

## 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.
- Immuno-peroxidase (IP testing)
- Fluorescent Allergosorbent test (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<sup>®</sup>, hydrocortisone
- Allergy Immunization Therapy (Urine)
- Bacterial antigens in the treatment of arthritis
- Cytotoxic testing

### References

*Evidence of Coverage*

*IFP Evidence of Coverage and Health Service Agreement*