# Penicillin allergy skin testing: an overview of important billing codes

## *CPT*® procedure codes

| *CPT* Codes | Description |
|---|---|
| **For skin testing of a drug allergy** | |
| 95018 | Used for both scratch and intradermal tests. The total number of tests should be shown next to the code on the claim form.<br>**Note: Penicillin allergy skin testing typically requires 4 scratch tests AND 5 intradermal tests for a total of at least 9 tests** |
| **For graded oral drug challenge (optional but recommended)** | |
| 95076 | Used for the first **61-120 minutes** of the challenge<br>**Note: For this code to be used, a minimum of 61 minutes must be spent on this challenge** |
| 95079 | Used **in addition** to CPT code 95076 for each additional 60 minutes beyond the first 120 minutes of the challenge<br>**Note: For this code to be used, a minimum of 31 minutes (>50% of the total time) must pass** |

The medical billing codes listed are provided for your convenience. The coding information provided herein is extracted from a variety of complicated and ever-changing medical coding systems. While it is meant to assist you, it is ultimately the healthcare professional's responsibility for certifying and confirming the codes that best define the patient's diagnosis and treatment, which should be based on the patient's condition and the services provided, while verified by the medical record documentation. The codes listed above and below are intended for informational purposes and should not be considered as a complete list of possible codes.

## *ICD-10* diagnosis codes

| *ICD-10* Codes | Description |
|---|---|
| **Part 1: Select one adverse effect code from below (or other appropriate code)** | |
| T88.6XXA | Anaphylactic reaction due to an adverse effect of correct drug properly administered (initial encounter) |
| T88.6XXD | Anaphylactic reaction due to an adverse effect of correct drug properly administered (subsequent encounter) |
| L27.0 | Generalized skin eruption due to drugs taken internally |
| L27.1 | Localized skin eruption due to drugs taken internally |
| L50.0 | Allergic urticaria due to a drug |
| **Part 2: Choose whichever code is correct** | |
| T36.0X5A | Adverse effect of penicillins (initial encounter) |
| T36.0X5D | Adverse effect of penicillins (subsequent encounter) |
| T36.1X5A | Adverse effect of cephalosporins and other beta-lactam antibiotics (initial encounter) |
| T36.1X5D | Adverse effect of cephalosporins and other beta-lactam antibiotics (subsequent encounter) |
| Z88.0 | Allergy status to penicillin |
| Z87.892 | Personal history of anaphylaxis |

## Possible E/M codes

- Use Level 1 to Level 5 office visit codes (as appropriate)
- Use CPT codes 99202 to 99215 for new and established patients based on medical decision making **OR** time (as appropriate)
- Billing procedures are at the sole discretion of the physician

*CPT=Current Procedural Technology*; E/M=Evaluation and Management; *ICD-10=International Statistical Classification of Diseases, Tenth Revision*.

*CPT* is a registered trademark of the American Medical Association.

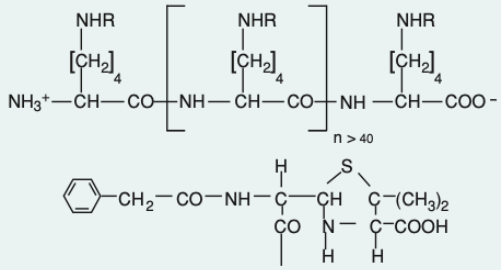
The information listed above is based on 2021 data. Because government and other third-party payer coding requirements change periodically, please verify current coding requirements directly with the payer being billed.

# PRE-PEN®

benzylpenicilloyl polylysine injection, solution
**Skin Test Antigen**

**DESCRIPTION:**
PRE-PEN® (benzylpenicilloyl polylysine injection USP) is a sterile solution of benzylpenicilloyl polylysine in a concentration of 6.0 X $10^{-5}$ M (benzylpenicilloyl) in 0.01 M phosphate buffer and 0.15 M sodium chloride. The benzylpenicilloyl polylysine in PRE-PEN is a derivative of poly-l-lysine, where the epsilon amino groups are substituted with benzylpenicilloyl groups (50-70%) forming benzylpenicilloyl alpha amide. Each single dose ampule contains 0.25 mL of PRE-PEN.

