

## Corporate Medical Policy

### Allergy Immunotherapy (Desensitization)

**File Name:** allergy\_immunotherapy  
**Policy Number:** MED1020  
**Origination:** 7/1979  
**Last Review:** 7/2008  
**Next Review:** 7/2010

#### Description of Procedure or Service

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**Allergy immunotherapy** (a.k.a., desensitization, hyposensitization, **allergy** injection therapy, or "allergy shots"), is effective for treatment of allergic rhinitis, allergic asthma, and stinging insect **hypersensitivity**. Immunotherapy is indicated in patients whose triggering **allergens** have been determined by appropriate skin or **in vitro** testing (Refer to Policy number MED1030, Allergy Testing). The goal is to reduce the allergy patient's sensitivity when exposed to the offending allergen in the future. Treatment begins with low doses to prevent severe reactions. Gradually the doses are increased and are given once or twice a week until the body becomes tolerant of the allergen. After the maintenance dose is achieved, the interval between injections may range between two and six weeks. Immunotherapy may be administered continuously for several years.

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**BCBSNC will provide coverage for Allergy Immunotherapy when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

#### Benefits Application

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Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

#### When Allergy Immunotherapy is covered

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- A. Allergy Immunotherapy by **subcutaneous** injection is covered for patients with demonstrated hypersensitivity and/or severe and debilitating symptoms that cannot be adequately managed by medications or avoidance of the allergen. Injections of airborne or insect venom allergens should be prepared for the patient individually.
- B. Rapid desensitization (a.k.a., **Rush Immunotherapy** or **Cluster Immunotherapy**) is covered for patients with **Hymenoptera** sensitivity (e.g., wasps, hornets, bees, fire ants) (a.k.a., Stinging insect hypersensitivity).
- C. Although not considered allergy immunotherapy, drug desensitization is considered medically necessary when there is no alternative medication or therapy available to treat a life-threatening condition. Desensitization is an immunologic method that allows allergic patients to receive the sensitizing drug safely. Drug desensitization involves the rapid administration of incremental doses of a specific drug for patients with

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IgE antibodies to the drug that cannot be treated effectively with alternative medications. Drug desensitization is covered only when no alternative drug is available for therapy and the risk of continued administration of the offending drug may be less than the risk to life posed by the underlying disease.

### When Allergy Immunotherapy is not covered

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- A. Allergy Immunotherapy is not covered for the following indications because it is considered investigational:
  - 1. Chronic urticaria;
  - 2. Atopic dermatitis;
  - 3. Angioedema;
  - 4. Food allergy;
  - 5. Migraine headaches;
  - 6. Non-allergic vasomotor rhinitis;
  - 7. Intrinsic (non-allergic) asthma.
- B. The following allergy treatments are not covered because they are considered investigational:
  - 1. Provocative and neutralization therapy for food [allergies](#), by [sublingual](#), [intra](#)dermal, and [subcutaneous](#) routes. Provocative and neutralization therapy involves administering neutralizing doses rather than standard doses of [allergens](#) either under the tongue or into the skin;
  - 2. Sublingual immunotherapy;
  - 3. Urine autoinjections (autogenous urine immunization) - (a substance from the urine is injected into the skin);
  - 4. Repository emulsion therapy;
  - 5. Low dose immunotherapy also known as the "Rinkel" technique;
  - 6. Enzyme-Potentiated Desensitization;
  - 7. Acupuncture for allergies;
  - 8. Homeopathy for allergies;
  - 9. Rhinophototherapy.

### Policy Guidelines

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Allergen proof supplies, such as mattresses, mattress casings, pillows, pillow casings, and other supplies that are commonly used in the management of allergy patients are not covered. These supplies can be used for non-medical purposes, and may be considered personal convenience items. They are not considered medically necessary for the treatment of illness.

Evidence-based clinical practice guidelines support the use of allergy immunotherapy for the management of allergic rhinitis, allergic asthma and stinging insect hypersensitivity.

