

T.R.U.E. TEST® QUICK REFERENCE GUIDE

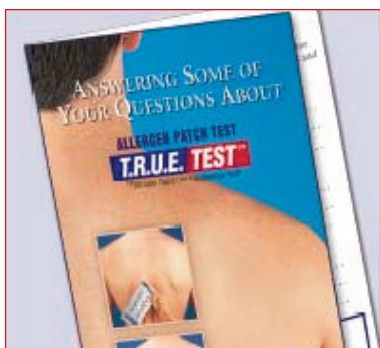
See package insert included with T.R.U.E. TEST for more information.

1. TAKE PATIENT HISTORY AND PERFORM A PHYSICAL EXAM



- A complete and accurate history is essential. Ask 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.
- Chronic, persistent dermatitis with characteristics indicative of a contact allergy should be evaluated with patch testing.
- T.R.U.E. TEST (Allergen Patch Test) provides the physician with a ready-to-use test method for identifying the most common contact allergies.

2. 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.
- Two weeks prior to patch testing stop using oral corticosteroids and avoid use of topical corticosteroids on the test area.
- Do not expose the test area to sun for at least three weeks prior to testing.
- Test area should be clean and free of oils, lotions and ointments. Select an area without scars, active dermatitis, skin eruptions or any other condition that may interfere with test interpretation.
- Coordinate with patient schedules for best compliance.

Counsel patients about the nature, goals and limitations of patch testing. Provide the patient with the brochure “Answering some of your questions about T.R.U.E. TEST®.”

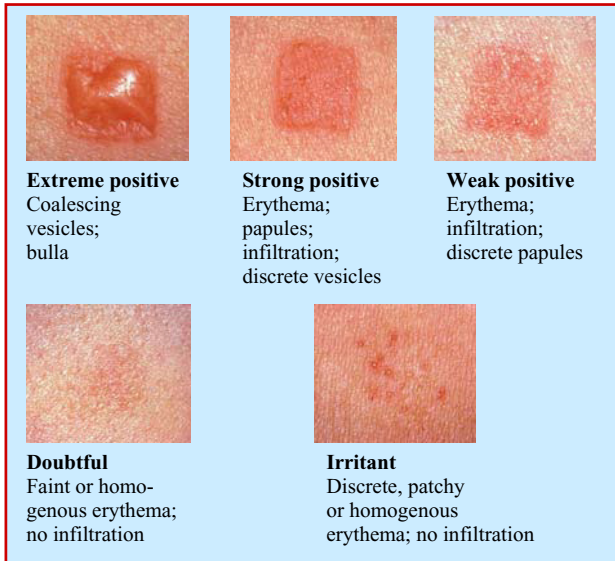
3. APPLY T.R.U.E. TEST PANELS



- Step 1: Peel open the foil outer sleeve and remove test Panel 1.1.
- Step 2: Remove the protective plastic cover from the test surface of the panel. Take care not to touch the test substances.
- Step 3: Position Panel 1.1 on the left side of patient’s back with allergen #1 in the upper left corner. Smooth the panel outward from the center to the edge, making sure each has made adequate contact with the skin.
- Step 4: Use a medical marking pen to index the test location at the notches found on the panel.
- Step 5: Repeat the process for Panel 2.1 on the right side of patient’s back with allergen #13 in the upper left corner.
- Step 6: Repeat the process for Panel 3.1 with allergen #25 on the upper left corner.

Instruct patients to keep the panels dry, in place, and protected from direct sunlight for 48 hours.

4. REMOVE T.R.U.E. TEST AT 48 HOURS; INTERPRET RESULTS AT 72 AND 96 HOURS



- ❑ Interpret 48-hour reactions after allowing them to subside for a few minutes.
- ❑ Recall patient at 72 – 96 hours for additional readings. A second reading is *essential* to reduce false positive and false negative results. Additional readings may be required depending on patient history and results.
- ❑ If neomycin or *p*-phenylenediamine allergies are suspected, readings at 5-7 days may be needed.
- ❑ More than one-quarter of patients can test positive to one of the T.R.U.E. TEST allergens. Positive reactions should be confirmed by patient history and symptoms.
- ❑ Negative reactions are common. Patients who test negative may be allergic to other substances not included in T.R.U.E. TEST and require additional testing.

Interpret reactions using the reading template and International Contact Dermatitis Research Group criteria.

5. COUNSEL THE PATIENT



- ❑ With positive reactions of clinical relevance, counsel patients to avoid each allergen.
- ❑ Be sure to provide a copy of “*How to Read a Label*” as well as the appropriate patient handouts with information about:
 - where each allergen is found at work and home;
 - tips on how to avoid each allergen;
 - substances (with their chemical names) to avoid; and
 - examples of products that contain the allergen, with potential alternative products.

For valid negative reactions, counsel patients appropriately. Provide a copy of the patient handout “A Negative Test Result” that discusses the meaning of a negative test and provides tips on better skin care.

6. CODING PROCEDURES AND REIMBURSEMENT



Follow current coding procedures and guidelines as appropriate for each payer:

- ❑ Use 95044 as the CPT® code for patch testing. Enter this code for each of the 29 T.R.U.E. TEST allergens (i.e., 29 times).
- ❑ Use 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.
- ❑ Support all coding with documentation in the patient’s medical record.
- ❑ Utilize computer software, training and outside consultants to improve office coding and reimbursement procedures.