Allergy Tests and Desensitization

Adjudication Rule

Table of content

<table>
<thead>
<tr>
<th>Table of content</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>Page 1</td>
</tr>
<tr>
<td>Scope</td>
<td>Page 2</td>
</tr>
<tr>
<td>Adjudication Policy</td>
<td>Page 2</td>
</tr>
<tr>
<td>Adjudication examples</td>
<td>Page 3</td>
</tr>
<tr>
<td>Denial codes</td>
<td>Page 3</td>
</tr>
<tr>
<td>Appendices</td>
<td>Page 3</td>
</tr>
</tbody>
</table>

Abstract

For Members

Allergy testing involves having a skin or blood test to find out what substance, or allergen, may trigger an allergic response in a person.

Desensitization (Immunotherapy) is the parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage which is maintained as maintenance therapy.

Daman covers allergy testing and desensitization for Thiqa, Premier, Aounak and Reayaa and few more customized plans.

For Medical Professionals

The allergy tests highlighted under this guideline are used primarily to diagnose potential sensitivity to certain allergens and to bill for immunotherapy to allergy, where medically necessary and as insurance benefits apply.

For those health insurance plans where allergy testing and desensitization services are covered, experimental/investigational/unproven tests will not be covered.
Allergy tests and Desensitization

Scope

Allergy testing involves having a skin or blood test to find out what substance, or allergen, may trigger an allergic response in a person.

Desensitization (Immunotherapy) is the parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage which is maintained as maintenance therapy.

The allergy tests highlighted under this guideline are used primarily to diagnose potential sensitivity to certain allergens and to bill for immunotherapy to allergy, where medically necessary and as insurance benefits apply.

Adjudication Policy

Eligibility / Coverage Criteria

Allergy testing and desensitization are covered for Thiqa, Premier, Aounak and Reayaa and few more customized plans.

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Allergy testing and desensitization (immunotherapy) services will not be covered for those Daman administered health insurance plans that do not have the coverage benefit, as it is a general exclusion of their respective policies (except the plans mentioned in the coverage criteria).

Experimental/investigational/unproven/ tests will not be covered for any health insurance plan administered by Daman. The following is a list of experimental/investigational tests not covered by Daman:

- Leukocyte histamine release (LHR)
- Ophthalmic mucous membrane test
- Direct nasal mucous membrane test
- Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify

For those health insurance plans where allergy testing and desensitization services are covered, experimental/investigational/unproven tests will not be covered.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Allergen Immunotherapy can be categorized as

1. Professional service of administration of allergenic extract (CPT codes : 95115-95117)
   - The "injection itself" - Does not include the actual supply of the allergenic extract.
   - An allergist can bill separately for the injection and for the prospectively prepared supply of allergenic extract.
   - A physician (e.g., primary care physician) can bill the injection administration, if he/she administers the allergy injection only, using allergenic extract brought to the office by the patient and previously prepared by the patient's allergist.
   - Note: Allergenic extract can be claimed in addition using the CPT codes 95144-95170

2. Combined supply of antigen plus the allergy injection (CPT codes : 95120-95134)
   - Need to be provided at a single encounter

3. Preparation and provision of single-dose vial(s) of antigens to be administered by another physician (CPT code : 95144)
   - These vials are designed for use only when there is concern about the accuracy of measurement of doses from a multi-dose vial by a non-allergist’s office

4. Supervision of preparation and provision of antigens for allergen immunotherapy (CPT codes : 95145 -95170)
   - These codes are used to report the supply of antigen prospectively planned to be administered.
   - Administration of injections is not included in these codes

5. Rapid desensitization procedure, each hour (e.g., insulin, penicillin, equine serum) (CPT code : 95180)
   - This code applies to each hour spent in performing a rapid desensitization procedure to a medication such as insulin, penicillin, or horse serum.
Allergy tests and Desensitization

Adjudication Examples

Example 1

**Question:** A 5 year old child holding Thiqa plan, was diagnosed with Rhinitis due to pollen, and advised for allergy testing and desensitization.

**Answer:** The tests will be covered for the child.

Example 2

**Question:** A 25 year old UAE plan holder, diagnosed with allergy to eggs was advised for allergy tests and desensitization.

**Answer:** The tests will not be covered for this member, as it is a general exclusion of the policy.

Denial codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice</td>
</tr>
<tr>
<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities</td>
</tr>
<tr>
<td>NCOV-001</td>
<td>Diagnosis(es) is (are) not covered</td>
</tr>
<tr>
<td>NCOV-003</td>
<td>Service(s) is (are) Covered</td>
</tr>
<tr>
<td>PRCE-002</td>
<td>Payment is included in the allowance for another service</td>
</tr>
<tr>
<td>CODE-013</td>
<td>Invalid principal diagnosis</td>
</tr>
</tbody>
</table>

Appendices

A. References

2. General exclusion lists

4. Policy wordings section 10
5. Schedule of benefits

B. Revision history

<table>
<thead>
<tr>
<th>Date</th>
<th>Change(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-07-13</td>
<td>V2.0: New template</td>
</tr>
<tr>
<td>15-07-14</td>
<td>1. V 3.0 2. Disclaimer updated as per system requirements 3. Restored original effective date</td>
</tr>
</tbody>
</table>