



Boston Children's Hospital

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Important Information Regarding Insurance Information for Skin and IgE Specific Allergen Blood Testing

Your child's doctor might recommend skin testing during your visit in order to identify his/her allergies. It is important to understand that this testing will generate a separate charge in addition to the clinic visit charge. This treatment charge may not be covered by your insurance company. The skin testing charge will most likely be covered by your insurance carrier if a referral has been authorized. You should, however, check with your insurance to make sure the skin testing is covered.

Each patient receiving skin testing is billed based upon how many allergens they are tested for. The number of allergens can range from three to sixty-four with the charges ranging from \$126 to \$3,368, varying from patient to patient. Your provider might also request that an IgE specific allergen blood test is done. This may be instead of or in addition to the skin testing. This is a blood test which also checks for allergies.

Your child will be billed for the following charges of skin testing and allergy blood testing. The actual amount may vary depending on any discounts negotiated by your insurance plan but is usually lower

Procedure:	Billing Code:	# per visit	Total Charge per allergen test
Percutaneous test	95004	3 to 64	\$42 per allergen being tested
Intracutaneous test	95024	1 to 10	\$49 per allergen being tested
IgE Specific Allergen Blood Testing	86003 or 86005	3 to 20	\$34 per allergen tested

***Please Note: Number of allergens being tested is dependent upon each individual patient. Total charges usually Vary between \$126 and \$3,368.**

Please call your insurance company to inquire about coverage/benefits under your plan and your required out of pocket payments. Coverage policies for individual carriers differ greatly. It is important to consult with your insurance company to see if these services will be covered under your individual plan.

Here are some important areas to understand about your benefits plan:

Prior Authorization:

Prior Authorizations are often required by insurance companies for specialty appointments. However, prior authorization is not a guarantee of payment if providers are considered out-of-network for your insurance company, or if their insurer decides later that the services were not "medically necessary."

In Network and Out-of-Network:

The provider for this visit may be considered in-network or out-of-network. This can affect the amount you are required to pay.

Co-payments, Deductibles and Coinsurance:

In addition to co-payments, you may have an annual deductible payment and a co-insurance (which is a certain percentage of the bill) payment.

Medical Necessity:

Many Insurance companies will determine coverage based on the diagnosis submitted on the claim. Your clinicians submit the diagnosis they determine is the most appropriate. We cannot guarantee that your insurer will deem the service "necessary" based on that diagnosis.

Please feel free to contact our billing office for any further questions or concerns 1-866-645-8905 for the skin testing, and 617-355-3397 for the IgE specific allergen blood test