

MEDICAL POLICY

POLICY TITLE	ALLERGY TESTING AND IMMUNOTHERAPY
POLICY NUMBER	MP 2.001

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective date:	7/1/2026

POLICY

Allergy Testing

Specific allergy testing may be considered **medically necessary** for individuals with clinically significant allergic history of symptoms when all of the following criteria are met:

- Symptoms are not adequately controlled by empiric conservative therapy; **and**
- Testing must correlate specifically to the individual's history, risk of exposure and physical findings; **and**
- Test technique and/or allergens tested must have proven efficacy demonstrated through scientifically valid studies published in the peer-review literature.

Allergy testing may be considered **medically necessary** in the diagnosis of allergies utilizing the following techniques:

- Direct Skin Test
 - Percutaneous (scratch, prick, or puncture) and intracutaneous (intradermal) allergy testing when used for the diagnosis, evaluation, and treatment of allergies when there are signs and symptoms or a diagnosis of an allergy (e.g., a history of hypersensitivity to animals, food, pollen, dust mites, mold, grass, insect venoms or asthma, allergic rhinitis, or urticaria).
 - A cumulative total of seventy percutaneous or forty intracutaneous tests may be considered **medically necessary** per benefit period.
 - Quantity level limits (QLL) greater than seventy percutaneous or forty intracutaneous tests will be considered **not medically necessary** per benefit period.
- Patch test (application test)
- Photo patch test
- Bronchial challenge test
- Oral Food Challenge (Open, Single Blind, or Double Blind)
- Serial Endpoint Testing (SET) when used in conjunction with immunotherapy to determine a safe starting dose for testing; or to determine a safe starting dose for immunotherapy.
 - A cumulative total of eighty endpoints (SET, SDET, IDT) allergy tests may be considered medically necessary per benefit period.
 - Quantity level limits (QLL) greater than eighty endpoint tests will be considered **not medically necessary** per benefit period.

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Other allergy tests, including but not limited to the following, are considered **investigational**, as there is insufficient evidence to support a conclusion concerning the general health outcomes or benefits associated with these procedures:

- Nasal challenge test
- Conjunctival challenge test (ophthalmic mucous membrane test)

Repeat Allergy Skin Testing

- Repeat skin testing with multiple antigens may be considered **medically necessary** for children who are initially sensitive to food or indoor environmental exposures but later develop pollen and outdoor mold sensitivities.
- Repeat skin testing may be considered **medically necessary** for adults who:
 - Have food allergy and require reevaluation to examine for resolution of their food allergy; **or**
 - Have received three to five years of venom immunotherapy and require reevaluation for the resolution of the venom allergy **or**
 - Develop increased atopic symptoms suggesting new sensitizations.

Allergy Immunotherapy

Allergy immunotherapy may be considered **medically necessary** for individuals with demonstrated hypersensitivity that cannot be managed by medication, avoidance, or environmental control measures. Injections of airborne or insect venom allergens should be prepared for the member individually.

Maintenance Phase

Individuals must be re-evaluated every 6 to 12 months while receiving allergy immunotherapy for **ALL** of the following:

- To determine efficacy; **and**
- To determine whether adjustments in the dosing schedule or allergen content are necessary; **and**
- To ensure compliance; **and**
- To monitor for the two types of adverse reactions: local (i.e., redness and swelling at the injection site) and systemic (i.e., sneezing, nasal congestion, or hives).

Allergy immunotherapy is considered **not medically necessary** after one year in the maintenance phase unless one of the following is documented:

- A noticeable decrease of symptoms; **or**
- An increase in tolerance to the offending allergen; **or**
- A reduction in medication usage; **or**
- A reasonable explanation for lack of improvement in spite of allergy immunotherapy, and why it is likely that allergies would worsen if immunotherapy were discontinued.

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Other allergy immunotherapy, including but not limited to the following, are considered **investigational**, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with these procedures.

- At home administration of allergy immunotherapy, including preparation of serum and any other related services.

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

CHIP (aka Capital Cares 4Kids): Quantity level limits do not apply.

DESCRIPTION/BACKGROUND

Allergy Testing

Allergic or hypersensitivity disorders may be manifested by generalized systemic reactions or localized reactions in any organ system of the body. Reactions may be acute, sub-acute, or chronic, immediate, or delayed. Allergy testing can be broadly subdivided into in vivo and in vitro methodologies. In vivo methodologies include skin allergy testing (i.e., skin prick testing, skin scratch testing, intradermal testing, skin patch testing, and skin endpoint titration), bronchial provocation tests, and food challenges.

