

Will Insurance Cover My Visit?

The allergy office visit and testing are covered benefits under most insurance plans, but the amount of patient responsibility will vary considerably between different insurance companies and even different plans within the same insurance company. **Please reach out to your insurance company for specifics about your health benefits and covered services, as they are the ones who determine the rates/charges for services. They also determine how much of the cost you will be required to pay, so they are the best resource for getting accurate cost information.**

Tidewater Allergy & Asthma is in-network with most plans from the following insurance companies:

- Aetna (not Aetna Better Health)
- Anthem
- Cigna
- Humana
- Sentara
- Tricare
- United Healthcare
- Virginia Medicaid
- Medicare

Please note, insurance companies are not required to disclose to us the amounts that are covered under your specific plan and the amounts that you will be required to pay (patient responsibility) prior to your visit.

Therefore, it is difficult for us as the provider to determine exactly what portion of the bill will be the patient's responsibility until your insurance reviews our claim and sends us the explanation of benefits (EOB) which shows the amount the patient is required to pay. We work hard to accurately estimate patient responsibility at the time of service, but if there is a difference between our estimate and what your insurance ultimately determines is your responsibility, we will adjust your patient statement accordingly. You may want to reach out to your insurance company directly for details about your specific plan before your visit, and we have provided a list of questions you may want to ask below. We are happy to discuss any questions you may have.

Prior to your initial visit, you may want to contact your insurance company and ask the following questions:

1. Do I need a referral for allergy and immunology services?
2. Do I have allergy and immunotherapy benefits? If so, what are they?
3. Do I have any riders on my policy for allergies or asthma?
4. If I were to have pulmonary function testing (lung function testing), would it be covered?
 - Ask about 94375 (standard PFT) and 94060 (PFT with albuterol)
5. If I were to have allergy testing, would it be covered?
 - Ask about codes 95004 (prick test/subcutaneous allergy test) and 95024 (intradermal/intracutaneous allergy test)
 - For skin testing, you are billed by the method of testing (e.g., Prick (Percutaneous) and/or Intradermal (Intracutaneous)) and by the number of substances that are tested.
6. If I were to pursue Allergen Immunotherapy (allergy shots), would it be covered?
 - Ask about codes 95165 (allergen immunotherapy serum vials), 95117 (allergy injections)
7. Will any of my services need prior authorization?
8. What will be my patient responsibility (cost) for office visits? For testing? For AIT?
9. Do I have a copay or coinsurance? Do I have to meet my deductible before this applies?
10. Do I have to meet a deductible on any office procedures?

If you would like to request an estimate, please request one in the patient portal.