

### Allergy Testing Information

Patient Name \_\_\_\_\_

Your appointment for allergy testing is confirmed for:

**M T W TH F** on \_\_\_\_\_ at \_\_\_\_\_ am/pm in the **Frisco / McKinney / Plano** office.

Generally, most allergy testing will take from 30-90 minutes depending on initial test results. Occasionally, a more thorough allergy evaluation is needed and may require more detailed testing. If this becomes necessary, we will discuss this with you after your initial allergy tests have been performed.

Due to limited testing room space, only one parent or adult guardian will be permitted to accompany their child in the testing room. Also, please arrange for the care of other siblings prior to your appointment as we cannot supervise them in the waiting area. We apologize for any inconvenience that this may cause you.

Our office **WILL NOT** verify your individual policy benefits prior to testing. While allergy testing and treatment is typically covered, it may be subject to a deductible, co-insurance or pre-existing clauses. We strongly suggest that you contact your insurance carrier for member benefit verification to be prepared for any potential patient financial liability. Attached in this packet are instructions on how to obtain specific allergy benefits based on your individual plan details.

Please **wear loose-fitting, short-sleeved clothing** for testing (your inner forearm and upper arms will be used for testing). Also, please do not wear anything scented, including colognes or strong-smelling hair products. Avoid putting any lotions or creams on your arms as this may affect test results.

**You will need to be off antihistamines for 5 days prior to your testing**, (some requiring a longer time off).

If you take beta blockers, skin allergy testing is contraindicated. Allergy to this form is a list of some of the more common beta blockers used and other medications that will need to be discontinued prior to testing.

We will also need a complete list of your daily medications, vitamins, herbs, and any over-the-counter medications including products from health food stores.

If cancellation should be necessary, please notify us at least **48 hours** in advance so that your time may be given to another patient desiring allergy evaluation.

Thank you for your cooperation. Please contact our office should you have any questions.

### **Patient Allergy Benefit Verification Instructions**

Know your benefits. It is important to be proactive with your insurance carrier. Allergy services are typically covered and reimbursed according to your policy benefits. You will be able to get the best information by contacting your member services number on your insurance card. Member services representatives have quick access to your healthcare benefit details specific to your individual plan.

Allergy testing is billed as an in office procedure in addition to an office visit. Allergy injections and allergy serum vials are billed as in office services usually without an office visit. Make sure to ask if the following will apply to your allergy testing/therapy services:

1. Co-payment (with and without an office visit)
2. Coinsurance amounts
3. Deductible
4. Yearly caps, maximums or limitations
5. Pre-existing clause

#### Allergy Codes:

\*Allergy Testing: 95004 and 95024

\* Allergy Injection/Therapy (billed weekly): 95117

\* Allergy Serum (billed every 8 weeks): 95165

\* Dependent upon allergy testing, if immunotherapy is indicated and prescribed by your physician, you will be billed for weekly allergy shots (95117) in addition to allergy serum (95165) which is prepared every 8 weeks.

It is important that you discontinue all antihistamines for at least 5 days prior to allergy testing. Please inform your physician if this causes you to be too uncomfortable.

## COMMONLY USED ANTIHISTAMINES

### BRAND NAME

### CHEMICAL NAME (S)

#### OVER THE COUNTER

|   |                         |
|---|-------------------------|
| Claritin  | Loratadine              |
| Zyrtec  | Cetirizine              |
| Benadryl  | Diphenhydramine         |
| Allegra   | Fexofenadine            |
| Dimetane, Dimetapp  | Brompheniramine         |
| Chlor-Trimeton  | Chlorpheniramine        |
| Tavist  | Clemastine              |
| Marezine  | Cyclizene               |
| Dramamine   | Dimenhydrinate          |
| Unisom  | Doxylamine              |
| Actifed   | Tripolidine-Pseudoephed |
| Tylenol PM  | Diphenhydramine         |
| <b>Any over the counter sleep aid with diphenhydramine in it.</b> |                         |

#### PRESCRIPTION

|                             |                           |
|-----------------------------|---------------------------|
| Optimine, Trinalin          | Azatadine                 |
| Astepro (nasal spray)       | Azelastine                |
| Patanase (nasal spray)      | Olopatadine hydrochloride |
| Pataday/Patanol (eye drops) | Olopatadine ophthalmic    |
| Phenergan                   | Promethazine              |
| Antivert                    | Meclizine                 |
| Vistaril                    | Hydroxyzine pamoate       |
| Atarax                      | Hydroxyzine hydrochloride |
| Periactin                   | Cyproheptadine            |
| Optivar (eye drops)         | Azelastine HCL            |
| Zaditor (eye drops)         | Ketotifen                 |
| Xyzal                       | Levocetirizine            |

If you are currently taking any of these medications, please inform your nurse or physician before scheduling allergy testing to make sure it is okay to stop these medications 5 days prior to testing as taking these could alter your test results.

## COMMONLY USED BETA BLOCKERS

### CHEMICAL NAME

### BRAND NAME (S)

|              |  |
|--------------|--|
| Acebutolol   | Sectral  |
| Atenolol     | Tenormin, Tenoretic                                  |
| Betaxolol    | Kerlone, Betoptic (eye drops)                        |
| Bisoprolol   | Zebeta, Ziac   |
| Carteolol    | Cartrol, Ocupress (eye drops)                        |
| Carvedilol   | Coreg, Coreg CR                                      |
| Esmolol      | Brevibloc  |
| Labetolol    | Normodyne, Trandate                                  |
| Levobunolol  | Betagan  |
| Metipranolol | Optipranolol (eye drops)                             |
| Metoprolol   | Lopressor, Lopressor HCT, Toprol                     |
| Nebivolol    | Bystolic   |
| Nadolol      | Corgard, Corzide                                     |
| Penbutolol   | Levatol  |
| Pindolol     | Visken   |
| Propranolol  | Inderal, Inderide, Innopran                          |
| Sotalol      | Betaspace  |
| Timolol      | Blocadren, Timolide, Istalol<br>Timoptic (eye drops) |

## OTHER ALTERING MEDICATIONS

### CHEMICAL NAME

### BRAND NAME (S)

|               |           |
|---------------|-----------|
| Amoxapine     | Asendin   |
| Amitriptyline | Elavil    |
| Clomipramine  | Anafranil |
| Desipramine   | Norpramin |
| Doxepin       | Sinequan  |
| Imipramine    | Tofranil  |
| Nortriptyline | Pamelor   |
| Protriptyline | Vivactil  |
| Trimipramine  | Surmontil |