Allergy Testing/Injections/Immunotherapy Billing & Payment Policy

Line of Business: McLaren Health Plan Medicaid HMO, Mclaren Medicare Advantage, McLaren Health Plan Community, McLaren Health Advantage

Effective Date: 11/16/2025

This policy applies to Allergy testing and immunotherapy services. If there is a conflict between this policy and applicable federal or state laws, regulations or regulatory requirements, the applicable laws or regulations will control. Further, if there is a conflict between this policy and a provider contract, the provider contract will govern. Note – coverage may be mandated by MDHSS or CMS.

Providers are required to submit accurate claims and documentation for all services performed.

Providers must submit claims using valid code combinations required by applicable law. Claims should be coded appropriately according to industry standard coding guidelines. All claims are subject to claim edits and may be subject to further reviews by McLaren or contracted third parties. Providers are expected to promptly work with McLaren and any third parties to provide any requested information related to a claim submission.

Description and Definitions

Allergy testing, injections and immunotherapy services are covered by McLaren. Claims submitted to McLaren must be coded correctly for reimbursement. The medical necessity for these services must be documented in the member's medical record.

Reimbursement Policy

When submitting claims to McLaren for Allergy testing and immunotherapy services, the following billing guidelines should be followed:

- Allergy services and Evaluation & Management (E/M) services should not be coded for the same date of service, unless the provider performs and documents a significant, separately identifiable service. In this instance, the claim must contain the appropriate modifiers to report the significant, separately identifiable service.
- Allergy testing 95115 and 95117 are payable only in the office setting
- Allergy testing and immunotherapy should not be performed on the same date of service and therefore should not be submitted to McLaren. In addition, the testing becomes an integral part to rapid desensitization kits (CPT Code 95180) and should not be reported or reimbursed separately.
- Retesting with the same antigen(s) (CPT codes 95004 – 95070) may not be medically necessary within a 3 (three) year period. Retesting sooner than 3 (three) years will require a medical necessity review and authorization to be considered for reimbursement.

- Single percutaneous and intracutaneous tests billed with CPT 95004 or 95024, and sequential or incremental tests billed as 95017, 95018 or 95028 should not be submitted on the same date. Only one test will be reimbursed if the same dilution of the same allergen(s) are tested.
- The number of tests per antigen should be submitted on the claim.
- Allergy test interpretation, CPT codes 95004-95078, should be submitted with appropriate CPT for services rendered with one unit for each test performed.
- When photo patch tests, CPT 95052, are performed (same antigen/same session) with patch or application tests, only the photo patch testing should be reported. In addition, if photo testing is performed including application or patch testing, the code for photo patch testing, CPT 95052 is to be reported, not CPT 95044 (patch or application tests) and CPT 95056 (photo tests).

Audit
McLaren or a third party may audit or otherwise review all paid claims to ensure the integrity of the paid claims. This includes, but is not limited to coding validation, payment accuracy, compliance with regulations, policies, and contractual requirements. These reviews include clinical claim reviews and payment analytics.

Source: CMS Local Coverage Determination

Centers for Medicare & Medicaid Services article A57472 – Billing and coding: Allergy Immunotherapy
https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57472&ver=15

CMS Billing and Coding Guidelines for Allergy Testing & Allergy Immunotherapy
https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/34597_20/L34597_ALRG001_BCG.pdf