

Marketplace National Regional Benefit Interpretation Document

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| Benefit Name | ALLERGY TESTING AND INJECTIONS |
| Applicable State | California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin |
| Benefit Definition | <p>This policy addresses allergy testing, treatment, and supplies, including allergy serum injections.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individuals and Small Groups</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> A. FEDERAL/STATE MANDATED REGULATIONS </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>ILLINOIS:</p> <p>50 IAC 4521.130(g): Preventive health services</p> |

B. STATE MARKET PLAN ENHANCEMENTS

Members may have benefits for Allergy serum (injectable allergen/antigen extract). Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) or contact the Customer Service Department to determine coverage eligibility.

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

ALLERGY TESTING

CALIFORNIA, FLORIDA, IDAHO, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WISCONSIN (EXCEPT WASHINGTON):

Injections, allergy tests and treatments

ILLINOIS:

Allergy testing, injections, and serum

NEW MEXICO:

Injections, allergy tests and treatments when provided by Your PCP

MORE INFORMATION

Refer to the Benefit Interpretation Policies titled **Immunizations and Vaccinations** and **Preventive Care** for additional information

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

ALLERGY TESTING/TREATMENT

Molina does **NOT COVER** in **WASHINGTON**

SERVICES NOT APPROVED BY THE FDA

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, WASHINGTON, WISCONSIN:

Services Not Approved by the FDA: Drugs, supplements, tests, vaccines, devices, radioactive materials, and any other services that by law require FDA approval in order to be sold in the U.S. but not approved by the FDA are not covered. This exclusion applies to services provided anywhere, even outside the U.S. This exclusion does not apply to services covered under Approved Clinical Trials section. Please refer to the Appeals and Grievances section for information about denied requests for Experimental or Investigational services.

UTAH:

Services Not Approved by the FDA: Drugs, supplements, tests, vaccines, devices, radioactive materials, and any other services that by law require FDA approval in order to be sold in the U.S. but are not approved by the FDA are not covered. This exclusion applies to services provided anywhere, even outside the U.S. This exclusion does not apply to services covered under Approved Clinical Trials section. Please refer to the Complaints, Grievances and Appeals section for information about denied requests for Experimental or Investigational services.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

| Date | Action/Description |
|-----------|--|
| 4/15/2021 | <ul style="list-style-type: none"> Added KY 2022 Drafted Language |
| 5/14/2021 | <ul style="list-style-type: none"> Added IL 2022 Drafted Language |
| 6/28/2021 | <ul style="list-style-type: none"> Added ID 2022 EOC Language |

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|---------------------|---|--|-----------|---------------------|
| | 7/1/2023 | <ul style="list-style-type: none">Added NV 2024 EOC Language | | |
| Prior Authorization | For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: a. Covered and No PA Required b. Not Covered You cannot use the MHI PA Matrix to make coverage determinations. PA Lookup Tool | | | |
| Approval | Departments | Product | CIM | Clinical Management |
| | Date (Initial) | 12/22/2020 | 12/8/2020 | 3/16/2021 |
| | Revised (for 1/1/2022) | 10/12/2021 | 4/14/2022 | 10/20/2021 |
| | Revised (for 1/1/2023) | 10/20/2022 | 3/17/2023 | 10/20/2022 |
| | Revised (for 1/1/2024) | 10/19/2023 | | 12/8/2023 |