

Allergy Testing Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Allergy testing is a medical procedure or set of tests used to identify specific allergens that trigger allergic reactions in individuals. These tests are conducted to determine what substances or allergens a person may be allergic to, helping healthcare professionals diagnose and manage allergies more effectively. There are several common methods of allergy testing:

- **Skin Prick Test:** This involves applying a tiny amount of allergen extract to the skin's surface and then pricking or scratching the skin to allow the allergen to enter. If a person is allergic to that substance, they will typically develop a localized allergic reaction at the test site.
- **Blood Test (Allergen-specific IgE Test):** A blood sample is taken to measure the levels of allergen- specific antibodies (IgE) in the bloodstream. Elevated levels of specific IgE antibodies can indicate an allergy to certain substances.
- **Patch Test:** Patch testing is typically used to diagnose contact dermatitis; a type of allergy that results from skin contact with certain substances. Small patches containing potential allergens are applied to the skin and left in place for a specific duration to see if an allergic reaction develops.
- **Intradermal Test:** Like the skin prick test, but the allergen extract is injected just beneath the skin's surface. This test is often used when skin prick tests yield inconclusive results.
- **Elimination Diet:** In cases of food allergies, an elimination diet may be recommended. This involves removing suspected allergenic foods from the diet and then gradually reintroducing them to identify which ones trigger allergic reactions.

Allergy testing is crucial for diagnosing allergies, as it helps individuals and healthcare providers pinpoint specific allergens that need to be avoided. Once allergies are identified, appropriate treatment and management strategies, such as allergen avoidance or allergy medications, can be prescribed to minimize allergic reactions and symptoms.

To validate the need for allergy testing, it's necessary for all claims to contain a legitimate diagnosis (DX). You should consult the provided CMS and/or your state's Medicaid guidelines for authorized diagnosis and CPT codes related to allergy testing. Molina Healthcare reimbursement amounts are determined based on relevant fee schedules and the terms established in the provider agreement. It's essential to comply with the billing instructions specified by the state Medicaid program and/or CMS. Neglecting to



include the required indicators or documentation with your submitted charges could lead to possible delays, denials and/or recovery of your payment.

Reimbursement Guidelines

Molina Healthcare will monitor compliance with this policy and take corrective action as necessary to ensure ongoing adherence to coding and billing standards. This policy ensures that Molina Healthcare operates in a manner that is compliant with all applicable laws and regulations and maintains the integrity and accuracy of billing and coding practices.

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
CPT	Current Procedural Terminology
DX	Diagnosis

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Initial Creation Date	10/23/2025	New Policy
Revised Date	12/12/2024	Verified Links Updated Template
Revised Date	7/30/2025	Updated Template Format

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS	Article - Billing and Coding: Allergy Testing (A56558)
CMS	Article - Billing and Coding: Allergy Testing (A57473)
CA	Allergy Testing and Desensitization (allergy)
MI	Michigan Medicaid Provider Manual
NY	New York State Medicaid Update Special Edition - May 2016 Volume 32 - Number 5



SC	Physician Services Provider Manual 03-01-2025
TX	2_Med_Specs_and_Phys_Srvs.fm
WA	Physician-Related Services/Health Care Professional Services billing guide
Molina	Clinical-Payment-Policy-G2031-Allergen-Testing.pdf

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.