
CHAPTER 5: PROFESSIONAL SERVICES

SECTION 5.1: COVERED SERVICES**PAGE(S) 2**

Allergy Testing and Immunotherapy

Louisiana Medicaid covers allergy testing and allergen immunotherapy relating to hypersensitivity disorders manifested by generalized systemic reactions as well as by localized reactions in any organ system of the body. Covered allergy services include:

1. In vitro specific IgE tests;
2. Intracutaneous (intradermal) skin tests;
3. Percutaneous skin tests;
4. Ingestion challenge testing; and
5. Allergen immunotherapy.

Allergy Testing

Allergy testing is only covered for beneficiaries who have symptoms of allergic disease, such as respiratory symptoms, skin symptoms, or other symptoms that consistently follow a particular exposure, not including local reactions after an insect sting or bite.

The number of allergy tests performed must be judicious and dependent upon the history, physical findings, and clinical judgment of the provider (i.e., all beneficiaries should not necessarily receive the same test or number of tests).

Allergen Immunotherapy

Allergen immunotherapy is covered:

1. Up to 180 doses every calendar year, per beneficiary, for supervision of preparation and provision of antigens other than those related to stinging or biting insects;
2. Up to 52 doses every calendar year, per beneficiary, for supervision of preparation and provision of antigens related to stinging or biting insects; and
3. When medically necessary, if doses exceed the above quantities.

CHAPTER 5: PROFESSIONAL SERVICES

SECTION 5.1: COVERED SERVICES**PAGE(S) 2**

Reimbursement

When submitting claims for allergy testing and allergen immunotherapy, providers are to use the most appropriate and inclusive *Current Procedural Terminology* (CPT) codes that describe the services provided. Unless otherwise listed, Louisiana Medicaid uses the definitions and criteria found in the CPT manual.

The procedure codes used for allergen immunotherapy include the necessary professional services associated with this therapy, including monitoring of the injection site and post-injection observation of the beneficiary for adverse reactions. Office visit codes may be billed in addition to immunotherapy only if other significant identifiable services are provided at that time.