

Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

## **Food Allergy/Intolerance Testing (in vitro)**

**MP9679** 

Covered Service: Yes

**Prior Authorization** 

Required: No

**Additional** See related policies: Salivary Hormone Tests MP9683 and

**Information:** Cytotoxic Testing for Allergy Diagnosis MP9678.

## **Medica Medical Policy:**

- 1.0 Food allergy testing (in vitro) of food allergen specific serum IgE is covered in members with clinically suspected food allergy. Prior authorization is **not required**.
- 2.0 Food allergy testing (in vitro) of food allergen specific serum IgG or IgG4 is considered experimental and investigational, and therefore not covered.
- 3.0 Food allergy/intolerance testing (in vitro) of serum or saliva IgA is considered experimental and investigational, and therefore not covered.

Committee/Source Date(s)

**Document** 

**Created:** Medical Policy Committee/Health Services Division December 20, 2023

Revised: Reviewed:

Published: 04/01/2024 Effective: 04/01/2024