PRE-PEN has the following structure:




R = Benzylpenicilloyl or H

**CLINICAL PHARMACOLOGY:**
PRE-PEN is a skin test antigen reagent that reacts specifically with benzylpenicilloyl IgE antibodies initiating the release of chemical mediators which produce an immediate wheal and flare reaction at a skin test site. All individuals exhibiting a positive skin test to PRE-PEN possess IgE against the benzylpenicilloyl structural group which is a hapten. A hapten is a low molecular weight chemical that conjugates with a carrier (e.g. poly-l-lysine) resulting in the formation of an antigen with the hapten's specificity. The benzylpenicilloyl hapten is the major antigenic determinant in penicillin-allergic individuals. However, many individuals reacting positively to PRE-PEN will not develop a systemic allergic reaction on subsequent exposure to therapeutic penicillin, especially among those who have not reacted to penicillins in the past. Thus, the PRE-PEN skin test determines the presence of penicilloyl IgE antibodies which are necessary but not sufficient for acute allergic reactions due to the major penicilloyl determinant.

Non-benzylpenicilloyl haptens are designated as minor determinants, since they less frequently elicit an immune response in penicillin treated individuals. The minor determinants may nevertheless be associated with significant clinical hypersensitivity. PRE-PEN does not react with IgE antibodies directed against non-benzylpenicilloyl haptens.

**INDICATIONS AND USAGE:**
PRE-PEN is indicated for the assessment of sensitization to penicillin (benzylpenicillin or penicillin G) in patients suspected to have clinical penicillin hypersensitivity. A negative skin test to PRE-PEN is associated with an incidence of immediate allergic reactions of less than 5% after the administration of therapeutic penicillin, whereas the incidence may be more than 50% in a history-positive patient with a positive skin test to PRE-PEN. These allergic reactions are predominantly dermatologic. Whether a negative skin test to PRE-PEN predicts a lower risk of anaphylaxis is not established. Similarly, when deciding the risk of proposed penicillin treatment, there are not enough data at present to permit relative weighing in individual cases of a history of clinical penicillin hypersensitivity as compared to positive skin tests to PRE-PEN and/or minor penicillin determinants.

**CONTRAINDICATIONS:**
PRE-PEN is contraindicated in those patients who have exhibited either a systemic or marked local reaction to its previous administration. Patients known to be extremely hypersensitive to penicillin should not be skin tested.

**WARNINGS:**
The risk of sensitization to repeated skin testing with PRE-PEN is not established. Rarely, a systemic allergic reaction including anaphylaxis (see below) may follow a skin test with PRE-PEN. To decrease the risk of a systemic allergic reaction, puncture skin testing should be performed first. Intradermal skin testing should be performed only if the puncture test is entirely negative.

**PRECAUTIONS:**
**General:**
No reagent, test, or combination of tests will completely assure that a reaction to penicillin therapy will not occur.

The value of the PRE-PEN skin test alone as a means of assessing the risk of administering therapeutic penicillin (when penicillin is the preferred drug of choice) in the following situations is not established:

1. Adult patients who give no history of clinical penicillin hypersensitivity.
2. Pediatric patients.

In addition, the clinical value of PRE-PEN where exposure to penicillin is suspected as a cause of a current drug reaction or in patients who are undergoing routine allergy evaluation is not known. Likewise, the clinical value of PRE-PEN skin tests alone in determining the risk of administering semi-synthetic penicillins (phenoxymethyl penicillin, ampicillin, carbenicillin, dicloxacillin, methicillin, nafcillin, oxacillin, amoxicillin), cephalosporin-derived antibiotics, and penem antibiotics is not known.

In addition to the results of the PRE-PEN skin test, the decision to administer or not administer penicillin should take into account individual patient factors. Healthcare professionals should keep in mind the following:

1. A serious allergic reaction to therapeutic penicillin may occur in a patient with a negative skin test to PRE-PEN.
2. It is possible for a patient to have an anaphylactic reaction to therapeutic penicillin in the presence of a negative PRE-PEN skin test and a negative history of clinical penicillin hypersensitivity.
3. If penicillin is the drug of choice for a life-threatening infection, successful desensitization with therapeutic penicillin may be possible irrespective of a positive skin test and/or a positive history of clinical penicillin hypersensitivity.

