

Expanding Your Practice

Oral Food Challenges

AAAAI Feb 26, 2021

Douglas H. Jones, MD, FAAAAI

Case Presentation

- Patient is an 11-year old male with a history of epinephrine requiring anaphylaxis to peanut butter
- Pediatrician checked IGE levels to peanut and also included tree nuts
 - Peanut IGE was 48 and positive Arah 2, 1, and 3
 - Cashew IGE was 0.98, pistachio was 1.21, walnut 0.15, pecan negative, almond negative, hazelnut 0.38, and total IGE was 258
 - Patient referred to Allergist
- The Allergist took a careful history and determined there was not a clear reaction history with cashews or pistachios as the patient stated he did not like them as he would get stomach aches with them

Case Presentation

- Determined the need for OFC to cashew to clarify
- It was performed by a nurse practitioner under the direction of a board-certified allergist
- Patient completed a 6-dose challenge with no symptoms and 2-hour monitoring after last dose
- He was released from clinic, but then 45 min later presented back to clinic in diffuse hives, wheezing, and lightheaded. BP 92/68, P 133 R 14, SpO2 94%. Weighs 52kg.
- He was immediately administered epinephrine 0.3mg IM and albuterol nebulizer
- He was also given doses of PO cetirizine 10mg and PO prednisolone 15/5, 15ml. VS were monitored throughout. Patient recovered well within 20 minutes hives were 90% resolved and wheezing subsided. He was monitored another 2 hours and then discharged again from clinic.

Case Presentation

- With this situation, I want to open a discussion with our panel experts
 - How would you properly code this visit?
 - What should be included?
 - What other considerations are there?

Oral Challenges

Early Peanut Introduction Clinic

Sakina Bajowala, MD FAAAAI

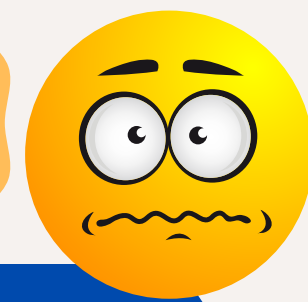


2021 AAAAI Annual Meeting
1102 - Expanding Your Practice: Clinical, Administrative
and Reimbursement Strategies for Success

Let's meet our adorable patients!



18 week old with h/o severe eczema



24 week old with peanut-allergic sibling



22 week old with h/o perioral
hives with scrambled egg



I have a great idea!

Let's bring the babies in
together for a peanut
feeding clinic!



