Allergy Testing

Reimbursement Policy ID: RPC.0042.1200

Recent review date: 09/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement for allergy testing and immunotherapy. The plan specifies limitations on the number of tests performed and the units of antigen provided that will be covered under the plan. Allergy testing and immunotherapy are generally reimbursable in accordance with the guidelines set forth in this policy. Covered testing services include the professional services needed to prepare and administer an allergenic extract.

Exceptions

Allergy testing may not be reimbursed if testing limits, including types and frequency, have exceeded the maximum number allowed.

Reimbursement Guidelines

The following types of testing are eligible for reimbursement when billed using the CPT codes specified below:

- Percutaneous testing (scratch, puncture, prick) for offending allergens such as pollen, molds, mites, dust, feathers, animal fur or dander, venoms, foods, or drugs;
- Intracutaneous (intradermal), sequential and incremental testing when percutaneous tests are negative
- Skin endpoint titration for determining the starting dose for immunotherapy for members or enrollees who are highly allergic to an inhalant allergen or Hymenoptera venom allergy (insect stings)
- In vitro testing
- Patch testing
- Photo patch test
- Photo test
- Bronchial challenge testing
- Ingestion (oral) challenge test
- IgE in vitro tests for inhalant allergens (pollens, molds, dust mites, and animal dander), foods, insect stings, and drugs.

CPT code	Code description	Plan limits
86003	Allergen specific immunoglobulin E (IgE); quantitative or semiquantitative, each allergen	30 units per 365 calendar days
86005	Allergen specific immunoglobulin E (IgE); qualitative multiallergen screen (e.g., disk, sponge, card)	2 units per day up to 30 allergens per 365 calendar days
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report; specify number of tests	80 units per 365 calendar days
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report; specify number of tests	27 units per date of service
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report; specify number of tests	19 units per date of service
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report; specify number of tests	30 units per 365 calendar days
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	20 units per 365 calendar days
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed reaction type, including reading; specify number of tests	20 units per 365 calendar days

95044	Patch or application test(s); specify number of tests	80 units per 365 calendar days
95052	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report (specify number of tests)	36 units per date of service
95056	Photo tests	1 unit per date of service
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	1 unit per date of service
95076	Ingestion challenge tests (sequential and incremental ingestion of test items, e.g., food, drug, or other substance); initial 120 minutes of testing	1 unit per date of service
+95079	each additional 60 minutes of testing	2 units per date of service

The following professional services are eligible for reimbursement when billed using the CPT codes below.

CPT code	Code description	Plan limits
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	1 unit per date of service
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	1 unit per date of service
95180	Rapid Desensitization procedures, such as for drug or venom hypersensitivity	6 units per date of service
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s)(specify number of vials)	10 units per date of service
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy: single stinging insect venom	10 units per date of service
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy: 2 single stinging insect venom	10 units per date of service
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy: 3 single stinging insect venom	10 units per date of service
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy: 4 single stinging insect venom	10 units per date of service
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy: 5 single stinging insect venom	10 units per date of service
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single or multiple antigens; (Specify number of doses)	180 units per 365 days
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy: whole body extract of biting insect or other arthropod	10 units per date of service

According to the American Academy of Allergy, Asthma, and Immunology, the frequency of allergen immunotherapy administration is generally one to three injections per week. Therefore, the allergen immunotherapy services (95115, 95117) will be denied when billed for more than three visits per week.

Per CMS policy, CPT code 95144 (single dose vials of antigen) should be reported only if the physician providing the antigen is providing it to be injected by some other entity. Allergists who prepare antigens are assumed to be able to administer proper doses from the less costly multiple dose vials. Therefore, when 95144 is billed with 95115-95117 (professional services for allergen immunotherapy), 95144 will be changed to 95165 (single or multiple antigen doses). The reporting and supervision of preparation and provision of single or multiple antigen doses (95165) to a patient should not exceed 180 units per year. Therefore, when 95165 is billed for additional units, they will be denied.

Evaluation and Management (E/M) services are included in the global allowance for 95004-95199 (Allergy testing or allergy immunotherapy). To be separately reportable, the physician must perform a significant and separately identifiable E/M service on the same day of the procedure. See reimbursement policy RPC.0009.1200 Significant, Separately Identifiable Evaluation and Management Service (Modifier 25).

Clinically significant symptoms must be documented in an allergy-focused history. The allergy tests should correlate with the member's allergy-focused clinical presentation (i.e., testing for antigens to which it is reasonably possible for the member to be exposed). Tests must be performed by a licensed provider acting within their scope of practice to perform allergy and immunology services.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. Healthcare Common Procedure Coding System (HCPCS).
III. International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM).
IV. Centers for Medicare and Medicaid Services (CMS), https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-policy-manual.
V. https://medicaid.ncdhhs.gov/1n-1-allergy-testing/download?attachment.
VI. https://medicaid.ncdhhs.gov/1n-2-allergy-immunotherapy/download?attachment
VII. Applicable Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

RPC.0009.1200 Significant-Separately Identifiable Evaluation and Management Service (Modifier 25)

Policy History

09/2026	Reimbursement Policy Committee Approval
09/2026	• Removed the next review date • Replaced the plan name with "the health plan"
07/2026	Annual review • No major changes

05/2026	Updated plan limits and CPT codes
12/2025	Reimbursement Policy Committee Approval
11/2025	Annual review • No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
02/2025	Reimbursement Policy Committee Approval
11/2024	Annual review • Removed Evaluation and Management CPT codes
04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval