Allergy Services
Payment Policy

Policy
Blue Cross Blue Shield of Massachusetts (Blue Cross®) reimburses contracted providers for covered, medically necessary allergy testing and treatment services.

Allergy is the overreaction of the immune system to a foreign substance. Allergy testing refers to tests used to determine the causes of the overreaction.

General Benefit Information
Services and subsequent payment are based on the member’s benefit plan and provider Agreement. Providers and their office staff may use our electronic technologies to verify effective dates and members’ copayments before initiating services. Please visit our eTools page to access links that provide information on member eligibility and benefits. Member liability may include, but is not limited to, copayments, deductibles, and co-insurance, which will be applied depending upon the member’s benefit plan.

Certain services may require prior authorization or referral. Please refer to the member’s subscriber certificate for more information and Authorization requirements by product.

Payment Information
Blue Cross reimburses health care providers based on:
- Network provider reimbursement or contracted rates
- Member benefits

Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses:
- Allergy immunotherapy
- Antigen preparation
- Antigens, extracts, and venoms used in allergy treatment
- Evaluation and management (E/M) services, in addition to the injection or allergen preparation, only when a significant, separately, identifiable service has been performed, is documented as such, and reported with the appropriate modifier
- Supervision of preparation and provision of antigens for allergen immunotherapy—single or multiple antigens up to 150 units per member per calendar year
  - This service can only be billed by allergists, immunologists, and otolaryngologists or a nurse practitioner or physician assistant working under the direction of one of the specialties listed above.
- Related blood tests
- Standard allergy testing when clinically indicated

Blue Cross does not reimburse:
- Allergy testing or immunotherapy that is not FDA-approved
- Direct nasal mucous membrane test when reported by a physician in a hospital setting
- Nitric oxide expired gas determination when reported by a physician in a hospital setting
- Patch or application tests when reported by a physician in a hospital setting
- Photo patch tests when reported by a physician in a hospital setting
- Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection when reported by a physician in a hospital setting
- Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections when reported by a physician in a hospital setting
- Duplicative allergy service codes to a facility
- An E/M service code used to report an allergy test interpretation and report
- Facility claims for certain allergy tests (percutaneous, intracutaneous, patch/application); see coding grid below
Billing Information

Specific billing guidelines

Multi-dose billing
When preparing a multi-dose vial of antigens for a patient for whom only one dose is injected, bill the entire number of doses in the vial, and one injection service. For the remaining doses, bill only the injection service. This billing requirement applies even if someone else in the office injects the preparations or the injections take place outside the office.

| Preparation                  | Injection                  | Bill                                           | With                          |
|------------------------------|----------------------------|                                               |                               |
| Multi-dose antigen preparation | Single or multiple injections | Entire number of doses prepared using appropriate CPT codes 95144–95170 | Injection code using CPT code 95115 or 95117 |
| Multi-dose antigen preparation | No injection                | Entire number of doses prepared using appropriate CPT codes 95144–95170 | No injection code             |
| No antigen preparation       | Single or multiple injections | No preparation code                          | Injection code using CPT code 95115 or 95117 |

The absence or presence of a procedure code on the grid does not imply or guarantee coverage or reimbursement and is subject to change.

<table>
<thead>
<tr>
<th>Code</th>
<th>Service description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>95012</td>
<td>Nitric oxide expired gas determination</td>
<td>Not reimbursed to a physician in a hospital setting</td>
</tr>
</tbody>
</table>
| 95004    | Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests | NEW effective January 1, 2019:  
• Not reimbursed for facility claims.  
• Applicable to commercial products only. |
| 95024    | Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests | NEW effective January 1, 2019:  
• Not reimbursed for facility claims.  
• Applicable to commercial products only. |
| 95044    | Patch or application tests                               | Specify number of tests. Not reimbursed to a physician in a hospital setting.  
NEW effective January 1, 2019:  
• Not reimbursed for facility claims.  
• Applicable to commercial products only. |
| 95027    | Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests | NEW effective January 1, 2019:  
• Not reimbursed for facility claims.  
• Applicable to commercial products only. |
<p>| 95052    | Photo patch tests                                        | Specify number of tests. Not reimbursed to a physician in a hospital setting. |
| 95056    | Photo tests                                              | Not reimbursed to a physician in a hospital setting. Report with a count of 1. |
| 95115    | Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection | Not reimbursed to a physician in a hospital setting. Report with a count of 1. |
| 95117    | Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections | Bill to report the provider’s preparation and supply of an antigen extract for allergen immunotherapy in |
| 95144    | Professional services for the supervision of preparation and provision of antigens for |                                                                 |</p>
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<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>95165</td>
<td>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigen</td>
<td>Specify number of doses. Reimbursed to allergists, immunologists, or otolaryngologists or their nurse practitioners or physician assistants working under the direction of one of the above. Maximum reimbursement in a calendar year is 150 units per member.</td>
</tr>
<tr>
<td>RC 924</td>
<td>Other diagnostic services; allergy</td>
<td></td>
</tr>
</tbody>
</table>

When submitting claims for reimbursement, report all services with:
- Up-to-date industry-standard procedure and diagnosis codes
- Modifiers that affect payment in the first modifier field, followed by informational modifiers

**Related Policies**

- Evaluation and management
- General coding and billing
- Medical policies

**Document History**

- 03/01/2010 Documentation of existing policy
- 09/01/2012 Template update
- 12/26/2013 Template update
- 07/30/2014 Template update, addition of information on E/M services; addition of information on multi-dose billing; and addition of information on CPT guidelines of place of service billing for 95115 and 95117
- 01/12/2015 Addition of information on Blue Cross’ reimbursement policy for CPT code 95165
- 04/01/2015 Addition of information on Blue Cross’ change to reimbursement policy for CPT code 95165, with restrictions by provider type/specialty, effective 07/01/2015
- 05/07/2015 Addition of information on Blue Cross’ change to reimbursement policy for provider type/specialty
- 09/02/2015 Annual review; template update
- 01/01/2016 Increased the unit limit on CPT code 95165 from 120 to 150 units
- 03/31/2016 Annual review; template update; inclusion of detailed documentation on existing policy on non-reimbursed services and specific billing guidelines
- 03/31/2018 Annual review; removed medical policy information; added 95144 and RC 924 to code grid; added documentation of existing policy, which includes duplicative services and E/M code use for test interpretation as not reimbursed
- 09/30/2018 Effective 1/1/2019, Commercial products, allergy testing codes 95004, 95024, 95044, 95027 will no longer be reimbursed for facility claims

This document is designed for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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Payment policies are intended to assist providers in obtaining Blue Cross Blue Shield of Massachusetts’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers’ contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.