



the art and science of smart patch testing™

TAKE PATIENT HISTORY AND PERFORM A PHYSICAL EXAM

- Chronic, persistent dermatitis with characteristics indicative of a contact allergy should be evaluated with patch testing.
- A complete and accurate history is essential. Be sure to ask patients about:
 - symptoms (duration and distribution)
 - personal and family history of allergies
 - exposure to materials or products at work and at home.
- Examine the patient at a level appropriate to case complexity.



SCHEDULE PATIENT AND PROVIDE PRE-TEST INSTRUCTIONS

- In patients with severe ongoing dermatitis, defer patch testing until acute symptoms subside to avoid eliciting excited skin syndrome and false positives.
- It is advisable that patients stop using oral corticosteroids and avoid the use of topical corticosteroids on the test area for two weeks prior to patch testing.
- Avoid exposing patch test area to sun for at least three weeks prior to testing.
- Test area should be clean and free of topical treatments, scars, active dermatitis, skin eruptions or anything that might interfere with results.
- Coordinate with patient schedules for best compliance. Be sure to counsel patients about the goals and limitations of patch testing.

PREPARE ALLERGEAZE PATCH TESTS FOR PATIENT APPLICATION

- Do not remove protective paper liner. Adhesion is optimal when liner is removed just before application, and when panels are at room temperature.
- Before loading, number panel chambers for later identification of allergens.
- Use standardized chemical allergens in either an aqueous or petrolatum base. In special cases, patient products may be used with care.
- Fill chamber with ~40 microliters of test material. This is roughly equivalent to a 4 mm ribbon for semisolid materials.

APPLY ALLERGEAZE PATCH TESTS

- Step 1:** Carefully remove cover and any protective paper backing from prepared panels.
- Step 2:** With the patient in a relaxed and slightly forward position, apply prepared panels to the upper back, starting at the lower end of the panel and rolling upwards. Firmly press panels into position to ensure optimal adhesion.
- Step 3:** Mark panel placement through the registration holes with medical skin marker.
- Step 4:** Repeat this process for all test panels.
- Step 5:** Schedule return visit in 48 hours for panel removal and initial reading.



REMOVE PATCH TESTS AT 48 HOURS; BEGIN INTERPRETATION

- Refresh registration marks with a medical skin marker before removing panels.
- Carefully remove panels and verify occlusion at each allergen test site.
- Allow the skin to rest and for irritation to subside for ~20 minutes. Interpret reactions using the reading template and standard allergic contact dermatitis diagnostic criteria.
- Schedule the patient to return at 72 – 96 hours for additional readings. These later readings are essential to differentiate positive, doubtful and negative reactions. Readings at 1 week may be needed for late-reacting allergens such as para-phenylenediamine.
- Confirm the clinical significance of positive reactions using patient history and symptoms.



DISCUSS PATCH TEST RESULTS WITH PATIENTS

- For positive reactions with clinical relevance, counsel patients to avoid the allergen. Be sure to discuss:
 - where the allergen is found at work and home, and tips on avoidance;
 - common allergen names likely to be found on product labels; and
 - examples of products that contain the allergen, with potential alternatives.
- For valid negative reactions, counsel patients appropriately and discuss possible treatments, skin care and any additional testing needed.
- For minimal or doubtful reactions, consider patient history and symptoms. If potentially clinically relevant counsel patients to avoid the allergen.

CODING AND REIMBURSEMENT

- For optimal claim reimbursement, follow current coding procedures and guidelines as appropriate for each payer.
- Physicians practicing in the United States should use the American Medical Association (AMA) CPT® 95044 code to refer to patch testing. This code should be entered for each allergen tested, per Medicare guidelines.
- Physicians practicing in the United States should apply the appropriate AMA Evaluation and Management (E/M) codes that match patient status (new, established or consult), history, exam and decision making criteria. Extensive consultation time may also be reimbursable.
- Physicians should also use the appropriate ICD-9-CM codes to identify their allergic contact dermatitis diagnoses, symptoms, other conditions, problems and complaints.
- Support all procedural and diagnostic coding with documentation consistent with the patient's medical record.