



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Allergy Testing/Desensitization

Benefit

Allergy testing and allergy immunotherapy (desensitization injections) are in benefit if determined to be medically necessary by the Primary Care Physician (PCP).

Interpretation

Allergy testing and immunotherapy are covered if the IPA physician refers the member for the service. The IPA must provide testing supplies and antigens.

Non-medical hypoallergenic items such as mattresses, mattress casings, pillows and pillow casings, clothing or special foods are excluded, as they are not primarily medical in nature. Comfort or convenience items commonly used for other than medical purposes such as air conditioners, humidifiers and air filters are not covered.

Nutritional items such as infant formula (except as outlined in the Nutritional Supplement/Enteral Nutrition Guideline found in this section of the Provider Manual), weight-loss supplements and over-the-counter food substitutes are not in benefit.

Paid by	Professional Charges	IPA
	Testing supplies	IPA
	Antigens	IPA