Skin prick testing and in vitro analyses of IgE are the most commonly performed allergy tests. The number of tests required may vary widely from patient to patient, depending on the patient's history.

Serial endpoint testing (SET), also known as serial endpoint titration, is a form of intradermal skin testing that uses increasing doses of antigen to determine the concentration at which the reaction changes from negative to positive (the "endpoint"). The test has been used for diagnosing allergic disorders and is a potential alternative to other diagnostic tests such as skin prick testing or in vitro testing for this purpose. Also SET has been used to guide the initiation of immunotherapy by using the endpoint dilution as the starting antigen dose.

Mediator release testing (MRT) testing attempts to measure the release of chemical mediators from white blood cells and platelets in response to specific foods, chemicals, or additives. Mediator release testing has been advocated as a means to measure the reaction in the blood resulting from a food or chemical to which you have become sensitive or intolerant. When exposed to a food or chemicals that a person is sensitive to the cells release various chemical mediators. The Lifestyle Eating and Performance (LEAP) program is used along with MRT

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testing to try to identify delayed food allergies and treatments that include dietary manipulation with or without supplements.

In January 2003, the Board of Directors of the American Academy of Otolaryngic Allergy (AAOA) endorsed strategies for testing for inhalant allergy (Krouse and Mabry, 2003), stating that “[m]embers should practice in ethical and fiscally responsible ways.” The AAOA provided the following guidelines on the necessary number of tests for inhalant allergy (e.g., prick testing, intradermal testing, intradermal dilutional testing (IDT), and in vitro testing):

- Screening: Screen with no more than fourteen relevant antigens plus appropriate controls.
- Antigen survey: If screening is positive and immunotherapy is contemplated, use no more than forty antigens. More extensive testing may be justified in special circumstances.
- Quantification for safe starting point: Use no more than 80 IDT tests routinely. More extensive testing may be justified in special circumstances.

Allergy Immunotherapy

Allergy immunotherapy involves routine injections of escalating doses of an offending allergen over a period of months, with the goal of reducing symptoms. Once immunity is achieved the patient begins maintenance therapy. Maintenance immunotherapy may be administered continuously for several years and the interval between injections may range from two to six weeks.

RATIONALE

Test	Description	Rationale
Nasal Challenge Test (Also called nasal mucous membrane test or nasal challenge /provocation test)	Considered Investigational This test has been proposed as a tool in the diagnosis of allergic rhinitis. It is performed to duplicate the patient’s main symptoms or signs by controlled exposure to a suspected antigen and is delivered by direct application to the nasal mucous membranes. Evaluation of the patient’s response is recorded	Although nasal allergen challenge can definitively establish the diagnosis, it is clinically impractical and rarely performed outside of research settings. While this test is used in studies of allergic rhinitis, its utility in clinical practice has not been established. Non-specific hyperreactivity of the nasal mucosa due to inflammation from another etiology could be an alternative explanation.
Conjunctival challenge test (ophthalmic mucous membrane test)	Considered Investigational Allergenic extract is placed into the conjunctival sac of the eye, followed by	These tests are often the tools of research protocols that require an objective standard for establishing clinical sensitivity.

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Test	Description	Rationale
	observation for redness, itchiness, tearing of the eye, and other similar symptoms	
Home Allergy Immunotherapy	<p>Considered investigational</p> <p>This method of immunotherapy involves the bi-weekly injection of a small dose of allergic extract. The dose is slowly increased until the person becomes tolerant to larger amounts of the same extract. These injections are initially given at the beginning of each new dilution under the supervision of a physician until a maintenance dose, or constant dose, is achieved. This usually takes approximately 30 weeks. Once the maintenance dosage is reached no more office visits for immunotherapy are required. The person continues to self-administer the maintenance dose.</p>	<p>According to guidelines from the American Academy of Asthma, Allergy, and Immunotherapy (Cox, et al., 2011), allergen immunotherapy should be administered in a medical facility with trained staff and medical equipment capable of recognizing and treating anaphylaxis. Under rare circumstances, when the benefit of allergen immunotherapy clearly outweighs the risk of withholding immunotherapy (e.g., patients with a history of venom-induced anaphylaxis living in a remote region), at-home administration of allergen immunotherapy can be considered on an individual basis.</p> <p>There are a small number of studies of home-based allergy immunotherapy. One prospective study by Hurst, et al. (1999) reports during a 1-year period, twenty-seven otolaryngic allergy practices recorded all systemic reactions to immunotherapy resulting from 635,600 patient visits and 1,144,000 injections. Sixty percent of injections were given at home. Major systemic reactions were observed after 0.005% of injections. There were no hospitalizations or deaths. Eighty-seven percent of major reactions began within 20 minutes of injection. Frequently observed risk factors for major reactions were buildup phase of immunotherapy, active asthma, and first injection from a treatment vial. The authors reported that home and office injections had similar rates of total systemic reactions, but home-based immunotherapy had far fewer major reactions. A major limitation of the study is that it was limited to otolaryngic allergy</p>

