

Allergy Testing and Immunotherapy

Benefit Coverage

Physician office visits for the purpose of routine allergy testing and treatment, including allergy immunotherapy and allergy serum (antigens), are covered.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments.

Benefit Exclusion

The forms of allergy testing and treatment excluded by Blue Shield Medical Policy. (See Examples of Non-Covered Services.)

Examples of Covered Services

- Allergy testing/skin testing
- Immunotherapy (excluding antigen) – CPT code for office visit; serum billed separately with its own CPT code
- Immunotherapy (including antigen) – office visit copay applies
- Allergy serum (also called allergy vaccine, antigen, or extract) – CPT code for serum copay (50% of allowed charges); office visit charged separately
- IP testing
- FAST
- Modified Allergosorbent Test (MAST)
- Radioallergosorbent Testing (RAST)
- Food allergy testing
- Respiratory emulsion therapy
- Skin end point titration
- Smear of nasal secretions
- Sputum exam
- Total eosinophil count
- Total gammaglobulins

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Examples of Non-Covered Services

- Non-medically necessary services, including:
 - Serum allergy (screening) testing
 - Sublingual administration of allergy extracts
- Provocative and neutralization testing, subcutaneous and sublingual
- Over-the-counter allergy medications, such as calamine lotion, Benadryl[®], hydrocortisone
- Allergy Immunization Therapy (Urine)
- Bacterial antigens in the treatment of arthritis
- Cytotoxic testing

References

Blue Shield Medical Policy

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement