

Coding for Penicillin Testing

The need to use penicillin-based medications for patients requiring antibiotic therapy necessitates testing to determine if a patient is truly allergic to the medication or if the patient may be able to tolerate the medication.

Based on 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 percutaneous testing, as well as the intradermal testing of any drug or biological.

The NCCI (National Correct Coding Initiative) limits the number of tests allowed for billing. These are defined as MUEs, Medically Unlikely Edits. This would be specific to payers who follow the NCCI edits as claim processing edits for their claims.

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**. **95076** is for the first 2 hours (120) minutes of the testing and **95079** is billable for each additional hour. **95079** 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 (E/M) code may be charged in addition to the oral challenge. The same time frame may not be counted for both the E/M code and the oral challenge. Once the oral challenge has ended due to the reaction, the E/M time starts.

To support the oral challenge codes, the CPT requires the patient be administered “sequential and incremental ingestion of test items,” meaning at least two doses. Providing a patient with one oral tablet does not meet the definition of the oral challenge code.

To code for the diagnosis, the allergist selects either the adverse or anaphylactic reaction to penicillin. Many insurance companies are requiring coding the reaction to the penicillin as the primary code and the drug adverse reaction code or the past history of penicillin allergy code as the secondary code. For example, if the patient developed urticaria years ago from penicillin, L50.0 would be coded as the primary code for the allergic urticaria, followed by **Z88.0, the past history of penicillin allergy code**, as the secondary code. In another example, if the patient has an anaphylactic reaction to penicillin correctly administered and it is after the initial visit, the first ICD-10CM code would be **T88.6XXD for the anaphylaxis to the penicillin correctly administered, subsequent visit**, followed by **T36.0X5D, as the secondary code signifying an adverse reaction to penicillin, subsequent visit**.