

September [redacted], 2021

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Dear Dr. Bloschichak:

I write as President of the **XYZ Society of Allergy, Asthma and Immunology** to make you aware of an issue related to coverage of drug challenge testing as described by Current Procedural Terminology (“CPT”) Codes 95076 and 95079. The Pennsylvania Society of Allergy, Asthma and Immunology represents the interests of board-certified allergists practicing in Pennsylvania.

We have been contacted by **XYZ** allergists who reported that Novitas Solutions, Inc. (“Novitas”) has denied Medicare claims for penicillin challenge testing billed under CPT Codes 95076 and 95079. CPT Code 95076 describes:

*Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); initial 120 minutes of testing*

CPT Code 95079 is an add-on code to 96076 and describes each additional 60 minutes of testing. Novitas’ Local Coverage Article: Billing and Coding: Allergy Testing (A56558) currently lists ICD-10 codes that support medical necessity and coverage for CPT Codes 95076 and 95079. In this local coverage article, Novitas failed to list any ICD-10 codes that describe drug sensitivities or reactions, including, and in particular, those for penicillin testing.

The omission of these ICD-10 codes is improper because CPT Codes 95076 and 95079 explicitly include the term “drug” in the descriptor and, thus, are the appropriate codes to use when administering a penicillin ingestion challenge test to determine sensitivity to penicillin. Challenge testing is a well-established procedure for establishing penicillin and other drug sensitivity.<sup>1</sup>

Based on the above, we request that Novitas cover ingestion challenge testing for penicillin and other drugs as appropriate. We also ask that Local Coverage Article: Billing and Coding: Allergy Testing (A56558) be revised to include the following ICD-10 codes:

- T36.OX5A-T39 96Xs: Adverse effect of penicillins, initial encounter-Underdosing of unspecified nonopioid analgesic, antipyretic and antirheumatic sequela

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<sup>1</sup> Macy E. Penicillin and beta-lactam allergy: epidemiology and diagnosis. *Curr Allergy Asthma Rep.* 2014 Nov;14(11):476. doi: 10.1007/s11882-014-0476-y. PMID: 25216741; Vega JM, Blanca M, García JJ, Carmona MJ, Miranda A, Pérez-Estrada M, Fernández S, Acebes JM, Terrados S. Immediate allergic reactions to amoxicillin. *Allergy.* 1994 May;49(5):317-22. doi: 10.1111/j.1398-9995.1994.tb02275.x. PMID: 8092427.

- T44.35X-T50.Z95S: Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, initial encounter - Adverse effect of other vaccines and biological substances, sequela
- T50.905: Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
- T50.99A: Adverse effect of other drugs, medicaments and biological substances, initial encounter
- Z88.0: Allergy Status to penicillin
- Z88.1: Allergy status to other antibiotic agents
- Z88.2: Allergy status to sulfonamides
- Z88.3: Allergy status to other anti-infective agents
- Z88.4: Allergy status to anesthetic agent
- Z88.5: Allergy status to narcotic agent
- Z88.6 Allergy status to analgesic agent
- Z88.7 Allergy status to serum and vaccine
- Z88.8 Allergy status to other drugs, medicaments and biological substances

I would be pleased to have a conference call to discuss any questions you may have and can be reached at **[provide contact information here]**.

Sincerely,

**[to be signed by President of XYZ Allergy Society]**