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Test	Description	Rationale
		<p>practices; the generalizability of the results to primary care practices is uncertain.</p> <p>A study presented at the World Allergy Organization's (WAO) Annual Symposium on Immunotherapy and Biologics in Chicago in Dec 2013 reported on a study of 24,892 subcutaneous immunotherapy (SCIT) patient records. 2.182 million injections were examined for systemic reactions (SR). Seventy-four identifiable reactions occurred and were graded by two different qualified individuals according to the WHO grading system for reporting AR published in the 2011 ITPP.2 Basic survey techniques were utilized to show efficacy and changes in medications scores. Statistical analysis and summaries were performed using SAS version 9.3 (SAS Institute, Inc., Cary, NC). Comparisons were measured using frequencies and paired t-tests.</p> <p>The results reported by UAS indicate an SR rate of 0.3% in 24,892 patients (2.182 million injections) and concludes that the risk of systemic, or adverse, reaction is less with UAS treatment protocol than traditional dosage and fast build up RUSH methods that involve immunotherapy shots administered at a physician's office. The UAS protocol in the study was administered by primary care physicians and utilized self (home) administration. These results are reportedly due to UAS' slower, more incremental, immunotherapy build up phase as a self-administered treatment for patients suffering from seasonal and perennial allergies. Patients that receive allergy shots according to UAS protocols are under the care of primary care physicians</p>

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DEFINITIONS

ALLERGEN – Any substance that causes a hypersensitivity reaction. Among common allergens are inhalants (dusts, pollens, fungi, smoke, perfumes, and odors of plastics), foods (wheat, eggs, milk, chocolate, and strawberries), drugs (aspirin, antibiotics, and serums), infectious agents (bacteria, viruses, and fungi), contactants (chemicals, animals, plants, and metals), and physical agents (heat, cold, light and pressure).

ALLERGY – An immune response to a foreign antigen that results in inflammation and organ dysfunction. Allergies range from the life threatening to the annoying, and include systemic anaphylaxis, laryngeal edema, transfusion reaction, urticaria, hay fever and rhinitis.

ANTIGEN – A protein that induces the formation of antibodies, which interact specifically with it. This antigen–antibody reaction forms the basis of immunity.

ANTIBODY – A protein substance produced in response to a unique antigen. The substance developed combines with a specific antigen to destroy or control it.

BRONCHIAL CHALLENGE TEST uses histamine or methacholine to perform the test when it is necessary to determine if the patient has hyper-responsive airways. Volatile chemicals can be used to perform the test when the allergy is encountered in an occupational setting.

DOUBLE BLIND FOOD CHALLENGE TEST involves the patient ingesting the food to which sensitivity is suspected. Both the patient and physician are unaware of the food the patient is to ingest. This is done to eliminate the risk of prejudgment by the patient.

INTRADERMAL refers to intracutaneous, or more specifically, within the dermis.

PATCH TEST is used to identify allergens causing contact dermatitis. The suspected allergens are applied to the patient's back, covered by a dressing and allowed to remain in contact with the skin for forty-eight (48) hours. The area is then examined for evidence of delayed hypersensitivity reactions.

PHOTO PATCH TEST reflects contact photosensitization. The suspected sensitizer is applied to the skin and is allowed to remain in contact with the skin for forty-eight (48) hours. If there is no reaction, the area is exposed to a dose of ultraviolet light sufficient to produce inflammatory redness of the skin. If the test is positive, a more severe reaction develops at the patch site than on surrounding skin.

