



Corporate Medical Policy

Intravenous Histamine Therapy

File Name: intravenous_histamine_therapy
Policy Number: DRU4130
Origination: 1/1985
Last Review: 6/2002
Next Review: 6/2004

Active Policy, no longer scheduled for routine literature review.

Description of Procedure or Service

The intravenous administration of histamine is proposed as a treatment for headaches, acute and sudden hearing loss, and Meniere's Syndrome.

Policy

Active policy, no longer scheduled for routine literature review.

BCBSNC will not provide coverage for Intravenous Histamine Therapy because it is considered investigational. BCBSNC does not cover investigational services.

Benefits Application

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 Intravenous Histamine Therapy is covered

Not applicable

When Intravenous Histamine Therapy is not covered

It is not covered. It is considered investigational. BCBSNC does not cover investigational services.

Policy Guidelines

Not applicable

Policy: Intravenous Histamine Therapy

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 Codes:

There is no specific code for this service.

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

Key Words: Histamine Therapy, Intravenous, Headaches, Hearing Loss

Medical Term Definitions

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - 3/96
BCBSA Medical Policy Reference Manual - 7/98
Medical Policy Advisory Group - 1/99
Specialty Matched Consultant Advisory Panel - 7/00
Medical Policy Advisory Group - 9/14/2000
Specialty Matched Consultant Advisory Panel.-6/2002
BCBSA Medical Policy Reference Manual, 2.01.15; 4/29/2003

Policy Implementation/Update Information

1/85	Original policy issued
7/96	Reaffirmed: National Association reviewed 3/96. No changes
1/99	Reaffirmed: Medical Policy Advisory Group
7/99	Reformatted, Medical Term Definitions added.
7/00	Specialty Matched Consultant Advisory Panel. No change to criteria.
9/00	Medical Policy Advisory Group review. Approved. No change to criteria.
2/02	Coding format change.

Policy: Intravenous Histamine Therapy

- 6/02 Specialty Matched Consultant Advisory Panel. No change to criteria.
- 1/04 Benefit Application and Billing/Coding sections updated for consistency. Policy status changed to: "Active policy, no longer scheduled for routine literature review".
- 1/19/06 Removed deleted CPTcode 90784 from Billing/Coding section.

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.