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Advanced Ear, Nose & Throat

**Allergy Skin Testing**

There are several methods of skin testing for allergies. Advanced ENT Allergy uses a combination of the prick and intradermal dilution methods. Several multipronged devices will be used to place small amounts of antigen on your forearms. We receive a reading once the antigens have been in contact with the skin for 20 minutes and based on these results we inject different levels or antigens into the skin on the upper arm. We read the reaction after 10 minutes of contact. Please allow 1 hour for the test.

To help ensure a successful test, please follow the following protocols for your test:

1. We will be performing the test on your arms. For this reason, Please wear a sleeveless shirt or a loose fitted shirt that can be rolled up to the shoulder.
2. Due to the length of the test, please leave small children with a care giver if possible.
3. If you have any form of asthma, please bring your rescue inhaler with you to the test.
4. If you are being retested after beginning allergy drops, you DO NOT need to discontinue your drops prior to testing.
5. Please call our Nurse Line with any questions at 303-728-3375.

Certain medications (both prescription and over the counter) will need to be discontinued prior to testing. The following is a list of the medications that MUST be discontinued. Many of these medications can interfere with the accuracy of the test results and some may interfere with the ability to treat a possible reaction.

Please consult with your prescribing physician before discontinuing any prescribed medication.

**Beta Blockers (pills or eye drops): Discontinue for 3 days prior to testing.**

* Acebutolol (Sectral)
* Atenolol (Tenormin)
* Betaxolol (Betoptic, Kerlone)
* Bisoprolol (Zebeta)
* Esmolol (Brevibloc)
* Nebivolol (Bystolic)
* Metoprolol (Toprol-XL, Lopressor)
* Carteolol (Ocupress)
* Penbutolol (Levatol)
* Pindolol (Visken)
* Carvedilol (Coreg, Coreg CR)
* Labetalol (Trandate)
* Levobunolol (Betagan)
* Metipranolol (Optipranolol)
* Nadolol (Corgard)
* Propanolol (Inderal LA, Innopran XL)
* Sotalol (Betapace, Sorine)
* Timolol (Betimol, Blocadren, Istalol, Timoptic)

**Tricyclic Antidepressants: Discontinue 3 days prior to testing.**

* Amitriptyline (Elavil, Endep, Levate)
* Amoxapine (Asendin)
* Clomipramine (Anafranil)
* Desipramine (Norpramin, Pertofrane)
* Doxepin (Adapin, Silenor, Sinequan)
* Imipramine (Tofranil)
* Maprotiline (Ludiomil)
* Nortryptyline (Aventyl, Pamelor)
* Protryptyline (Vivactil)
* Trimipramine (Surmontil, Trimip,

Tripamine)

**Anti-H1 Histamines: Discontinue 3 days prior to testing.**

* Diphenhydromine (Benadryl, Nyquil, PM remedies: **check the box of any over the counter cold/sinus remedy. Many of them will contain an antihistamine**)
* Hydroxyzine (Atarax)
* Meclizine (Antivert)
* Loratadine (Claritin)
* Desloratadine (Clarinex)
* Cetirizine (Zyrtec)
* Fexofenadine (Allegra)
* Levocetirizine (Xyzal)
* Azelastine nasal sprays

(Astepro/Astelin/Dymista)

* Allergy eye drops (Optivar, Patanol, Pataday, Zatidor, Azelastine)

**Anti-H2 Histamines: Discontinue for 2 days prior to testing.**

* Cimetidine (Tagamet)
* Ranitidine (Zantac)
* Famotidine (Pepcid)
* Nizatidine (Axid)

**Benzos and Sedatives/Atypical Antidepressants: Discontinue 5 days prior to testing.**

* Ativan (Lorazepam)
* Xanax (Alprazolam)
* Klonopin (Clonazepam)
* Valium (Diazepam)
* Ambien (Zolpidem)
* Lunesta (Eszopiclone)
* Oleptro (Trazodone)
* Remeron (Mirtazapine)
* Seroquel (Quetiapine)
* Wellbutrin (Bupropion)

**Anti-Emetic: Discontinue for 3 days prior to testing.**

* Prochlorperazine (Compazine)
* Promethazine (Phenergan)

**Anti-Imflammitories: Discontinue 2 days prior to testing.**

* Celecoxib (Celebrex)
* Valdecoxib (Bextra)

**Herbal Supplements: Discontinue 1 week prior to testing.**

* Licorice, Green Tea, Saw Palmetto, St.

John’s Wort, Feverfew, Milk Thistle,

Astragalus

**Leukotriene Modifiers: Discontinue 24 hours prior to testing.**

* Montelukast (Singulair)
* Zafirlukast (Accolate)

***THIS LIST IS NOT COMPLETE. PLEASE CALL WITH ANY QUESTIONS RE. OTHER MEDICATIONS YOU ARE TAKING.***

**\*\*Cancellation/Rescheduling must be made 48 hours prior to test. Failure to do this will result in a charge of $100\*\***

**Insurance Coverage**

We strongly recommend that all patients check with their insurance provider to see if allergy testing is covered and if you have any co-pays, co-insurance or deductible due. Below is a checklist of questions to ask your insurance provider.For each item listed, you will want to know if it is covered and if any co-pay, co-insurance or deductable apply to these charges.

1. Skin Testing – code 95004 and 95024
2. Allergy Injections – 95115 or 95117
3. Allergy Serum – code 95165
4. Is there any limit to the number of tests?
5. Is a referral needed for coverage?
6. Are there any preexisting conditions or exclusion clauses?
7. Does your deductible apply and how much of the deductible has been met?