

Corporate Medical Policy

Allergy Immunotherapy (Desensitization)

File Name: allergy_immunotherapy
Origination: 7/1979
Last CAP Review: 11/2011
Next CAP Review: 11/2012
Last Review: 12/2011

Description of Procedure or Service

Allergy immunotherapy (a.k.a., desensitization, hyposensitization, allergy injection therapy, or "allergy shots"), is an effective treatment for allergic rhinitis, allergic asthma, and Hymenoptera sensitivity. Immunotherapy is indicated in patients whose triggering allergens have been determined by appropriate skin or in vitro testing (Refer to Policy titled, 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.

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

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

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Allergy Immunotherapy is covered

- 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, also called Rush Immunotherapy or Cluster Immunotherapy, is covered for patients with Hymenoptera sensitivity. Hymenoptera sensitivity is an allergic reaction to venom of stinging insects such as wasps, hornets, bees, and fire ants.
- 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

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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 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

- 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, intradermal, 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 (SLIT);
 - 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

Allergen proof supplies, such as mattresses, mattress casings, pillows, pillow casings, and other

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supplies that are commonly used in the management of allergy patients are not covered. These supplies can be used for non-medical purposes, and are considered personal convenience items. Please refer to the Member's Benefit Booklet for availability of benefits regarding items used for non-medical purposes or personal convenience.

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

Billing/Coding/Physician Documentation Information

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 on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 30999, 95115, 95117, 95120, 95125, 95130, 95131, 95132, 95133, 95134, 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, 95180, 95199

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.

Scientific Background and Reference Sources

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

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

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)].

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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/repiratory_illness_in_children_and_adults_guideline_/respiratory_illness_in_children_and_adults_guidelines_13116.html

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.17, 3/11/10

Cox L, Nelson H, Lockey R, et al. Allergen immunotherapy: A practice parameter third update. DRAFT Retrieved on October 12, 2010 from http://www.aaaai.org/docs/clean_%202 itpp_for_review_6_28_10.pdf

Specialty Matched Consultant Advisory Panel review 11/2010

Joint Task Force on Practice Parameters, American Academy of Allergy, Asthma and Immunology, American College of Allergy, Asthma and Immunology, Joint Council of Allergy, Asthma and Immunology. Allergen immunotherapy: a practice parameter second update. Retrieved on April 7, 2011 from <http://www.guideline.gov/content.aspx?id=13113>

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.17, 3/10/11

Specialty Matched Consultant Advisory Panel review 11/2011

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.17, 3/8/12

Policy Implementation/Update Information

- 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

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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. (pmo)

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. (adn)

6/22/10 Policy Number(s) removed. (amw)

12/21/10 Description section updated. Re-numbered the "When Allergy Immunotherapy is not Covered" section. References updated. Policy Guidelines updated. Specialty Matched Consultant Advisory Panel review 11/2010. (mco)

5/24/11 References updated. No changes to policy statements. (mco)

12/20/11 Specialty Matched Consultant Advisory Panel review. No changes to Policy Statements. Deleted code 0168T, and added 30999 to "Billing/Coding" section. (mco)

5/1/12 References updated. No changes to policy statements. (mco)

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

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medical policies periodically.