

## Coding Brief: Intradermal Testing (95017, 95018)

### CPT® Assistant.

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Codes 95017 and 95018 were introduced in the Current Procedural Terminology (CPT®) 2013 code set to report allergy test with venoms (95017) and with drugs and biologicals (95018) using any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal) methods. For both codes, the intradermal tests are evaluated immediately to determine whether there is a reaction (immediate-type reaction). The former codes 95010 and 95015 (deleted in 2013) were differentiated primarily on the technique used. The establishment of codes 95017 and 95018 allows for more specific identification of the effort and materials that are included as part of these procedures, as the supply costs of venoms differ significantly from the supply costs of drugs/biologicals. This article addresses the proper reporting of these codes.

#### **95017**

Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests

#### **95018**

Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests

When either of these codes is reported, it is necessary to specify the total number of tests performed, including both percutaneous and intradermal. The total number of tests would be reported in the units-box on the claim form.

**Note:** Check with individual third-party payers as some payers (eg, Centers for Medicare and Medicaid Services) have a limit on the number of tests that can be reported per day.

The following example illustrates how to correctly report a venom test. When testing for five venoms via five percutaneous tests and a positive and negative control, seven units

would be reported with code 95017. When those percutaneous tests are negative, and four sets of intradermal tests are then subsequently performed for five venoms (4x5 = 20 total intradermal tests), the total number of tests performed would be 7 plus 20, or 27 units reported with code 95017.

When testing for penicillin according to the protocol, four percutaneous tests (which include the positive and negative controls) would be reported, and five intradermal tests would be reported for a total of nine testing units reported with code 95018. In this example the positive and negative controls are included and not separately counted.

Many physicians test different, additional antibiotics on the same test date. Therefore, the typical patient may receive up to 18 tests for antibiotic testing on the same date of service.

**Note:** Some payers do not allow separate billing for positive and negative controls for codes 95017 and 95018 because the cost is considered to be included in the tests. Check with individual third-party payers regarding their specific reimbursement policies.

#### **Clinical Example (95017)**

A 42-year-old male with a history of being stung by an insect followed by generalized urticaria and mild chest discomfort requires venom allergy testing. The allergist performs 27 total tests, which include percutaneous and intracutaneous tests of venoms and appropriate positive and negative controls.

#### **Description of Procedure (95017)**

The first test includes five percutaneous venom tests and two percutaneous control tests (positive histamine and negative diluent). After 15 to 20 minutes, the physician interprets this initial test by viewing the skin reaction at the venom test sites compared to control-sites, and determines whether intracutaneous testing can proceed. Sequential and incremental intracutaneous testing is performed in four batches of five venoms. Fifteen to 20 minutes after each test, the physician interprets this test by viewing the skin reaction at the venom test sites compared to control-sites. The physician is available in the office for the entire intraservice period and checks the patient periodically and before administration of each test for local and systemic reactions.

#### **Clinical Example (95018)**

A 48-year-old female with chronic sinusitis and a history of adverse reactions to multiple antibiotics requires drug allergy testing. The allergist performs a total of 9 tests, which includes percutaneous and intracutaneous tests of penicillin and appropriate positive and negative controls.

#### **Description of Procedure (95018)**

The first test includes four percutaneous tests, including benzylpenicilloyl polylysine, penicillin G potassium, and two control tests (positive histamine and negative diluent). After 15 to 20 minutes, the physician interprets this initial test by viewing the skin reaction at the drug test sites compared to control-test sites and determines whether intracutaneous testing should proceed. Next, intracutaneous testing is performed, which includes five tests: benzylpenicilloyl polylysine in duplicate, penicillin G potassium in duplicate, and one negative-control test (diluent). After 15 to 20 minutes, the physician interprets the test by viewing the skin reaction at the drug test sites compared to control-test sites. The

physician is available in the office for the entire intraservice period and checks the patient periodically and before administration of each test for local and systemic reactions. ♦

### **Reference**

1. Gross GN. Two new codes for testing patients to venoms (95017) and drugs/biologics (95018). ACCAI enews:JCAAI Corner. September 2013. <http://acaai-365.ascendeventmedia.com/article/jcaai-corner>. Accessed June 15, 2015.