SERIAL ENDPOINT TESTING (SET) is a form of intradermal skin testing that uses increasing doses of antigen to determine the concentration at which the reaction changes from negative to positive (the endpoint). SET has also been used to guide the initiation of immunotherapy by using endpoint dilution as a starting antigen dose.

DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute

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medical advice and are subject to change as permitted by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These policies are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational and therefore not covered:

Procedure Codes							
S9338	95060	95065					

Covered when Medically Necessary

Procedure Codes							
95004	95017	95018	95024	95027	95028	95044	95052
95056	95070	95076	95079	95115	95117	95120	95125
95130	95131	95132	95133	95134	95144	95145	95146
95147	95148	95149	95165	95170	95180	95199	

ICD-10-CM Diagnosis Code	Description
B44.81	Allergic bronchopulmonary aspergillosis
D82.0	Wiskott-Aldrich syndrome
H65.411	Chronic allergic otitis media, right
H65.412	Chronic allergic otitis media, left
H65.413	Chronic allergic otitis media, bilateral
J30.0	Vasomotor rhinitis
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
J30.89	Other allergic rhinitis

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ICD-10-CM Diagnosis Code	Description
J30.9	Allergic rhinitis, unspecified
J31.0	Chronic rhinitis
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.8	Other chronic sinusitis
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.991	Cough variant asthma
J45.998	Other asthma
L20.0	Besnier's prurigo
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L24.A0	Irritant contact dermatitis due to friction or contact with body fluids, unspecified
L24.A9	Irritant contact dermatitis due friction or contact with other specified body fluids
L27.2	Dermatitis due to ingested food
L29.9	Pruritus, unspecified
L30.9	Dermatitis, unspecified
L50.0	Allergic urticaria
L50.1	Idiopathic urticaria
L50.6	Contact urticaria
L50.8	Other urticaria
L50.9	Urticaria, unspecified
R05	Cough
R05.1	Acute cough
R05.2	Subacute cough
R05.3	Chronic cough

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ICD-10-CM Diagnosis Code	Description
R05.4	Cough syncope
R05.8	Other specified cough
R05.9	Cough, unspecified
R06.00	Dyspnea, unspecified
R06.02	Shortness of breath
R06.09	Other forms of dyspnea
R06.83	Snoring
R06.89	Other abnormalities of breathing
R09.81	Nasal congestion
T63.421D	Toxic effect of venom of ants, subsequent encounter
T63.424D	Toxic effect of venom of ants, undetermined, subsequent encounter
T63.431D	Toxic effect of venom of caterpillars, accidental (unintentional), subsequent encounter
T63.434D	Toxic effect of venom of caterpillars, undetermined, subsequent encounter
T63.441D	Toxic effect of venom of bees, accidental (unintentional), subsequent encounter
T63.444D	Toxic effect of venom of bees, undetermined, subsequent encounter
T63.451D	Toxic effect of venom of hornets, accidental (unintentional), subsequent encounter
T63.454D	Toxic effect of venom of hornets, undetermined, subsequent encounter
T63.461D	Toxic effect of venom of wasps, accidental (unintentional), subsequent encounter
T63.464D	Toxic effect of venom of wasps, undetermined, subsequent encounter
T63.481D	Toxic effect of venom of other arthropod, accidental (unintentional), subsequent encounter
T63.484D	Toxic effect of venom of other arthropod, undetermined, subsequent encounter
T65.811D	Toxic effect of latex, accidental (unintentional), subsequent encounter
T78.00XD	Anaphylactic reaction due to unspecified food, subsequent encounter
T78.01XD	Anaphylactic reaction due to peanuts, subsequent encounter
T78.02XD	Anaphylactic reaction due to shellfish (crustaceans), subsequent encounter
T78.03XD	Anaphylactic reaction due to other fish, subsequent encounter
T78.04XD	Anaphylactic reaction due to fruits and vegetables, subsequent encounter
T78.05XD	Anaphylactic reaction due to tree nuts and seeds, subsequent encounter
T78.06XD	Anaphylactic reaction due to food additives, subsequent encounter
T78.070A	Anaphylactic reaction due to milk and dairy products with tolerance to baked milk, initial encounter
T78.070D	Anaphylactic reaction due to milk and dairy products with tolerance to baked milk, subsequent encounter
T78.070S	Anaphylactic reaction due to milk and dairy products with tolerance to baked milk, sequela
T78.071A	Anaphylactic reaction due to milk and dairy products with reactivity to baked milk, initial encounter

