

Allergy Testing and Injections

Policy Number: BIP003.O
Effective Date: January 1, 2026

[Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	1
Covered Benefits	1
Not Covered	2
Policy History/Revision Information	2
Instructions for Use	2

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 Services**
Covered services may include, but are not limited to, the following:
Allergy Testing
 - Provocative antigen testing to determine appropriate allergy treatment
 - Complete blood count (CBC) with differential, such as eosinophil count
 - Chest X-ray when respiratory symptoms are present
 - Additional testing, as clinically indicated, which may include:
 - Skin testing
 - Total gamma globulins
 - Radioallergosorbent test (RAST) when skin testing is unsuccessful or not tolerated due to an existing skin condition

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

Not Covered

Examples of Non-Covered Tests and Services

The following tests and services are not covered, including but are not limited to:

- Cytotoxicity testing (e.g., Bryan's test)
- Skin end point titration (e.g., Rinkel method)
- Urine auto-injection therapy

Policy History/Revision Information

Date	Summary of Changes
01/01/2026	<p>Covered Benefits</p> <ul style="list-style-type: none">• Replaced language indicating “examples of covered allergy testing and <i>treatments</i> include but are not limited to [the listed services]” with “examples of covered allergy testing and <i>services</i> may include but are not limited to [the listed services]”• Revised list of covered allergy testing and services; replaced:<ul style="list-style-type: none">○ “Additional testing, as indicated, includes <i>but is not limited to</i> [the listed tests]” with “additional testing, as <i>clinically</i> indicated, <i>which may include</i> [the listed tests]”○ “Radioallergosorbent test (RAST) <i>only if</i> skin testing is unsuccessful <i>and/or the member is unable to</i> tolerate skin testing due to an <i>already</i> existing skin condition” with “radioallergosorbent test (RAST) <i>when</i> skin testing is unsuccessful or <i>not</i> tolerated due to an existing skin condition” <p>Not Covered</p> <ul style="list-style-type: none">• Revised list of non-covered services; replaced “urine auto-injection” with “urine auto-injection <i>therapy</i>” <p>Supporting Information</p> <ul style="list-style-type: none">• Archived previous policy version BIP003.N

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.