Immunotherapy services are “incident to”, requiring direct supervision within the office suite
- **Nurse practice laws and regulations are specific to each state.**
 - AANP offers quick reference guide for licensure and regulatory requirements, as well as practice environment details, for all 50 states and the U.S. Territories. Downloadable State Regulatory Map available at www.aanp.org
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References:

1. CMS Manual
<http://cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
2. AMA CPT 2005 Professional Edition, page 374
3. AMA CPT 2008 Changes: An Insider’s View
4. NCCI Policy Manual, Chapter 11, Section K, 4
5. <http://www.aanp.org/legislation-regulation/state-legislation/state-practice-environment>
6. <http://www.aapa.org>

Note: AMA CPT Editorial Panel maintains CPT. A new version of the CPT Book is issued annually.