AAOA

PRACTICE RESOURCE TOOL KIT

Tip Sheet on Evaluating Payor Contracts & Policies

Materials presented in this tool kit are intended as resource only and should not be construed as guidance

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For most Medicare plans, allergy and allergy testing is a covered service and requires no precertification. Commercial plans do vary and this can generally easily be checked on-line by checking eligibility and benefits for the patient's particular plan. Many plans allow the actual CPT codes to be checked for a specific patient and will list the particular benefits.

By checking the actual CPT codes, the staff can ensure there are no limitations on the type of allergy tests being performed (ie. prick, RAST, intradermal). In addition to checking eligibility and benefits for individual patients, it can be very informative for the practice to check the 'official' Medical Policy of their main payers'. This can usually be done online by searching the insurers medical policy for allergy immunotherapy, allergy testing, or allergy services. Here you will be able to see the policy for covered services and exclusions (such as for example sublingual therapy, acupuncture for allergies, homeopathy for allergies, etc.). Additional issues to consider are if the insurer requires documentation of pharmacological or environmental treatment failures prior to testing and/or immunotherapy. Most, if not all, insurers do not cover sublingual immunotherapy as a covered service.

If a specific indication is not addressed in the online materials then you should call for pre-authorization and inquire. The staff member calling should notate the date, time and who they talked with to obtain authorization. This is especially important when seeing a patient for a second opinion (or a patient changing allergists) and they patient may require a repeated or second allergy test within the same year. Some practices also routinely pre-certify many of their commercially insured's allergy tests much as they would surgery.

Once a patient has been tested and you are recommending subcutaneous immunotherapy, you should check the patient's specific benefits for immunotherapy and be prepared to inform the patient of their estimated costs and responsibility (co-pay, deductible, etc.). This is also a good time to check the insurer's policy and the patient's benefits for limitations on number of vials/doses per month or quarter, dollar amount maximums, treatment duration limitations.

An important consideration is that your reimbursement for each of your insurers/payors covers your actual immunotherapy costs. You should develop an estimate of your costs of preparing treatment vials and your costs of providing allergy injection services (supplies, staff time, your supervisory time, general overhead) and compare this to your payment from various payors. A spreadsheet can be a helpful way to analyze this information.