**Pregnancy – Pregnancy Category C:**
Animal reproduction studies have not been conducted with PRE-PEN. It is not known whether PRE-PEN can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. The hazards of skin testing in such patients should be weighed against the hazard of penicillin therapy without skin testing.

**ADVERSE REACTIONS:**
Occasionally, patients may develop an intense local inflammatory response at the skin test site. Rarely, patients will develop a systemic allergic reaction, manifested by generalized erythema, pruritus, angioedema, urticaria, dyspnea, hypotension, and anaphylaxis. The usual methods of treating a skin test antigen-induced reaction — the applications of a venous occlusion tourniquet proximal to the skin test site and administration of epinephrine are recommended. The patient should be kept under observation for several hours.

**DOSAGE AND ADMINISTRATION:**
**SKIN TESTING DOSAGE AND TECHNIQUE**
Skin testing responses can be attenuated by interfering drugs (e.g. H1-antihistamines and vasopressors). Skin testing should be delayed until the effects of such drugs have dissipated, or a separate skin test with histamine can be used to evaluate persistent antihistaminic effects in vivo. Due to the risk of potential systemic allergic reactions, skin testing should be performed in an appropriate healthcare setting under direct medical supervision.

**Puncture Testing:**
Skin testing is usually performed on the inner volar aspect of the forearm. The skin test antigen should always be applied first by the puncture technique. After preparing the skin surface, apply a small drop of PRE-PEN solution using a sterile 22-28 gauge needle. The same needle can then be used to make a single shallow puncture of the epidermis through the drop of PRE-PEN. Very little pressure is required to break the epidermal continuity. Observe for the appearance of a wheal, erythema, and the occurrence of itching at the test site during the succeeding 15 minutes at which time the solution over the puncture site is wiped off. A positive reaction consists of the development within 10 minutes of a pale wheal, sometimes with pseudopods, surrounding the puncture site and varying in diameter from 5 to 15 mm (or more). This wheal may be surrounded by a variable diameter of erythema, and accompanied by a variable degree of itching. The most sensitive individuals develop itching quickly, and the wheal and erythema are prompt in their appearance. As soon as a positive response as defined above is clearly evident, the solution over the scratch should be immediately wiped off. If the puncture test is either negative or equivocally positive (less than 5 mm wheal with little or no erythema and no itching), an intradermal test may be performed.

**The Intradermal Test:**
Using a 0.5 to 1.0 cc syringe with a 3/8" to 5/8"long, 26 to 30 gauge, short bevel needle, withdraw the contents of the ampule. Prepare with an alcohol swab a skin test area on the upper, outer arm, sufficiently below the deltoid muscle to permit proximal application of a tourniquet later, if necessary. Be sure to eject all air from the syringe through the needle, then insert the needle, bevel up immediately below the skin surface. Inject an amount of PRE-PEN sufficient to raise a small intradermal bleb of about 3 mm in diameter, in duplicate at least 2 cm apart. Using a separate syringe and needle, inject a like amount of saline or allergen diluting solution as a control at least 5 cm removed from the antigen test sites. Most skin reactions will develop within 5-15 minutes and response to the skin test is read at 20 minutes as follows:

*Negative response* — no increase in size of original bleb and no greater reaction than the control site.

*Ambiguous response* — wheal only slightly larger than initial injection bleb, with or without accompanying erythematous flare and slightly larger than the control site; OR discordance between duplicates.

*Positive response* — itching and significant increase in size of original blebs to at least 5 mm. Wheal may exceed 20 mm in diameter and exhibit pseudopods.

If the control site exhibits a wheal greater than 2-3 mm, repeat the test, and if the same reaction is observed, a physician experienced with allergy skin testing should be consulted.

**HOW SUPPLIED: NDC 49471-001-05**

PRE-PEN® (benzylpenicilloyl polylysine injection USP) is a clear, colorless, sterile solution supplied in ampules containing 0.25 mL.

Box of 5 single dose ampules. Ampules are opened by snapping the neck of the ampule using two forefingers of each hand. Visually inspect for glass chards before use. Each ampule is for single patient use only. Discard any unused portion.

PRE-PEN is optimally stored under refrigeration (2-8° C). PRE-PEN subjected to ambient temperatures for more than 24 hours should be discarded. As with all parenteral drug products, PRE-PEN should be inspected visually for particulate matter and discoloration prior to administration.

**℞ only**

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