9:00 - 9:15 am

Individual Intake with Clinical Support Staff



Vital Signs



Medication Reconciliation



Questions for Clinician

9:15 - 9:30 am

Shared Visit with Clinician



Education



Explanation



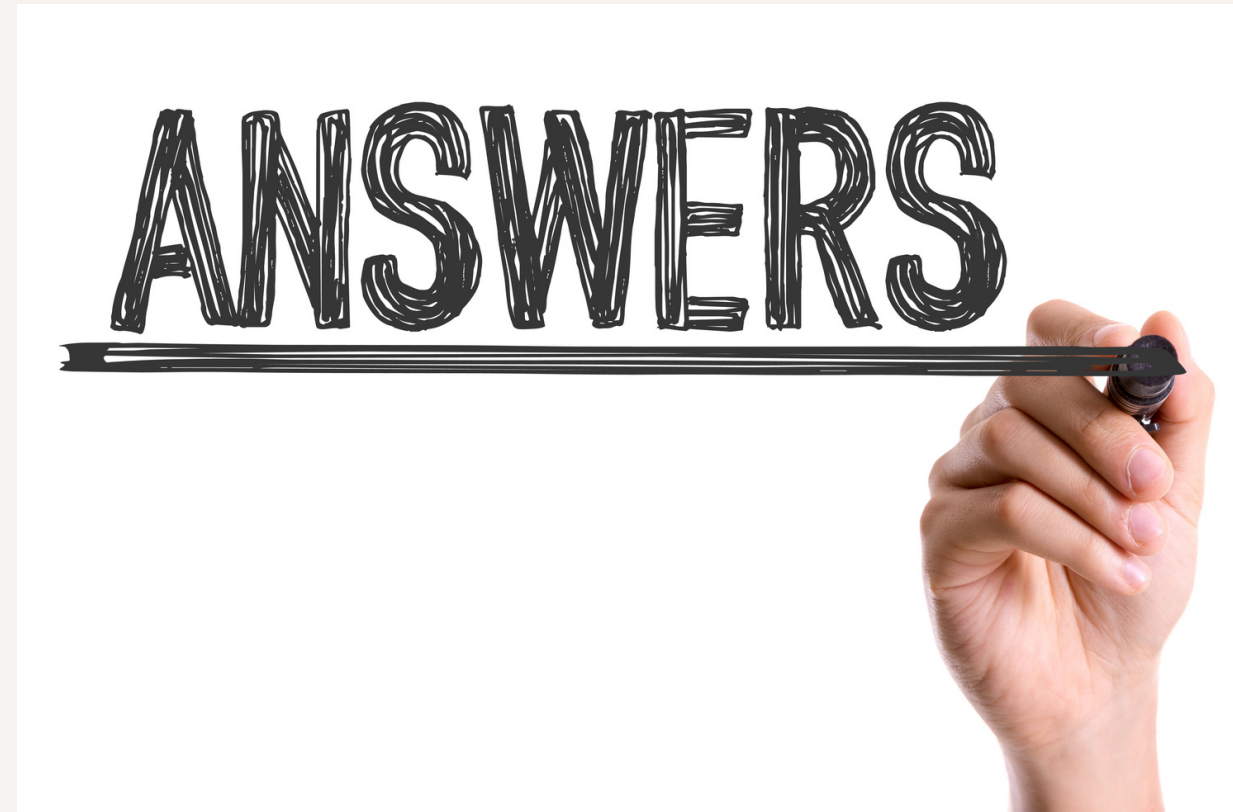
Informed Consent

9:30 - 11:50 am

Oral Challenge Procedure (Individual)



Physical Exam
(Clinician)



Answer Questions
(Clinician)



Oral Challenge
(Staff with Clinician Support)

Oral Challenge Results



Successful Challenge

Tolerated multi-step oral challenge with peanut flour in applesauce.

1 hour observation after final dose.

(Last dose: 10:40 am, observation complete at 11:40 am)



Challenge Reaction

Challenge aborted after 2nd dose due to facial hives that did not resolve spontaneously after washing face.

Symptoms treated successfully with oral antihistamine.

During observation, food allergy action plan reviewed, emergency medications prescribed, appropriate testing ordered (future date). Patient discharged independently.

(Last dose: 9:50 am, hives presented at 9:55 am, antihistamine given at 10:05 am, observation complete at 11:05 am)



Partial Challenge

Tolerated partial multi-step oral challenge procedure, but refused to eat final 2 doses.

1 hour observation after final dose.

(Last dose: 10:20 am, observation complete at 11:20 am)

11:05 - 11:20 am

Wrap-Up & Education with Clinician



Maintaining Peanut in Diet



Recognizing/Treating Reactions

Considerations

1. Staffing
2. Space
3. Workflow
4. Billing/Coding



Let's Discuss...



Oral Challenge Workflow

- Scheduling
 - How many Challenges are you comfortable with handling?
 - Will you use a midlevel?
 - What staffing and training do you want available for Oral Challenges?
 - Who will be doing the dosing?
- Guidelines
 - Will the patient supply the food/Drug, or will you?
 - What diagnostic test are required, and time frame those test are to be completed in.
 - Can the whole family attend?
 - Oral Food Challenge Packets.



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Expanding your practice Clinical Administrative, Reimbursement Strategies Oral Food Challenges

Teresa Thompson

TM Consulting

February 26, 2021



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Coding For Ingestion Challenges



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- I have nothing to disclose



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Ingestion Challenges

- CPT 95076 – Ingestion challenge test (sequential and incremental ingestion of test items; eg, food, drug or other substances); initial 120 minutes of testing
- +CPT 95079 each additional 60 minutes of testing (list separately in addition to code for primary procedures)



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What is not included

- A reaction to the item(s) ingested
 - Time stops for the testing and a new time frame begins for an E/M to address the reaction
- Time spent addressing other diagnoses different than the diagnoses for the challenge



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Documentation for services not included in challenge

- Separate E/M note for treatment of the reaction
- Separate E/M note for discussion of the additional diagnoses addressed “on and beyond” the testing.
- Separate procedure if performed.
 - PFT



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Coding for encounter #1

- Infant A – CPT 95076
- Infant B – Was the testing stopped otherwise 95076
- Infant C – CPT 95076
- Time spent as group – not specific to patient



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Coding for patient #2

- Time of for testing needs to be documented
- E/M is billable with different diagnosis when patient returns to clinic
- Base encounter on time and/or medical decision making performed by the physician.



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Food Challenges

- Do we meet the definition of the ingestion challenge codes?
- Oral Challenges are listed under the heading of “testing”
 - Are you performing a test or a treatment?



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