HEALTH PLAN POLICY

Policy Title: Allergy Testing and Treatment                         Policy Number: MUM24
Revision: B

Department: Medical Management                                      Sub-Department: Utilization Management

Applies to Product Lines: ☐ Medicaid    ☒ USFHP
☐ Children’s Health Insurance Plan    ☒ Commercial Insured
☒ Health Insurance Exchange    ☐ Non Insured Business
☒ Medicare

Origination/Effective Date: 10/18/2017

Reviewed Date(s): Revision Date(s): 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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Nancy Horstmann  
Chief Executive Officer Health Plans

David Engleking, M.D.  
Medical Director

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## REVISION HISTORY:

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