

Allergy Testing and Treatment Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render professional allergy testing to members of the CarePartners of Connecticut plans selected above.

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

Policy

CarePartners of Connecticut 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 [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

No referrals, prior authorizations or inpatient notifications are required for in-network allergy testing services. Referrals are required for out-of-network services rendered for HMO members.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of labs not participating in the member's applicable network(s) 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, CarePartners of Connecticut 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).

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

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

CarePartners of Connecticut provides coverage for up to 200 allergy tests (percutaneous and intradermal combined) within 365 days to cover the percutaneous and intradermal tests for a patient's evaluation. **Daily maximums apply.** Refer to the [Maximum Units Payment Policy](#) for additional information.

CarePartners of Connecticut limits coverage of the following procedure codes:

- 95165 to 150 units per 365 days when billed by any combination of providers

- 86003 to 30 units within 365 days

CarePartners of Connecticut 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.

CarePartners of Connecticut does not routinely compensate E&M Services (99202-99239, 99281-99443, 99450-99499 or S0280-S0281) when billed with 95004-95199 (Allergy testing or allergy immunotherapy).

CarePartners of Connecticut 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.

Additional Resources

- Laboratory and Pathology Payment Policy
- Maximum Units Payment Policy

Document History

- May 2024: annual policy review; added no separate compensation for time and direct costs associated with procuring and maintaining inventories of drugs and supplies, added additional resources section, administrative updates
- September 2023: Annual policy review; administrative updates
- June 2022: Annual policy review; updated policy title to Allergy Testing and Treatment Professional Payment Policy
- June 2021: Policy reviewed by committee; updated coverage limitation for 95165 to 150 units; updated claim edit for preventive and screening services in one year to 200 times; added previously communicated edit for E&M services when billed with allergy testing or allergy immunotherapy
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- May 2019: Policy reviewed by committee; no changes
- January 2019: Policy created

Audit and Disclaimer Information

CarePartners of Connecticut 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, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut 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 CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.