

VIRGINIA PREMIER HEALTH PLAN, INC.

PROVIDER NOTIFICATION



AN IMPORTANT MESSAGE TO HEALTH CARE CLINICIANS AND FACILITIES
PLEASE ROUTE TO CONTRACTED PHYSICIANS AND HEALTH CARE FACILITIES IN YOUR LOCATIONS

June 29, 2010

Dear Provider:

This is a clarification to the Medical Payment Policy Bulletin dated April 2010, regarding MPP-211 Allergy Testing.

After careful review, the Medical Payment Policy Committee (MPPC) has determined the following procedures related to Allergy Testing are covered and not subject to the authorization process.

CPT	Description
82785	Gamma globulin; IgE
86003	Allergen specific IgE: quantitative or semi quantitative, each allergen
86005	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle or disk)
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95010	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95015	Intracutaneous (intra-dermal) tests, sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95024	Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95027	Intracutaneous (intra-dermal) 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
95028	Intracutaneous (intra-dermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	Patch or application test(s) (specify number of tests)
95052	Photo patch test(s) (specify number of tests)
95056	Photo tests
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases; specify
95075	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)

Posted June 2010

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The following procedures related to Allergy Testing are considered **experimental and investigational** and **will not be covered**.

CPT	Description
86001	Allergen specific IgG quantitative or semi quantitative, each allergen
86343	Leukocyte histamine release test (LHR)
95060	Ophthalmic mucous membrane tests
95065	Direct nasal mucous membrane test
	No specific codes for other tests and studies listed as investigational and not medically necessary
HCPCS	
P2031	Hair analysis (excluding arsenic)

If you need further clarification, please contact our Medical Management Department at (800) 727-7536, Option 3. This notice is also on the Virginia Premier Health Plan website. www.vapremier.com