

# Local Coverage Determination (LCD): Allergy Testing (L36241)

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## Contractor Information

<b>Contractor Name</b>	<b>Contract Type</b>	<b>Contract Number</b>	<b>Jurisdiction</b>	<b>State(s)</b>
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04111 - MAC A	J - H	Colorado
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04112 - MAC B	J - H	Colorado
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04211 - MAC A	J - H	New Mexico
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04212 - MAC B	J - H	New Mexico
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04311 - MAC A	J - H	Oklahoma
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04312 - MAC B	J - H	Oklahoma
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04411 - MAC A	J - H	Texas
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04412 - MAC B	J - H	Texas
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	07101 - MAC A	J - H	Arkansas
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	07102 - MAC B	J - H	Arkansas
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	07201 - MAC A	J - H	Louisiana
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	07202 - MAC B	J - H	Louisiana
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	07301 - MAC A	J - H	Mississippi
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	07302 - MAC B	J - H	Mississippi
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12101 - MAC A	J - L	Delaware
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12102 - MAC B	J - L	Delaware
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12201 - MAC A	J - L	District of Columbia
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12202 - MAC B	J - L	District of Columbia
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12301 - MAC A	J - L	Maryland
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12302 - MAC B	J - L	Maryland
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12401 - MAC A	J - L	New Jersey
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12402 - MAC B	J - L	New Jersey
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12501 - MAC A	J - L	Pennsylvania
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12502 - MAC B	J - L	Pennsylvania
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12901 - MAC A	J - L	District of Columbia Delaware Maryland New Jersey Pennsylvania

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## LCD Information

### Document Information

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L36241

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Allergy Testing

Revision Effective Date  
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CMS National Coverage Policy This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for allergy testing services. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for allergy testing services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

### **IOM Citations**

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 20.2: Physician expense for Allergy Treatment, Section 50.4.4.1: Payment for Antigens.
- CMS IOM Publication 100-03, *Medicare National Coverage Determination Manual*, Section 110.9: Antigens Prepared for Sublingual Administration, Section 110.11 Food and Allergy Testing and Treatments.
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, Section 200: Allergy Testing and Immunotherapy.

### **Social Security Act (Title XVIII) Standard References:**

- Title XVIII of the Social Security Act, Section 1862 (a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body.
- Title XVIII of the Social Security Act, Section 1862 (a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1862 (a)(1)(D) excludes payment for services that are investigational or experimental.
- Title XVIII of the Social Security Act, Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process a claim.

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

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

**Allergy Testing**

**In order for allergy testing** to be considered reasonable and necessary by Medicare, antigens must meet all the following criteria;

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

**In Vivo Testing:**

1. **Allergy Sensitivity Testing:**

These tests include the performance and evaluation of selective cutaneous and mucous membrane tests in correlation with history, physician examination, and other observations of the patient. The tests are performed to determine body sensitivity and reaction to the antigen for the purpose of diagnosing the presence of allergic reaction to antigenic stimuli. The number of tests performed should be judicious and dependent upon the history, physical findings and clinical judgment. All patients should not necessarily receive the same tests or the same number of sensitivity tests. Rather testing should be patient specific based on the history and physical examination.

These tests are injection of small amounts of antigen into the superficial layers of the skin. This is the preferred method for allergy testing. Medicare considers percutaneous (scratch, prick or puncture) testing medically reasonable and necessary when IgE-Medicated reactions occur to any of the following:

- Inhalants
- Foods
- Hymenoptera (stinging insects)
- Specific drugs (such as penicillin or macromolecular agents)

2. **Patch Testing**

Patch testing is the gold standard method of identifying the cause of allergic contact dermatitis. This testing is indicated to evaluate a nonspecific dermatitis, allergic contact dermatitis, pruritus, and other dermatitis to 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 hours or 96 hours, and the reactions are systemically 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, other and unspecified.

Examples of contact allergens (antigens) include nickel, rubber additives, and topical antibiotics.

### 3. **Provocative Tests**

Provocative tests 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.

