Penicillin testing is more commonly occurring in the allergist’s office in 2016. The need to use penicillin based medications for patients requiring antibiotic therapy necessitates the testing to determine if a patient is truly allergic to the medication or if the patient may be able to tolerate the medication.

With recent changes to the Current Procedural Term (CPT) allergy testing codes, 95018 is the correct code to use to allergy test a patient to any drug or biological. 95018 is used for both the percutaneous testing, as well as the intradermal testing of any drug or biological. If the allergist decides to administer a subcutaneous injection for testing, there is not a specified code in the allergy testing section for this type of test. CPT does offer the 96372 for diagnostic or therapeutic injections. The allergist may also consider using the unlisted allergy testing code – 95199. There are limits on the number of units billable per session.

The NCCI (National Correct Coding Initiative) limits the number of tests allowed for billing. This would be specific to payers who follow the NCCI edits as claim processing edits for their claims. The controls are also included in the units for 95018, per the NCCI as well.

If the allergist decides to perform an oral drug challenge as an additional testing modality, the correct code for the oral challenge would be 95076 and 95079. The 95076 is for the first 2 hours (120) minutes of the testing and the 95079 is billable for each additional hour. 97059 may be added for the additional hour after the testing has reached at least 150 minutes. If the patient has a reaction and the oral challenge is discontinued, a problem oriented evaluation and management code (99201-99205) may be charged in addition to the oral challenge. The same time frame may not be counted for both the evaluation and management code and the oral challenge.

In order to support the oral challenge codes, the CPT requires the patient be administered “sequential and incremental ingestion of test items.” Providing a patient with one oral tablet does not meet the definition of the oral challenge code.

The diagnosis codes for penicillin testing may be either by history or “status” of penicillin allergy or the diagnosis codes may be for adverse or anaphylactic reaction to penicillin. If the allergist selects either the adverse or anaphylactic reaction to penicillin, the ICD-10CM requires coding the reaction first and then listing the drug code second. For example, if the patient has an anaphylactic reaction to penicillin correctly administered, the first ICD-10CM code would be T88.6XXA,D, followed by the T36.0x1A. If the patient developed urticaria from penicillin, the L50.0 would be coded first followed by the T36.0x1A.

The status code for penicillin is Z88.0. The Z88.0 may be used as a primary code for allergy testing. Most payers have the Z88.0 on their list as a payable diagnosis code.