

Policy Number: CP-IFP21-0021A

Effective Date: January 1, 2025

Allergy Injections

The purpose of this policy is to provide clarity and specificity for Allergy Injection coverage. UCare covers injections, including allergy shots given in the doctor's office. Allergy shots are injections given in the healthcare provider's office over a period of time to reduce allergy symptoms. Allergy shots are a form of treatment called immunotherapy.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Injections; Office Visits Primary, Specialist

Definitions or summary

Allergy-An immune response to a foreign antigen that results in inflammation and organ dysfunction. Allergies range from annoying to life-threatening. They include systemic anaphylaxis, urticaria, eczematous dermatitis, hay fever, and rhinitis. Allergies can be triggered by inhalation (pollen, dust mites), direct contact (poison ivy), ingestion (drugs, foods), or injection (stinging insects, drugs). Allergic responses may be initiated and sustained by occupational exposure to allergens, and by foods, animals, fungal spores, metals, and rubber products.

Allergen- Any substance that causes a hypersensitivity reaction or abnormal immune response. Allergens do not stimulate an immune response in everyone, only in those sensitized to them. Common allergens include inhalants (dusts, pollen), foods (wheat, eggs), drugs (aspirin, serum), infectious agents (e.g., bacteria, viruses), contact (chemicals, animals), and physical agents (heat, cold).

Antigen- Any substance capable of eliciting an immune response or of binding with an antibody.

Immunotherapy-Individual antigens are used in gradually increasing concentrations to stimulate an immune response, e.g., against particular allergic diseases.

Oral Immunotherapy (OIT)- Treatment in which patients consume gradually increasing quantities of the food to which they are allergic in an attempt to induce some level of desensitization.

Subcutaneous immunotherapy (SCIT)- Commonly referred to as allergy shots. Given as an injection into the subcutaneous (under the skin) layer in the arm.

Sublingual immunotherapy (SLIT)- Allergen desensitization in which the antigen is administered in droplet form under the tongue instead of being injected subcutaneously.

Venom immunotherapy- Desensitization to stinging bee and wasp allergy

How allergy shots work-

- Each allergy shot contains a tiny amount of the specific substance or substances, called allergens, that trigger an allergic reaction.
- Allergy shots contain just enough allergens to stimulate the immune system, but not enough to cause a full-blown allergic reaction.
- Over time, the dose of allergens is increased in the allergy shots which helps the body get used to the allergens (desensitization).
- The immune system builds up a tolerance to the allergens, causing allergy symptoms to diminish over time.

Coverage policy

Some services or drugs received during an office visit may be covered under another benefit in member contract (e.g., diagnostic tests, imaging, and injections).

The **most appropriate** benefit and member cost share will apply for each service received during an office visit.

Covered

- Allergy injections received in the healthcare provider's office
- Serum (antigen) used for injection, single or multiple antigens
- Venom Immunotherapy (for stinging insect hypersensitivity)

Not Covered

- Sublingual immunotherapy
- Oral immunotherapy (OIT) for food allergies

Prior authorization

Not required

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
None	

References and source documents

Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual and Family Plan member contract](#)

[Asthma and Allergy Foundation of America \(aafa\)](#)

[CMS Local Coverage Determination \(LCD\): Allergy Immunotherapy \(L36408\)](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	Dec 14, 2021	Original Effective Date
	Nov.30, 2022	Annual review; no changes
	Oct. 16, 2023	Annual Review; No substantive change,
	Oct. 8, 2024	Annual Review; No substantive change.
	April 16, 2025	March 2025, DHS guideline requirement