- a. Organ challenge test material 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.
- b. 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.
- c. Direct nasal mucus membrane challenge testing may be informative provided that the patient's nasal mucosa does not manifest nonspecific irritative responses and the results can be interpreted by objective measurements.

Ophthalmic mucous membrane test and direct nasal mucous membrane tests are considered reasonable and necessary if levels of allergic mediators (such as histamine and tryptase) are measured and a placebo control is performed. This is usually performed 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.

- d. Inhalation bronchial challenge tests are often used to evaluate new allergens and may be used to 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.
  - i. Inhalation bronchial challenge tests should be performed as dose-response assays wherein provocation concentration thresholds can be determined on the basis of allergen concentration required to cause a significant decrease in pulmonary function measurements.
  - ii. Inhalation bronchial challenge tests with occupation 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 continuous monitoring of the specific chemical being assessed so as not to exceed the threshold limit level permitted in the workplace.
- e. Challenge ingestion food testing is a safe and effective technique in the diagnosis of food allergies. This procedure, when considered reasonable and necessary for the individual patient, is covered on an outpatient basis. Please refer to CMS Pub. 100-03, *Medicare National Coverage Determination Manual*, Chapter 1, Part 2 Section 110.12.

Medicare will consider challenge ingestion food testing reasonable and necessary 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 Medicare law. Therefore, this service is considered non-covered.

4. **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 for collagen implant therapy:
 

A collagen sensitivity test must be administered prior to collagen implant therapy (injectable bulking agent implantation for Urinary Incontinence, and it must be evaluated over a four week period. Coverage Issues Section 65-9.
5. **Intradermal Dilutional Testing (IDT) (also known as Skin Endpoint Titration (SET))**

Intradermal dilutional testing is intradermal testing of sequential and incremental dilutions of a single antigen. The endpoint is determined by intradermal testing with the use of approximately 0.1ml of generally serial five-fold dilution extract. It is the weakest dilution that produces a positive skin reaction and initiates progressive increase in the diameter of the wheals with each stronger dilution.

## **In Vitro Testing:**

## Specific IgE In Vitro Test (for example RAST, MAST, FAST, ImmunoCap)

These tests detect antigen-specific IgE antibodies in the patient's 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 considered reasonable and necessary when skin testing is not possible or would be unreliable as indicated below.

In-vitro testing is not considered reasonable and necessary when done in addition to 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, choices of antigens, frequency of repetition and other coverage issues are the same as for skin testing.

Control testing is essential for proper interpretation. It is rarely necessary to test for more than 50 allergens and, if food allergy is not suspected, fewer than 30 are usually sufficient. Testing must be based on a careful history/physical examination which suggests IgE-mediated disease. If testing is inconclusive, and contraindications have been resolved, then skin testing may be done and is considered reasonable and necessary. The medical records must document this rationale.

In-vitro allergen specific IgE testing is limited to the following:

- Direct skin testing is not possible due to extensive dermatitis, dermatographism, ichthyosis, generalized eczema or the necessary continued use of H-1 blockers (antihistamines), or in the rare patient with a persistent unexplained negative histamine control;
- Testing in patients who have been receiving long acting antihistamines, tricyclic antidepressants, beta-blockers or medication that may put the patient at undue risk if they are discontinued;
- Testing of uncooperative patients with mental or physical impairments;
- The evaluation of cross-reactivity between insect venoms;
- As adjunctive laboratory tests for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic diseases; and
- When clinical history suggests an unusually greater risk of anaphylaxis from skin testing than usual (e.g., when an unusual allergen is not available as a licensed skin test extract).
- Total serum IgE: Measurements of total IgE levels (CPT code 82785-gammaglobulin {immunoglobulin}; IgE) are not appropriate in most general allergy testing which is performed to determine a patient's immunologic sensitivity or reaction to particular allergens for the purpose of identifying the cause of the allergic state. It would not be expected that total serum IgE levels would be billed unless evidence exists for the following:
  1. follow-up of bronchopulmonary aspergillosis,
  2. to diagnose atopy in small children,
  3. select immunodeficiency, such as the syndrome of hyper-IgE,
  4. eczematous dermatitis,
  5. recurrent pyogenic infections, or
  6. in the evaluation of omalizumab therapy.
- Serial, repeat testing of total IgE will be subject to medical review. It is not appropriate in most general allergy testing. Instead, individual IgE tests are performed against a specific antigen.

## LIMITATIONS

The following tests are considered not medically reasonable and necessary

Provocative testing other than those mentioned above  
Blood, Urine or Stool micronutrient assessments  
Qualification of Nutritional Assessments  
IgG (ELISA) test

Environmental Cultures and Chemicals  
Live Cell Analysis  
Passive Transfer  
Rebuck Skin Window  
Leukocyte Histamine Release  
Metabolic Assessments  
General Immune System Assessments  
Secretory IgA (Saliva)  
Qualitative multi-allergen screen  
Food Allergenic Extract Immunotherapy  
Cytotoxic Food Testing

Quantitative multi-allergen screening (CPT code 86005) is a non-specific screen that does not identify a specific antigen. This is a screening tool and therefore not covered by Medicare.

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

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

**Notice:** This LCD imposes frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

For frequency limitations please refer to the Utilization Guidelines section below.

As published in CMS IOM 100-08, Chapter 13, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862 (a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
  - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
  - Furnished in a setting appropriate to the patient's medical needs and condition.
  - Ordered and furnished by qualified personnel.
  - One that meets, but does not exceed, the patient's medical needs.
  - At least as beneficial as an existing and available medically appropriate alternative.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in this LCD.

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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.

- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 018x Hospital - Swing Beds
- 021x Skilled Nursing - Inpatient (Including Medicare Part A)
- 022x Skilled Nursing - Inpatient (Medicare Part B only)
- 023x Skilled Nursing - Outpatient
- 073x Clinic - Freestanding
- 075x Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
- 077x Clinic - Federally Qualified Health Center (FQHC)
- 083x Ambulatory Surgery Center
- 085x Critical Access Hospital

## 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.

**Note:** The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, *Claims Processing Manual*, for further guidance.

- 0510 Clinic - General Classification
- 0517 Clinic - Family Practice Clinic
- 0519 Clinic - Other Clinic
- 0520 Freestanding Clinic - General Classification
- 0521 Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
- 0522 Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
- 0523 Freestanding Clinic - Family Practice Clinic
- 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF or Skilled Swing Bed in a Covered Part A Stay
- 0525 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not in a Covered Part A Stay) or NF or ICF MR or Other Residential Facility
- 0528 Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non-RHC/FQHC site (e.g. Scene of Accident)
- 0529 Freestanding Clinic - Other Freestanding Clinic
- 0982 Professional Fees - Outpatient Services
- 0983 Professional Fees - Clinic

## CPT/HCPCS Codes

### Group 1 Paragraph:

**Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT books.

### Group 1 Codes:

- 82785 Assay of ige
- 86003 Allergen specific ige
- 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  
 95076 Ingest challenge ini 120 min  
 95079 Ingest challenge addl 60 min

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claims(s) submitted.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 95004, 95017, 95018, 95024, 95027, 95028 and 86003:**

**Group 1 Codes:**

<b>ICD-10 Codes</b>	<b>Description</b>
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
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
H65.411	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
J01.01	Acute recurrent maxillary sinusitis
J01.11	Acute recurrent frontal sinusitis
J01.21	Acute recurrent ethmoidal sinusitis
J01.31	Acute recurrent sphenoidal sinusitis
J01.41	Acute recurrent pansinusitis
J01.81	Other acute recurrent sinusitis
J01.91	Acute recurrent sinusitis, unspecified
J02.8	Acute pharyngitis due to other specified organisms
J03.91	Acute recurrent tonsillitis, unspecified
J04.0	Acute laryngitis
J04.30	Supraglottitis, unspecified, without obstruction
J04.31	Supraglottitis, unspecified, with obstruction

