

# Allergy Testing and Injections

**Policy Number:** BIP003.M

**Effective Date:** December 1, 2023

[Instructions for Use](#)

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**Related Benefit Interpretation Policy**

- [Physician Services: Primary Care and Specialist Visits](#)

## Federal/State Mandated Regulations

None

## 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.

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

- **Allergy Serum:** Allergy serum, including needles, syringes, and other supplies for the administration of the serum, are covered for the treatment of allergies. Allergy serum, needles and syringes must be obtained through a UnitedHealthcare Network Physician.
- **Allergy Testing and Treatment:** Services and supplies are covered, including provocative antigen testing, to determine appropriate Allergy Treatment. Services and supplies for the Treatment of Allergies, including allergen/antigen immunotherapy and serum, are covered according to an established treatment plan.
- Examples of covered Allergy Testing and Treatments include, but are not limited to:
  - Allergy Testing**
    - Provocative antigen testing to determine appropriate allergy treatment
    - Allergy testing may include complete blood count (CBC) with differential (e.g., eosinophil count, IgE level, smear of nasal secretions).
    - When respiratory symptoms are present, allergy testing may also include a chest X-ray.
    - Additional testing, as indicated, includes but is not limited to:
      - Skin testing
      - Total gamma globulins
      - Sputum exam
      - Paranasal sinus X-ray

- Radioallergosorbent test (RAST) only if skin testing is unsuccessful and/or the member is unable to tolerate skin testing due to an already existing skin condition.

Refer to the Benefit Interpretation Policy titled [Physician Services: Primary Care and Specialist Visits](#).

## Not Covered

Examples of non-covered tests/services include, but are not limited to:

- Cytotoxicity testing/Bryan's test
- Urine auto-injection
- Skin end point titration/Rinkel method

## Policy History/Revision Information

Date	Summary of Changes
12/01/2023	<ul style="list-style-type: none"> <li>● Routine review; no change to benefit coverage guidelines</li> <li>● Archived previous policy version BIP003.L</li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.