

Medical Policy

Policy: 99005

Effective Date: 09/09/2025

SUBJECT: Allergy Testing

Annual Review Date: 08/29/2025

Last Revised Date: 08/29/2025

Some or all procedure codes listed in this Corporate Medical Policy may be considered experimental/investigational.

Definition: Allergy testing is performed to determine immunologic sensitivity or reactivity to allergens for the purpose of identifying the cause of an allergic response. Most patients that demonstrate allergy symptoms in the presence of an allergen have allergen-specific immunoglobulin E (IgE), a type of antibody, in their blood. Thus, most allergy tests look for the presence of allergen specific IgE. In vitro tests are conducted in test tubes or otherwise outside of the living body (e.g., serum testing), while in vivo tests take place in or on the body (e.g., prick skin testing or intradermal skin testing).

Medical Necessity:

I. In vitro tests:

- A. Please see *Avalon policy G2031, Allergen Testing* for medical necessity criteria for in vitro tests.

II. In vivo tests:

- A. **Percutaneous tests (scratch, puncture, prick) or intracutaneous (intradermal) tests:** Please see *MCG Care Guideline A-0148, Percutaneous and Intracutaneous Allergy Testing* for medical necessity criteria.
- B. **Skin patch and photo patch testing:** Please see *MCG Care Guideline A-0147, Patch or Application Testing* for medical necessity criteria.
- C. **Photo testing:** The Company considers photo testing **medically necessary** and eligible for reimbursement providing that the following medical criterion is met:
- History and physical examination suggest that an association between allergic symptoms and allergen exposure and diagnosis requires confirmation to verify patient production of allergen specific IgE antibodies.

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D. Inhalation bronchial challenge test: The Company considers inhalation bronchial challenge testing **medically necessary** and eligible for reimbursement providing that the following medical criterion is met:

- History and physical examination suggest an association between allergic symptoms and allergen exposure and diagnosis requires confirmation to verify patient production of allergen specific IgE antibodies.

E. Ingestion challenge test: The Company considers ingestion (oral) challenge tests **medically necessary** and eligible for reimbursement providing that the following medical criteria are met:

- History and physical examination suggest an association between allergic symptoms and allergen exposure (e.g., food, drug) and diagnosis requires confirmation to verify patient production of allergen specific IgE antibodies; and
- Presumed allergen cannot be easily or safely avoided.

III. Investigational Allergy Testing: The Company considers any of the following allergy testing methods **investigational** and **not** eligible for reimbursement:

- Leukocyte histamine release test; or
- Re buck skin window test; or
- Passive transfer or P-X (Prausnitz-Kustner test); or
- Cytotoxic food testing; or
- Antigen Leukocyte Cellular Antibody (ALCAT) testing.
- Allergy testing for any of the following:
 - Newsprint; or
 - Tobacco smoke; or
 - Dandelion; or
 - Orris root; or
 - Phenol; or
 - Alcohol; or
 - Sugar; or
 - Yeast; or
 - Grain mill dust; or
 - Soybean dust, unless repeated, necessary exposure exists (e.g., food processing plant); or
 - Honeysuckle; or
 - Fiberglass; or
 - Green tea; or
 - Chalk.

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IV. Not Standard of Care Allergy Testing: The Company considers the following allergy tests **not standard of care** and **not** eligible for reimbursement:

- Ophthalmic and nasal mucous membrane tests.

Frequency limitations: The Company limits the frequency of in vivo allergy sensitivity tests to **80** within a 365-day time period. The number of tests performed should be judicious and dependent upon the history, physical findings, and clinical judgment. Each individual will not necessarily receive the same tests or same number of allergy tests. Once a diagnosis of a specific allergen has been established, allergy testing is not recommended to be performed yearly, except in cases where clinically indicated. Providers who perform an unusually high number of tests, either per visit or cumulatively in a given year, will be monitored. Medical record documentation to clinically support additional testing must be made available upon request. Please see *Avalon policy G2031, Allergen Testing* for details regarding frequency limitations for in vitro allergy sensitivity tests.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

CPT Code 86343 is considered investigational and not eligible for reimbursement.

CPT Codes 95060 and 95065 are considered not standard of care and not eligible for reimbursement.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the procedure performed regardless of how the procedure was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

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Sources of Information:

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Applicable Code(s):

CPT: 86343, 95004, 95017, 95018, 95024, 95027, 95044, 95052, 95056, 95060, 95065, 95070, 95076 and 95079

HCPCS: N/A

ICD10 Procedure Codes: N/A