<b>ICD-10 Codes</b>	<b>Description</b>
J05.0	Acute obstructive laryngitis [croup]
J20.0	Acute bronchitis due to Mycoplasma pneumoniae
J20.1	Acute bronchitis due to Hemophilus influenzae
J20.2	Acute bronchitis due to streptococcus
J20.3	Acute bronchitis due to coxsackievirus
J20.4	Acute bronchitis due to parainfluenza virus
J20.5	Acute bronchitis due to respiratory syncytial virus
J20.6	Acute bronchitis due to rhinovirus
J20.7	Acute bronchitis due to echovirus
J20.8	Acute bronchitis due to other specified organisms
J30.0	Vasomotor rhinitis
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
J30.89	Other allergic rhinitis
J30.9	Allergic rhinitis, unspecified
J31.0	Chronic rhinitis
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J33.0	Polyp of nasal cavity
J33.8	Other polyp of sinus
J33.9	Nasal polyp, unspecified
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.3	Hypertrophy of nasal turbinates
J34.89	Other specified disorders of nose and nasal sinuses
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.9	Chronic obstructive pulmonary disease, 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
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.990	Exercise induced bronchospasm
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
L27.2	Dermatitis due to ingested food
L29.9	Pruritus, unspecified
L50.0	Allergic urticaria
L50.1	Idiopathic urticaria

<b>ICD-10 Codes</b>	<b>Description</b>
L50.6	Contact urticaria
L50.8	Other urticaria
L50.9	Urticaria, unspecified
M02.211	Postimmunization arthropathy, right shoulder
M02.212	Postimmunization arthropathy, left shoulder
M02.221	Postimmunization arthropathy, right elbow
M02.222	Postimmunization arthropathy, left elbow
M02.231	Postimmunization arthropathy, right wrist
M02.232	Postimmunization arthropathy, left wrist
M02.241	Postimmunization arthropathy, right hand
M02.242	Postimmunization arthropathy, left hand
M02.251	Postimmunization arthropathy, right hip
M02.252	Postimmunization arthropathy, left hip
M02.261	Postimmunization arthropathy, right knee
M02.262	Postimmunization arthropathy, left knee
M02.271	Postimmunization arthropathy, right ankle and foot
M02.272	Postimmunization arthropathy, left ankle and foot
M02.28	Postimmunization arthropathy, vertebrae
M02.29	Postimmunization arthropathy, multiple sites
R05	Cough
R06.00	Dyspnea, unspecified
R06.09	Other forms of dyspnea
R06.83	Snoring
R06.89	Other abnormalities of breathing
R09.81	Nasal congestion
T36.0X5A	Adverse effect of penicillins, initial encounter
T36.0X5D	Adverse effect of penicillins, subsequent encounter
T36.0X5S	Adverse effect of penicillins, sequela
T36.1X5A	Adverse effect of cephalosporins and other beta-lactam antibiotics, initial encounter
T36.1X5D	Adverse effect of cephalosporins and other beta-lactam antibiotics, subsequent encounter
T36.1X5S	Adverse effect of cephalosporins and other beta-lactam antibiotics, sequela
T36.4X5A	Adverse effect of tetracyclines, initial encounter
T36.4X5D	Adverse effect of tetracyclines, subsequent encounter
T36.4X5S	Adverse effect of tetracyclines, sequela
T36.8X5A	Adverse effect of other systemic antibiotics, initial encounter
T36.8X5D	Adverse effect of other systemic antibiotics, subsequent encounter
T36.8X5S	Adverse effect of other systemic antibiotics, sequela
T37.0X5A	Adverse effect of sulfonamides, initial encounter
T37.0X5D	Adverse effect of sulfonamides, subsequent encounter
T37.0X5S	Adverse effect of sulfonamides, sequela
T37.8X5A	Adverse effect of other specified systemic anti-infectives and antiparasitics, initial encounter
T37.8X5D	Adverse effect of other specified systemic anti-infectives and antiparasitics, subsequent encounter
T37.8X5S	Adverse effect of other specified systemic anti-infectives and antiparasitics, sequela
T39.015A	Adverse effect of aspirin, initial encounter
T39.015D	Adverse effect of aspirin, subsequent encounter
T39.015S	Adverse effect of aspirin, sequela
T39.1X5A	Adverse effect of 4-Aminophenol derivatives, initial encounter
T39.1X5D	Adverse effect of 4-Aminophenol derivatives, subsequent encounter
T39.1X5S	Adverse effect of 4-Aminophenol derivatives, sequela
T45.0X5A	Adverse effect of antiallergic and antiemetic drugs, initial encounter
T45.0X5D	Adverse effect of antiallergic and antiemetic drugs, subsequent encounter
T45.0X5S	Adverse effect of antiallergic and antiemetic drugs, sequela
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.905D	Adverse effect of unspecified drugs, medicaments and biological substances, subsequent encounter
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.995D	Adverse effect of other drugs, medicaments and biological substances, subsequent encounter

<b>ICD-10 Codes</b>	<b>Description</b>
T50.995S	Adverse effect of other drugs, medicaments and biological substances, sequela
<a href="#">T63.421A</a> - <a href="#">T63.424S</a>	Toxic effect of venom of ants, accidental (unintentional), initial encounter - Toxic effect of venom of ants, undetermined, sequela
<a href="#">T63.431A</a> - <a href="#">T63.434S</a>	Toxic effect of venom of caterpillars, accidental (unintentional), initial encounter - Toxic effect of venom of caterpillars, undetermined, sequela
<a href="#">T63.441A</a> - <a href="#">T63.444S</a>	Toxic effect of venom of bees, accidental (unintentional), initial encounter - Toxic effect of venom of bees, undetermined, sequela
<a href="#">T63.451A</a> - <a href="#">T63.454S</a>	Toxic effect of venom of hornets, accidental (unintentional), initial encounter - Toxic effect of venom of hornets, undetermined, sequela
<a href="#">T63.461A</a> - <a href="#">T63.464S</a>	Toxic effect of venom of wasps, accidental (unintentional), initial encounter - Toxic effect of venom of wasps, undetermined, sequela
<a href="#">T63.481A</a> - <a href="#">T63.484S</a>	Toxic effect of venom of other arthropod, accidental (unintentional), initial encounter - Toxic effect of venom of other arthropod, undetermined, sequela
T63.91XA	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), initial encounter
T63.91XD	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), subsequent encounter
T63.91XS	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), sequela
T63.92XA	Toxic effect of contact with unspecified venomous animal, intentional self-harm, initial encounter
T63.92XD	Toxic effect of contact with unspecified venomous animal, intentional self-harm, subsequent encounter
T63.92XS	Toxic effect of contact with unspecified venomous animal, intentional self-harm, sequela
T63.93XA	Toxic effect of contact with unspecified venomous animal, assault, initial encounter
T63.93XD	Toxic effect of contact with unspecified venomous animal, assault, subsequent encounter
T63.93XS	Toxic effect of contact with unspecified venomous animal, assault, sequela
T63.94XA	Toxic effect of contact with unspecified venomous animal, undetermined, initial encounter
T63.94XD	Toxic effect of contact with unspecified venomous animal, undetermined, subsequent encounter
T63.94XS	Toxic effect of contact with unspecified venomous animal, undetermined, sequela
<a href="#">T78.00XA</a> - <a href="#">T78.09XS</a>	Anaphylactic reaction due to unspecified food, initial encounter - Anaphylactic reaction due to other food products, sequela
T78.2XXA	Anaphylactic shock, unspecified, initial encounter
T78.2XXD	Anaphylactic shock, unspecified, subsequent encounter
T78.2XXS	Anaphylactic shock, unspecified, sequela
T78.3XXA	Angioneurotic edema, initial encounter
T78.3XXD	Angioneurotic edema, subsequent encounter
T78.3XXS	Angioneurotic edema, sequela
T78.49XA	Other allergy, initial encounter
T78.49XD	Other allergy, subsequent encounter
T78.49XS	Other allergy, sequela
T80.51XA	Anaphylactic reaction due to administration of blood and blood products, initial encounter
T80.51XD	Anaphylactic reaction due to administration of blood and blood products, subsequent encounter
T80.51XS	Anaphylactic reaction due to administration of blood and blood products, sequela
T80.52XA	Anaphylactic reaction due to vaccination, initial encounter
T80.52XD	Anaphylactic reaction due to vaccination, subsequent encounter
T80.52XS	Anaphylactic reaction due to vaccination, sequela
T80.59XA	Anaphylactic reaction due to other serum, initial encounter
T80.59XD	Anaphylactic reaction due to other serum, subsequent encounter
T80.59XS	Anaphylactic reaction due to other serum, sequela
T80.61XA	Other serum reaction due to administration of blood and blood products, initial encounter
T80.61XD	Other serum reaction due to administration of blood and blood products, subsequent encounter
T80.61XS	Other serum reaction due to administration of blood and blood products, sequela
T80.62XA	Other serum reaction due to vaccination, initial encounter
T80.62XD	Other serum reaction due to vaccination, subsequent encounter
T80.62XS	Other serum reaction due to vaccination, sequela
T80.69XA	Other serum reaction due to other serum, initial encounter
T80.69XD	Other serum reaction due to other serum, subsequent encounter
T80.69XS	Other serum reaction due to other serum, sequela
Z88.0	Allergy status to penicillin
Z88.1	Allergy status to other antibiotic agents status

