

New Codes for Ingestion Challenge Benefit Allergy Practice. Old Codes Terminated. New Codes Effective January 1, 2013.

If you do ingestion challenge testing you need to read this news item from JCAAI. If you do not do ingestion challenging you might want to reconsider. JCAAI, representing allergy, has successfully obtained approval for two new codes for ingestion challenge testing, with a significant increase in reimbursement over 2012. The old code 95075 will no longer be recognized effective January 1, 2013, at which time the first two hours of ingestion challenge will be coded 95076 and each additional hour will be coded 95079. The RVUs for 95076 is 3.45, an 85% increase in reimbursement. The RVUs for each hour of additional challenge time beyond two hours and 31 min. is 2.41 RVU. Added together reimbursement for a three-hour challenge will increase approximately 300% over last year.

Code	Description for Ingestion Challenge	Relative Value Units	Notes
95075	No time specified	1.85	Not recognized after December 2012
95076	First two hours (at least 61 minutes)	3.45	Includes pre-test and post-test evaluation
95079	Each additional hour (at least 31 minutes)	2.41	May be charged more than once per challenge

The ingestion challenge coding was changed to provide for more accurate reimbursement. The existing CPT Code 95075 was valued based upon outdated data originally provided by a different specialty than allergy. The vignette related symptoms of nasal congestion. More recent Medicare data reveals that 91.5% of the use of the ingestion challenge codes was by allergy specialists while less than 10% was billed by other specialties.

Food allergy frequency data shows that over 10 million Americans including 3 million children are now affected by food allergies and the number seems to be growing. Food allergy among children under age 18 increased 18% from 1997 to 2007. The allergy specialty decided to seek two new codes to describe ingestion challenge that would capture the significant variability in time associated with this service. These include a base code and an add-on code. Both are time based.

Once these new codes were approved by CPT, we were required to do a RUC survey to determine how the codes should be valued. This included a determination of how much physician (cognitive) work was involved in provision of the services. This survey measures both physician time involved in the challenge as well as complexity and stress of the service. Many of your fellow allergists participated in this survey.

The typical patient for the base code (CPT 95076) described the evaluation of an eight-year-old girl with an acute allergic reaction to peanuts at age 2 years. She has been monitored by serial allergy skin and serum tests. She had no additional noted exposures to peanuts. She undergoes ingestion challenge testing to determine if the peanut allergy has resolved. This code includes 120 minutes of test time (not the same as physician time).

The reimbursement for the code includes services provided in the pretest period, Intra-test period, and post test period. The pretest period includes a brief updated history and physical including medication history (assuming that a full history and physical was done at a previous office visit), review of records and labs, review of procedure and risks with patient/family, obtaining consent, confirming supply and equipment available in the event of a reaction and writing orders for testing. Reimbursement for the pre-test services described above is built into the new code 95076 which covers the first 2 hours of the challenge.

The intra-test portion of the challenge covers the time necessary to provide 6 to 7 tests doses of the food being tested. This allows assessment of the patient and a note in the chart. In the post-test period, there should be discussion of the test results, also discussion of the possibility of a delayed reaction and what to do if one occurs, performance of a final brief examination of the patient before the patient leaves the office and completion of medical records with a copy to the primary care physician (verbal and written). The typical patient (representing more than 50% of patients challenged) has a negative oral food challenge. Reimbursement for the intra test and post-test services is also built into the new code 95076.

The other new code is an add-on code CPT 95079 that describes each additional 60 minutes of test time. This add-on code is intended to be used for challenges lasting beyond the two hour base code. CPT rules require that an add-on must last at least for 1 min. more than 50% of the total duration of the code, that means you could not use 95079 until the additional time equaled at least 31 minutes beyond the first two hour oral food challenge.

If an ingestion challenge test is completed in under 61 minutes, according to CPT/RUC rules, an E/M code should be used instead of 95076. If a patient has a reaction requiring intervention therapy (i. e., injection of epinephrine or steroid) the challenge is over. Any continuing symptoms consistent with a positive challenge test should be reported using appropriate E/M coding. If epinephrine or a steroid injection is required these may be separately billed. For patient assessment/monitoring (e.g. blood pressure testing, peak flow meter testing,) these are not reported separately.

There will be a set of FAQs published for JCAAI members to further clarify this information in late December. Again for JCAAI members who have further questions they may email the JCAAI office with their questions. This newsletter describes services provided by JCAAI to all allergists who belong to JCAAI. Those who do not can join and receive the added benefits by contacting the JCAAI office at www.jcaai.org

Very truly yours,

Richard Honsinger, MD

JCAAI President