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies

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on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable Codes: 95115, 95117, 95120, 95125, 95130, 95131, 95132, 95133, 95134, 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, 95180, 95199, 0168T*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Policy Key Words

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Key Words: MED1020, Allergy immunotherapy, Desensitization, Neutralization therapy, Provocative therapy, Repository emulsion therapy, Rhinophototherapy, Rinkel Method, Urine, Auto injection, Allergies, Allergen, Allergy shots, SIT, SCIT, SLIT

### Medical Term Definitions

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#### Allergen

the thing that a patient is allergic to, such as animal dander, dust mites, or pollen.

#### Allergy immunotherapy

the repeated administration of a specific allergen(s) to patients with IgE - mediated conditions for the purpose of providing protection against the allergic symptoms and inflammatory reactions associated with natural exposure to the allergen(s). Other terms that have been used for allergen immunotherapy are hyposensitization, allergen-specific desensitization, and the common terms allergy shots or injections.

#### Allergy

over-reaction of the body's immune system against particular particles (antigens or allergens), such as pollen, animal dander, dust, and other things.

#### Cluster immunotherapy

the administration of two or more injections per visit to achieve a maintenance dose more rapidly than is achieved with conventional schedules. It is a type of rush immunotherapy characterized by the giving of several allergen injections in a single day of treatment.

#### Hymenoptera

an order of insects usually having two pairs of well-developed membranous wings. It includes the families Apidae (bees), Formicidae (ants), and Vespidae (wasps).

#### Hypersensitivity

allergy; the body's over-reaction to a foreign substance.

#### Intradermal

within the skin.

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### **In Vitro**

within a glass, petri dish or test tube; in an artificial environment; a way of describing biological phenomenon that are made to occur outside the living body.

### **Rush immunotherapy**

a form of allergen immunotherapy in which incremental doses of allergen are administered at intervals varying between 15 to 30 minutes and 24 hours, until the optimal effective dose is achieved. Very sensitive patients (e.g., those with markedly positive prick or puncture tests) may experience various degrees of systemic reaction during this procedure. Therefore, physicians who use this method frequently pre-medicate patients with both antihistamines and corticosteroids to minimize the risk of systemic reaction.

### **Subcutaneous**

under the skin.

### **Sublingual**

under the tongue.

## **Scientific Background and Reference Sources**

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BCBSA Medical Policy Reference Manual - 12/95

Medical Policy Advisory Group review - 3/99

Specialty Matched Consultant Advisory Panel - 7/00

Specialty Matched Consultant Advisory Panel - 8/00

Medical Policy Advisory Group review - 10/2000

Specialty Matched Consultant Advisory Panel - 7/2002

BCBSA Medical Policy Reference Manual, 2.01.17; 4/29/03

Specialty Matched Consultant Advisory Panel - 7/2004

BCBSA Technology Evaluation Center. (2003, June). Sublingual immunotherapy for adults. Retrieved 5/23/2006 from [http://www.bcbsa.com/tec/vol18/18\\_04.html](http://www.bcbsa.com/tec/vol18/18_04.html)

BCBSA Technology Evaluation Center. (2002, July). Serial endpoint testing for the diagnosis and treatment of allergic disorders. Retrieved 5/23/2006 from [http://www.bcbsa.com/tec/vol17/17\\_06.html](http://www.bcbsa.com/tec/vol17/17_06.html)

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.17, 6/27/05.

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.23, 6/27/05.

Allergen immunotherapy: A practice parameter. American Academy of Allergy, Asthma and Immunology. [1996 (revised 2003)].