ICD-10 Codes	Description
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
Z88.9	Allergy status to unspecified 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
Z91.030	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:** Medicare is establishing the following limited coverage for **CPT/HCPCS codes 86003 (Specific IgE in-vitro Testing) and 82785:**

**Group 2 Codes:**

ICD-10 Codes	Description
B44.0	Invasive pulmonary aspergillosis
J31.0	Chronic rhinitis
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
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other asthma
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L50.0	Allergic urticaria
L50.1	Idiopathic urticaria
L50.3	Dermatographic urticaria
L50.6	Contact urticaria
L50.8	Other urticaria
L50.9	Urticaria, unspecified
R06.02	Shortness of breath
T63.91XA	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), initial encounter
T63.91XD	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), subsequent encounter

**ICD-10  
Codes****Description**

T63.91XS	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), sequela
T63.92XA	Toxic effect of contact with unspecified venomous animal, intentional self-harm, initial encounter
T63.92XD	Toxic effect of contact with unspecified venomous animal, intentional self-harm, subsequent encounter
T63.92XS	Toxic effect of contact with unspecified venomous animal, intentional self-harm, sequela
T63.93XA	Toxic effect of contact with unspecified venomous animal, assault, initial encounter
T63.93XD	Toxic effect of contact with unspecified venomous animal, assault, subsequent encounter
T63.93XS	Toxic effect of contact with unspecified venomous animal, assault, sequela
T63.94XA	Toxic effect of contact with unspecified venomous animal, undetermined, initial encounter
T63.94XD	Toxic effect of contact with unspecified venomous animal, undetermined, subsequent encounter
T63.94XS	Toxic effect of contact with unspecified venomous animal, undetermined, sequela
T65.811A	Toxic effect of latex, accidental (unintentional), initial encounter
T65.811D	Toxic effect of latex, accidental (unintentional), subsequent encounter
T65.811S	Toxic effect of latex, accidental (unintentional), sequela
T65.812A	Toxic effect of latex, intentional self-harm, initial encounter
T65.812D	Toxic effect of latex, intentional self-harm, subsequent encounter
T65.812S	Toxic effect of latex, intentional self-harm, sequela
T65.813A	Toxic effect of latex, assault, initial encounter
T65.813D	Toxic effect of latex, assault, subsequent encounter
T65.813S	Toxic effect of latex, assault, sequela
T65.814A	Toxic effect of latex, undetermined, initial encounter
T65.814D	Toxic effect of latex, undetermined, subsequent encounter
T65.814S	Toxic effect of latex, undetermined, sequela
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
T78.2XXA	Anaphylactic shock, unspecified, initial encounter
T78.2XXD	Anaphylactic shock, unspecified, subsequent encounter
T78.2XXS	Anaphylactic shock, unspecified, sequela
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm

