

Allergy Testing Professional Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Unify – OneCare Plan

The following payment policy applies to Tufts Health Plan contracting providers who render professional services in an outpatient or office setting.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary allergy testing services, in accordance with the member's benefits.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

Senior Products²

Tufts Medicare Preferred HMO and Tufts Health Plan SCO members are not subject to an allergy copayment; however, an office visit copayment may apply for Tufts Medicare Preferred HMO members pursuant to the member's benefit plan specifics.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan accepts all industry standard codes. Refer to current industry standard resources for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Providers must bill for antigen services using only the component CPT procedure codes 95115 or 95117 (injection only) and/or 95144-95170 (representing antigens and their preparation).

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred HMO and Tufts Health Plan SCO products.

The following professional services are covered only when the resulting formulation is intended to be provided under direct provider supervision by subcutaneous injection, either in one single dose or as multiple doses: 95146-95149; 95165, 95170.

COMPENSATION/REIMBURSEMENT INFORMATION

Tufts Health Plan provides coverage for up to 200 allergy tests (percutaneous and intradermal combined) within 365 days to cover the percutaneous and intradermal tests for a member's evaluation. **Daily maximums apply.** For more information, refer to the following:

- Commercial and Senior Products: [Maximum Units Payment Policy](#)
- Tufts Health Public Plans: [Maximum Units Reduction Policy](#)

Tufts Health Plan limits coverage of the following procedure codes:

- 95165 to 120 units within 365 days when billed by any combination of providers
- 86003 to 30 units within 365 days

Commercial and Senior Products **Allergy Testing and Immunotherapy**

Tufts Health Plan does not routinely compensate for allergy testing CPT codes 95004-95075 when billed with allergy immunotherapy CPT codes 95115-95134 or 95180-95199 on the same date of service.

Tufts Health Plan does not routinely compensate for CPT codes 95044, 95052 or 95056 when performed in an outpatient or inpatient setting, as they are considered to be incident to the service. CMS defines "incident to" services as those furnished as an integral, although incidental, part of the provider's personal professional services in the course of diagnosis or treatment of an illness or injury.

Evaluation and Management (E&M) Services with Allergen Immunotherapy

Tufts Health Plan does not separately compensate for E&M procedure codes (99201-99499) in addition to allergen immunotherapy (95004-95199) unless other identifiable services are provided and documented at that time. Services must be substantive to qualify for payment and supplementary to those routinely provided with allergen injections. Submit these services using the appropriate [modifier](#).

Tufts Health Plan does not separately compensate the provider for time and direct costs associated with procuring and maintaining inventories of drugs and supplies. This practice expense is a component of the existing reimbursement schedule.

Commercial and Tufts Health Public Plans

Effective for dates of service on or after April 1, 2019, Tufts Health Plan limits compensation for allergy testing to one unit per day when billed by a facility.

Senior Products

Effective for dates of service on or after January 1, 2019, Tufts Health Plan does not routinely compensate allergy testing if billed more than 30 times in one year (365 days).

ADDITIONAL RESOURCES

- [Laboratory and Pathology Payment Policy](#) (Commercial products)
- [Laboratory and Pathology Payment Policy](#) (Senior Products)
- [Tufts Health Public Plans Claim Edits](#)

DOCUMENT HISTORY

- June 2020: Revised billing instructions boilerplate language
- May 2019: Policy reviewed by committee; added content applicable to Tufts Health Public Plans
- February 2019: Added edit for allergy testing billed by facilities, effective for dates of service on or after April 1, 2019
- November 2018: Added edit for preventive and screening services, effective for dates of service on or after January 1, 2019
- June 2018: Template updates
- July 2017: Policy reviewed by committee; added Tufts Medicare Preferred HMO and Tufts Health Plan SCO product information to combine policies
- January 2017: Template updates
- September 2015: Template conversion, template updates

- July 2015: Added allergy testing/screening policies effective for dates of service on or after October 1, 2015, template updates
- June 2015: Template updates
- June 2014: Policy reviewed, formatting changes, template updates
- September 2013: Template conversion
- January 2013: Template updates
- September 2012: Removed CPT procedure codes 95004, 95024 from note on page 3, as CMS no longer considers these codes as "incident to services"
- June 2012: Added the procedure codes covered only under direct provider supervision, which were previously documented in the Noncovered Services Medical Necessity Guidelines
- April 2012: Template updates
- March 2012: Updated CareLink disclaimer language
- October 2011: Reviewed policy. Template updates, added information on paper and electronic Summary of Accounts, effective January 1, 2012
- December 2009: Reviewed without changes
- April 2009: Removed the following edit: Allergy testing CPT procedure codes 95004-95024 will not be reimbursed when billed with CPT procedure code 95027. This is no longer effective.
- February 2008: Revised general benefit information with self-service channels information

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.