ALLERGY TESTING AND INJECTIONS

Policy Number:  BIP004.G
Effective Date:  March 1, 2019

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.

Essential Health Benefits for Individual and Small Group
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.

A. FEDERAL/STATE MANDATED REGULATIONS

None

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.

1. Allergy Testing and Treatment: Services and supplies are covered, including antigen testing, to determine appropriate Allergy Treatment. Services and supplies for the Treatment
of Allergies, including allergen/antigen immunotherapy, are covered according to an established treatment plan.

2. **Allergy Serum**: Allergy serum, as well as 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 Provider.

3. 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.

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

### D. NOT COVERED

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

1. Cytotoxicity testing/Bryan’s test
2. Urine autoinjection
3. Skin end point titration/Rinkel method

### E. POLICY HISTORY/REVISION INFORMATION

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<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>03/01/2019</td>
<td><strong>Covered Benefits</strong></td>
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<tr>
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<td>- Replaced language indicating &quot;services and supplies are covered, including provocotive antigen testing, to determine appropriate Allergy Treatment&quot; with &quot;services and supplies are covered, including antigen testing, to determine appropriate Allergy Treatment&quot;</td>
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<tr>
<td></td>
<td>- Replaced reference to “Participating Practitioner” with “Network Provider”</td>
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