**ICD-10  
Codes****Description**

Z86.19\* Personal history of other infectious and parasitic diseases  
**Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation: Note:** Z86.19 Personal history of infectious and parasitic disease should be used for recurrent pyogenic infections.

**Group 3 Paragraph:** Medicare is establishing the following limited coverage for **CPT/HCPCS codes 95044, 95052, 95056, 95060, 95065 (Patch Tests):**

**Group 3 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
L25.1	Unspecified contact dermatitis due to drugs in contact with skin
L25.3	Unspecified contact dermatitis due to other chemical products
L25.4	Unspecified contact dermatitis due to food in contact with skin
L25.5	Unspecified contact dermatitis due to plants, except food
L25.8	Unspecified contact dermatitis due to other agents
L25.9	Unspecified contact dermatitis, unspecified cause

**Group 4 Paragraph:** Medicare is establishing the following limited coverage for **CPT/HCPCS codes 95076, 95079 (Ingestion Challenge Testing):**

**Group 4 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

ICD-10 Codes	Description
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
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

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** All diagnoses not listed in the "ICD-10-CM Codes That Support Medical Necessity" section of this LCD.

**Group 1 Codes:** N/A

ICD-10 Additional Information

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## General Information

Associated Information

**Documentation Requirements:**

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record should support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code should describe the service performed.
4. Documentation must support the reasonable and necessary requirements as outlined under the coverage and limitations sections detailed above.
5. Prior to performance of allergy testing, there must be evidence in the medical records that a history has been obtained, indicating the possible presence of allergy.
  - a. This 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.
  - b. The history should support that the selection of antigens was based on the patient specific history and physician examination.

## Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

The number of tests performed should be judicious. All patients should not necessarily be tested for the same antigens.

In-vitro testing (CPT code 86003) is covered when medically reasonable and necessary as a substitute for skin testing; it is not usually necessary in addition to skin testing.

CPT code 86005 is considered screening and will be denied.

CPT code 86001 is considered not medically reasonable and necessary as it is considered experimental and investigational.

## Sources of Information and Basis for Decision

Contractor is not responsible for the continued viability of websites listed

## Other Contractor Local Coverage Determinations

## Contractor Medical Directors

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Boyce, JA, Assa'a A, Burks AW, et al. Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel. *J Allergy Clin Immunol*. 2010; 125: S1 -58.

Cox L, Williams B, Sicherer S, et al. Pearls and pitfalls of allergy diagnostic testings: report from the American College of Allergy, Asthma and Immunology/American Academy of Allergy, Asthma and Immunology Specific IgE Test Task Force. *Annals of Allergy, Asthma & Immunology*. 2008; 101(6): 580-592.

Chinthrajah R, Tupa D, et al. Diagnosis of Food Allergy. *Pediatr Clin N Am*. 2015; 62: 1393-1408.

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Sicherer, SH et al. Allergy Testing in Childhood: Using Allergen-Specific IgE Test. *Pediatrics*. Vol 129 (1), January 2012.

Szeffler, SJ et al. Asthma outcomes: Biomarkers. *J Allergy Clin Immunology* 2012; 129: S9-23.

