

Cytotoxic Testing for Allergy Diagnosis

Also known as	1. Food allergy testing				
Description	A blood test for food allergies using cytotoxic testing. A patient's white blood cells are applied to slides coated with specific food allergens. The reaction of the cells is then examined under a microscope. If they change shape, disintegrate or collapse, the patient is allergic to the particular food.				
See also	<div>Similar, related, or easily confused documents.</div> <div><ul style="list-style-type: none">ALCAT Test for Food and Chemical Allergies - The ALCAT Test is a blood test that measures blood cell reactions to food, chemical, and microbiological allergens.</div>				
Table of Contents	<div>The following topics are included in this document:</div> <div><ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)</div>				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.11.24</td><td>Updated to new template.</td></tr></table>	Date	Description	3.11.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Lab Testing (MP9539)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.• DOS after 4.1.24: Effective 4.1.24, <i>Cytotoxic Testing for Allergy Diagnosis (MP9678)</i>, applies.				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Cytotoxic Testing for Allergy Diagnosis</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Cytotoxic Testing for Allergy Diagnosis</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Cytotoxic Testing for Allergy Diagnosis</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Medica is the only payer.						
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Cytotoxic Testing for Allergy Diagnosis</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.						
Med Advantage	<p>Medica’s Coverage Policy, <i>Cytotoxic Testing for Allergy Diagnosis</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>Medica’s Coverage Policy, <i>Cytotoxic Testing for Allergy Diagnosis</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Lab Testing (MP9539)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.DOS after 4.1.24: Effective 4.1.24, <i>Cytotoxic Testing for Allergy Diagnosis (MP9678)</i>, applies.				
Medica	<p>Medica’s Coverage Policy, <i>Cytotoxic Testing for Allergy Diagnosis</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.				
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