

PURPOSE:

Per Aetna Better Health of Illinois Policy, specific allergy testing and allergy immunotherapy are considered medically necessary for members with clinically significant allergic symptoms.

STATEMENT OF OBJECTIVE:

Allergy Testing - Per policy:

- -Ophthalmic and/or direct nasal mucous membrane tests are not covered
- -Allergy testing (allergen specific IgE/percutaneous/intracutaneous testing) should be reported with a supporting diagnosis indicating significant allergic symptoms.
- -Patch/application testing should be reported with a supporting diagnosis indicating skin-related allergies.
- -Photo patch testing should be reported with a supporting diagnosis indicating photoallergic responses/dermatitis/solar urticaria.
- -Food ingestion change testing should be reported with a supporting diagnosis indicating food allergies.
- -Allergy immunotherapy/professional services for supervision of preparation/provision of antigens should be reported with a supporting diagnosis indicating significant allergic symptoms
- -Rapid desensitization procedures should be reported with a supporting diagnosis indicating allergies to drugs/insects/etc.

DEFINITIONS:

Allergy Testing	Allergy testing, also known as skin, prick or blood testing, is a method	
	for determining to what substances a person is allergic.	

LEGAL/CONTRACT REFERENCE:

N/A

Aetna Better Health



Aetna Better Health® of Illinois Policy

Policy Name:	Allergy Testing	Page:	2 of 2
Department:	Medical Policy & Program Solutions	Policy Number:	XXXX.XX
Subsection:		Effective Date:	12/01/2020
Applies to:	■ Medicaid Health Plan		

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Review/Revision History	
Reviewed	08/2025