

<b>HEALTH PLAN POLICY</b>	
<b>Policy Title:</b> Allergy Testing and Treatment	<b>Policy Number:</b> MUM24 <b>Revision:</b> B
<b>Department:</b> Medical Management	<b>Sub-Department:</b> Utilization Management
<b>Applies to Product Lines:</b> <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
<b>Origination/Effective Date:</b> 10/18/2017	
<b>Reviewed Date(s):</b>	<b>Revision Date(s):</b> 04/24/2019, 05/14/2020

**SCOPE:**

This policy applies to the health plan members who are enrolled and eligible to receive allergy testing and treatment on the date of service. The health plan manages allergy testing and treatment so that eligible members may receive medically necessary, cost-effective allergy testing and treatment that support optimal health care outcomes.

**DEFINITIONS AND ACRONYMS:**

- **Allergy testing** is used to determine what types of allergens cause a particular allergy. Testing typically involves injecting a small amount of the allergen under the skin by scratching or puncturing the skin and watching the skin for a reaction.
- **Allergy treatment** or immunotherapy often involves the use of allergy serum which is injected in order to cause the person to lose sensitivity to an irritant such as pollen. Allergy serum is prepared for each patient individually based upon his/her specific allergies. Treatment begins with low doses and is gradually increased to a maximum (maintenance) dose. Allergy shots are given once or twice a week until the maintenance dose is reached and then may be given every one to six weeks for several years.

**POLICY:**

**Prerequisites(s)**

Allergists or immunologist specialist only to perform testing

**Member Cost-Sharing**

Covered services may be subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

The Plan pays for medically necessary covered services such as:

- Allergy testing
- Allergy serum
- Allergy injections
- Intra-cutaneous tests with extracts rendered by a physician only
- Patch testing

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- Photo patch testing
- Photo tests

### The Plan Does *Not* Pay

- Personal convenience items such as, allergen-proof supplies, mattresses, mattress casing, pillows, pillow casing, etc.
- Air filtration systems, humidifiers and air conditioners
- Methods of treatment that are considered investigational
  - a. Provocative and neutralization therapy for food, chemical and inhalant allergies by
  - b. sublingual, intradermal or subcutaneous routes
  - c. Urine auto-injections (autogenous urine immunization)
  - d. Repository emulsion therapy
  - e. Clinical ecology – involves the diagnoses and treatment of environmental illness
  - f. Candidiasis Hypersensitivity Syndrome Treatment
  - g. IV Vitamin C Therapy
- Sublingual allergy drops in lieu of shots
- Allergy tests or immunotherapy that have no proven health benefit
- Allergy testing and immunotherapy that is considered experimental or is not FDA approved
- Acupuncture for allergies
- Diet therapy for allergies
- Homeopathy for allergies

### **REFERENCES:**

None

### **RELATED DOCUMENTS:**

- All payment policies
- MUM05 C Prior Authorization

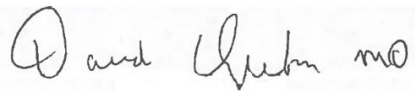
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**REVISION HISTORY:**

<b>Revision</b>	<b>Date</b>	<b>Description of Change</b>	<b>Committee</b>
New	10/18/2017	Initial release.	Quality Improvement Committee
A	04/24/2019	Annual review. Removed Medicaid and CHIP from lines of business.	Executive Leadership
B	05/14/2020	Annual review. No change to policy content.	Executive Leadership