Specialty Matched Consultant Advisory Panel - 7/2006

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.23, 10/10/06

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.17, 4/9/08

Institute for Clinical Systems Improvement (ICSI). Health care guideline: diagnosis and treatment of respiratory illness in children and adults. Bloomington, MN: ICSI; January 2008. Retrieved 5/27/08 from [http://www.icsi.org/respiratory\\_illness\\_in\\_children\\_and\\_adults\\_guideline\\_/respiratory\\_illness\\_in\\_children\\_and\\_adults\\_guidelines\\_13116.html](http://www.icsi.org/respiratory_illness_in_children_and_adults_guideline_/respiratory_illness_in_children_and_adults_guidelines_13116.html)

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### Policy Implementation/Update Information

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- 7/79 Original policy
- 6/83 Revised: Experimental/Investigative for the Rinkel Method
- 7/87 Evaluated: Investigational for the Rinkel Method and Provocation and Neutralization
- 8/88 Reviewed: Investigational for Provocation and Neutralization therapy, urine auto injections, repository emulsion therapy, and Rinkel therapy
- 7/96 Revised: National Association reviewed 12/95. Added Sublingual to list of investigational
- 3/99 Revised: Added "Rush" or "Cluster" immunotherapy will be reviewed on an Individual Consideration (I.C.) basis. Reaffirmed based on Medical Policy Advisory Group.
- 7/99 Reformatted, Medical Term Definitions added.
- 7/00 Reviewed by Specialty Matched Consultant Advisory Panel. No changes to policy
- 9/00 System coding changes.
- 10/00 Reviewed by Specialty Matched Consultant Advisory Panel. Added the word "adequately" to criteria for When Allergy Immunotherapy is covered. Medical Policy Advisory Group review. No further changes to policy. Approve.
- 10/02 Specialty Matched Consultant Advisory Panel review 7/18/02. Under when allergy immunotherapy is covered, added specific instances when "Rush" or "Cluster" Immunotherapy may be approved rather than on an individual consideration basis. System coding changes.
- 12/03 Benefits Application and Billing/Coding Sections updated for consistency.
- 10/14/04 Specialty Matched Consultant Advisory Panel review 7/23/04. No changes to criteria. Sources added.
- 1/3/07 Description section revised. Under "When Covered", second paragraph now reads: "Rapid desensitization (a.k.a., Rush Immunotherapy or Cluster Immunotherapy) is covered for patients with Hymenoptera sensitivity (e.g., wasps, hornets, bees, fire ants) (a.k.a., Stinging insect hypersensitivity)."; third paragraph (previously second bullet), now reads "Although not considered allergy immunotherapy, drug desensitization is considered medically necessary when there is no alternative medication or therapy available to treat a life-threatening condition....." Further explanation re: drug desensitization follows. "When not Covered" section, now has two main topics: Allergy Immunotherapy and allergy treatments. Allergy Immunotherapy is not covered for the following indications because it is considered investigational: Chronic urticaria, Atopic dermatitis, Angioedema, Food allergy, Migraine headaches, Non-allergic vasomotor rhinitis, Intrinsic (non-allergic) asthma; Allergy treatments non covered because they are considered investigational treatments now lists the 5 bullets that were previously under Allergy immunotherapy not covered. The fifth bullet now reads "*Low dose immunotherapy also known as the "Rinkel" technique also known as serial dilution endpoint titration therapy for ragweed pollen hay fever*"; Also added the following as investigational allergy treatments: Enzyme-Potentiated Desensitization, Acupuncture for allergies, Homeopathy for allergies and Rhinophototherapy. Under "Policy Guidelines" added "Evidence-based clinical practice guidelines support the use of allergy immunotherapy for the management of allergic rhinitis, allergic asthma and stinging insect hypersensitivity." New 2007 CPT code 0168T added to Billing/Coding section. Reference sources and definitions added. Notification given 1/3/07. Effective date 3/12/07.
- 8/25/08 Guidelines section reformatted into numbered lists. Deleted the following statements from Item C of the "When Allergy Immunotherapy is covered" section: The most common drug associated with allergies is penicillin. Other drugs commonly found to cause reactions are sulfa drugs, barbiturates, anticonvulsants, insulin, and iodine (found in many X-ray contrast dyes). References updated. Specialty Matched Consultant Panel review 7/14/08. No change to policy statement.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.

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