



Comprehensive Medical and Dental Program Authorization Guideline

TITLE Allergy Testing Prior Authorization Guideline
RESPONSIBLE AREA Health Services
Effective Date: 06/03/19

DESCRIPTION

This guideline is used in the prior authorization and decision-making process regarding requests for allergy testing.

DEFINITIONS

Allergy testing involves placing a small amount of a suspected allergy-causing substance (allergen) on the skin and then scratching/pricking the skin in order to introduce the substance under the skin. Multiple allergens may be introduced at the same time, thereby testing for several suspected allergies simultaneously. The patient is then observed for reaction to the allergen, manifested as swelling and redness at the site.

Anaphylaxis is a serious allergic response that often involves swelling, hives, lowered blood pressure and in severe cases, shock. A major difference between anaphylaxis and other allergic reactions is that anaphylaxis typically involves more than one system of the body. Symptoms usually start within 5 to 30 minutes of coming into contact with an allergen to which an individual is allergic. In some cases, however, it may take more than an hour to notice anaphylactic symptoms. Anaphylaxis may occur in people with allergies to foods, insect stings, medications or latex. (AAAAI website)

COVERAGE DETERMINATION GUIDELINE

Environmental allergies in children are a common occurrence, especially among young children. Typical signs and symptoms include skin redness (erythema) and hives (urticaria). In addition to causing “seasonal allergy” symptoms such as rhinorrhea, nasal congestion, sneezing, coughing, and wheezing, environmental allergies can act as precipitating factors in several other atopic diseases such as asthma and eczema. Although severe reactions such as respiratory distress and anaphylaxis are rare, they are of significant concern in the pediatric population.

Allergy testing represents the primary diagnostic tool in allergy that is used to confirm that a specific allergen, suggested by medical history, has induced an IgE antibody response. Percutaneous and intradermal skin tests to determine IgE-mediated immediate hypersensitivity are the most clinically applicable techniques in the assessment of allergic patients because of their simplicity, biological relevance in the patient’s own skin, rapidity of performance, low cost and high sensitivity. A positive IgE- mediated skin test manifests as a wheal and flare reaction. However, skin tests as with other physiologic measures require a degree of expertise by the observer to both interpret the results and correlate with the history and physical findings. Allergy testing should be performed under the supervision of an allergy specialist.



Criteria to Substantiate Medical Necessity for Allergy Testing:

One or more of the following:

- Eczema
 - Requested by dermatologist
 - Prolonged use of topical steroids > 4 continuous weeks, without resolution
 - Steroids must be class V steroids or stronger
- Food Allergy
 - Requested by gastroenterologist, or
 - Etiology related to exposure to peanut or nut, or
 - Clearly delineates a true food sensitivity
- Seasonal allergy- Allergic Rhinitis/Asthma
 - Greater than six weeks of symptoms and allergen avoidance as appropriate
 - Failed trial of therapy with appropriate medications such as antihistamines, decongestants, or intranasal steroids
 - Compliance demonstrated by prescription records
 - Must have documented appropriate follow-up with the medical provider
 - Refractory cases not controlled by avoidance and medications post initial response or members requiring daily therapy for extended periods.
- Anaphylaxis or other life threatening allergic-type response
 - Etiology related to environmental allergen exposure. *For insect stinging-hypersensitivity children who present with only dermatologic manifestations of a systemic reaction are not at substantially increased risk for future anaphylaxis and do not need allergy skin tests.*
 - Etiology related to drug reaction, and clinical indication for suspected drug
 - Etiology related to exposure to peanut or nut
- Recurrent angioedema or chronic or recurrent hives

REFERENCES

Legal:

Government Agency, Medical Society and Other Authoritative Publications:

[American Academy of Family Physicians](#)

Peer Reviewed Publications:

PLEASE NOTE: State and Federal law take precedence over prior authorization guidelines. CMDP reserves the right to review and update guidelines periodically. Providers are responsible for the treatment and recommendations provided to members.

APPROVAL HISTORY/REVISIONS

Title of Guideline



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REVIEW DATE	APPROVAL DATE
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