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ICD-10-CM Diagnosis Code	Description
T78.071D	Anaphylactic reaction due to milk and dairy products with reactivity to baked milk, subsequent encounter
T78.071S	Anaphylactic reaction due to milk and dairy products with reactivity to baked milk, sequela
T78.079A	Anaphylactic reaction due to milk and dairy products, unspecified, initial encounter
T78.079D	Anaphylactic reaction due to milk and dairy products, unspecified, subsequent encounter
T78.079S	Anaphylactic reaction due to milk and dairy products, unspecified, sequela
T78.080A	Anaphylactic reaction due to egg with tolerance to baked egg, initial encounter
T78.080D	Anaphylactic reaction due to egg with tolerance to baked egg, subsequent encounter
T78.080S	Anaphylactic reaction due to egg with tolerance to baked egg, sequela
T78.081A	Anaphylactic reaction due to egg with reactivity to baked egg, initial encounter
T78.081D	Anaphylactic reaction due to egg with reactivity to baked egg, subsequent encounter
T78.081S	Anaphylactic reaction due to egg with reactivity to baked egg, sequela
T78.089A	Anaphylactic reaction due to eggs, unspecified, initial encounter
T78.089D	Anaphylactic reaction due to eggs, unspecified, subsequent encounter
T78.089S	Anaphylactic reaction due to eggs, unspecified, sequela
T78.110A	Other adverse food reactions due to milk and dairy products with tolerance to baked milk, initial encounter
T78.110D	Other adverse food reactions due to milk and dairy products with tolerance to baked milk, subsequent encounter
T78.110S	Other adverse food reactions due to milk and dairy products with tolerance to baked milk, sequela
T78.111A	Other adverse food reaction due to milk and dairy products with reactivity to baked milk, initial encounter
T78.111D	Other adverse food reaction due to milk and dairy products with reactivity to baked milk, subsequent encounter
T78.111S	Other adverse food reaction due to milk and dairy products with reactivity to baked milk, sequela
T78.119A	Other adverse food reaction due to milk and dairy products with baked milk tolerance/reactivity, unspecified, initial encounter
T78.119D	Other adverse food reaction due to milk and dairy products with baked milk tolerance/reactivity, unspecified, subsequent encounter
T78.119S	Other adverse food reaction due to milk and dairy products with baked milk tolerance/reactivity, unspecified, sequela
T78.120A	Other adverse food reaction due to egg with tolerance to baked egg, initial encounter

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ICD-10-CM Diagnosis Code	Description
T78.120D	Other adverse food reaction due to egg with tolerance to baked egg, subsequent encounter
T78.120S	Other adverse food reaction due to egg with tolerance to baked egg, sequela
T78.121A	Other adverse food reaction due to egg with reactivity to baked egg, initial encounter
T78.121D	Other adverse food reaction due to egg with reactivity to baked egg, subsequent encounter
T78.121S	Other adverse food reaction due to egg with reactivity to baked egg, sequela
T78.129A	Other adverse food reaction due to egg with baked egg tolerance/reactivity, unspecified, initial encounter
T78.129D	Other adverse food reaction due to egg with baked egg tolerance/reactivity, unspecified, subsequent encounter
T78.129S	Other adverse food reaction due to egg with baked egg tolerance/reactivity, unspecified, sequela
T78.19XA	Other adverse food reactions, not elsewhere classified, initial encounter
T78.19XD	Other adverse food reactions, not elsewhere classified, subsequent encounter
T78.19XS	Other adverse food reactions, not elsewhere classified, sequela
T78.070	Anaphylactic reaction due to milk and dairy products with tolerance to baked milk
T78.071	Anaphylactic reaction due to milk and dairy products with reactivity to baked milk
T78.079	Anaphylactic reaction due to milk and dairy products, unspecified
T78.080	Anaphylactic reaction due to egg with tolerance to baked egg
T78.081	Anaphylactic reaction due to egg with reactivity to baked egg
T78.089	Anaphylactic reaction due to eggs, unspecified
T78.11	Other adverse food reactions due to milk and dairy products
T78.110	Other adverse food reactions due to milk and dairy products with tolerance to baked milk
T78.111	Other adverse food reaction due to milk and dairy products with reactivity to baked milk
T78.119	Other adverse food reaction due to milk and dairy products with baked milk tolerance/reactivity, unspecified
T78.12	Other adverse food reaction due to eggs
T78.120	Other adverse food reaction due to egg with tolerance to baked egg
T78.121	Other adverse food reaction due to egg with reactivity to baked egg
T78.129	Other adverse food reaction due to egg with baked egg tolerance/reactivity, unspecified
T78.19	Other adverse food reactions, not elsewhere classified
T78.09XD	Anaphylactic reaction due to other food products, subsequent encounter
T78.40XD	Allergy, unspecified, subsequent encounter
T78.49XD	Other allergy, subsequent encounter
Z01.82	Encounter for allergy testing