Wood RA, Phipatanakul W, Hamilton RG, et. al. A comparison of skin prick tests, intradermal skin tests, and RASTs in the diagnosis of cat allergy., *J Allergy Clin Immunol*. 1999; 103(5 Pt 1): 773-779. [Back to Top](#)

## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2017	R7	LCD revised and published on 01/12/2017 effective for dates of service on and after 01/01/2017 to reflect the annual CPT/HCPCS code updates. For the following CPT/HCPCS code either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document: 95076.	<ul style="list-style-type: none"> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R6	LCD revised and published on 09/08/2016 effective for dates of service on or after 10/01/2015 to add the following ICD-10 diagnosis codes to Group 3: L25.8 and L25.9.	<ul style="list-style-type: none"> <li>Other (Inquiry)</li> </ul>
10/01/2015	R5	LCD revised on 06/09/2016 to remove an additional asterisk (*) from the ICD-10 Asterisk Explanation for Group 2.	<ul style="list-style-type: none"> <li>Typographical Error</li> </ul>
10/01/2015	R4	LCD revised and published on 05/12/2016, effective for dates of service on or after 10/01/2015, to add the following ICD-10 codes to Group 2: J31.0, J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.990-J45.991, J45.998, L50.1, L50.6, L50.8, L50.9, and R06.02. Sources added from reconsideration request. The content of the LCD has not been changed in response to the reconsideration to revise policy language regarding specific IgE testing.	<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>
10/01/2015	R3	LCD revised and published on 04/14/2016 effective for dates of service on or after 10/01/2015 to add the following ICD-10 code to Group 1: J31.0. The R1 Revision History Explanation incorrectly lists 'CPT/HCPCS' codes rather than 'ICD-10' codes added.	<ul style="list-style-type: none"> <li>Typographical Error</li> <li>Reconsideration Request</li> </ul>
10/01/2015	R2	Missed T63.441a-T63.444S in Group 1 ICD-10 codes.	<ul style="list-style-type: none"> <li>Typographical Error</li> </ul>
10/01/2015	R1	LCD revised and published on 02/11/2016 to add the following CPT/HCPCS codes effective for dates of service 10/01/2015 or after: J30.2, J30.81, J30.89, J30.9, T36.0X5D, T36.0X5S, T36.1X5D, T36.1X5S, T36.4X5D, T36.4X5S, T36.8X5D, T36.8X5S, T37.0X5D, T37.0X5S, T37.8X5D, T37.8X5S, T39.015D, T39.015S, T39.1X5D, T39.1X5S, T45.0X5D, T45.0X5S, T50.905D, T50.905S, T50.995D, T50.995S,	<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		T63.421A-T63.424S, T63.431A-T63.434S, T63.441A-T63.444S, T63.451A-T63.454S, T63.461A-T63.464S, T63.481A-T63.484S, T63.91XD, T63.91XS, T63.92XD, T63.92XS, T63.93XD, T63.93XS, T63.94XD, T63.94XS, T78.00XA-T78.09XS, T78.2XXD, T78.2XXS, T78.3XXD, T78.3XXS, T78.49XD, T78.49XS, T80.51XD, T80.51XS, T80.52XD, T80.52XS, T80.59XD, T80.59XS, T80.61XD, T80.61XS, T80.62XD, T80.62XS, T80.69XD, T80.69XS to Group 1; T63.91XD, T63.91XS, T63.92XD, T63.92XS, T63.93XD, T63.93XS, T63.94XD, T63.94XS, T65.811D, T65.811S, T65.812D, T65.812S, T65.813D, T65.813S, T65.814D, T65.814S, T78.00XD, T78.00XS, T78.01XD, T78.01XS, T78.02XD, T78.02XS, T78.03XD, T78.03XS, T78.04XD, T78.04XS, T78.05XD, T78.05XS, T78.06XD, T78.06XS, T78.07XD, T78.07XS, T78.08XD, T78.08XS, T78.09XD, T78.09XS, T78.2XXD, T78.2XXS to Group 2; T78.00XD, T78.00XS, T78.01XD, T78.01XS, T78.02XD, T78.02XS, T78.03XD, T78.03XS, T78.04XD, T78.04XS, T78.05XD, T78.05XS, T78.06XD, T78.06XS, T78.07XD, T78.07XS, T78.08XD, T78.08XS, T78.09XD, T78.09XS to Group 4.	

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## [Associated Documents](#)

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

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