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ICD-10-CM Diagnosis Code	Description
Z01.89	Encounter for other specified special examinations
Z88.0	Allergy status to penicillin
Z88.1	Allergy status to other antibiotic agents' status
Z88.2	Allergy status to sulfonamides status
Z88.3	Allergy status to other anti-infective agents' status
Z88.4	Allergy status to anesthetic agent status
Z88.5	Allergy status to narcotic agent status
Z88.6	Allergy status to analgesic agent status
Z88.7	Allergy status to serum and vaccine status
Z88.8	Allergy status to other drugs, medicaments, and biological substances status
Z91.010	Allergy to peanuts
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
Z91.0110	Allergy to milk products, unspecified
Z91.0111	Allergy to milk products with tolerance to baked milk
Z91.0112	Allergy to milk products with reactivity to baked milk
Z91.0120	Allergy to eggs, unspecified
Z91.0121	Allergy to eggs with tolerance to baked egg
Z91.0122	Allergy to eggs with reactivity to baked egg
Z91.014	Allergy to mammalian meats
Z91.018	Allergy to other foods
Z91.030	Bee allergy status
Z91.038	Other insect allergy status
Z91.040	Latex allergy status
Z91.041	Radiographic dye allergy status
Z91.048	Other nonmedicinal substance allergy status
Z91.09	Other allergy status, other than to drugs and biological substances

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2. *Surg* 2003; 129(4 Suppl):S33-49.
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4. Workowski K.A., Berman S.M. Centers for Disease Control and Prevention Sexually Transmitted Treatment Guideline. 2006

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Home Allergy Immunotherapy

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Other References

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- The American Academy of Otolaryngic Allergy Clinical Care Statements: Subcutaneous Immunotherapy (SCIT) for Aeroallergen Immunotherapy. August 2020
- The American Academy of Otolaryngic Allergy Clinical Care Statements: Sublingual Immunotherapy (SLIT). August 2020

POLICY HISTORY

MP 2.001	04/01/2020 Administrative Update. Coding updated. Added new code 0165U.
	05/14/2020 Consensus Review. Policy Statement unchanged. Coding reviewed with no changes. References reviewed and updated.
	05/29/2020 Administrative Update. New code 0178U added.
	08/11/2020 Minor Review. Policy statement changed and criteria added for repeat testing.
	01/28/2021 Administrative Update. Deleted code 95071 removed.
	06/25/2021 Consensus Review. Policy statement unchanged. Coding and References reviewed updated.
	09/01/2021 Administrative Update. Added new ICD-10 codes L24A9, L24A0, Z91.014, and R05.1-R05.9. Effective 10/01/2021
	09/30/2022 Consensus Review. No change to the policy statement. FEP, references updated. Removed ICD10 code C90.0.
	07/11/2023 Consensus Review. Updated references. Updated coding table.
	01/18/2024 Administrative Update. Added clinical benefit.

MEDICAL POLICY

POLICY TITLE	ALLERGY TESTING AND IMMUNOTHERAPY
POLICY NUMBER	MP 2.001

	05/30/2024 Consensus Review. Policy statement unchanged. Updated references.
	07/21/2025 Consensus Review. Formatting changes to statement; no change to intent. Updated background, disclaimer, and references. Removed codes 86807 and 86808 as they are not applicable.
	09/02/2025 Administrative Update. Added new ICD-10 codes Effective 10/01/2025
	02/19/2026 Minor Review. Removed procedure codes and statements that will be managed by the vendor. Updated food challenge statement to be more inclusive to clinical practice. Updated rationale, coding, and references.

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