

## **Table of Contents**

1.0	Description of the Procedure, Product, or Service.....	1
1.1	Medical Term Definitions.....	1
2.0	Eligible Recipients.....	2
2.1	General Provisions.....	2
3.0	When the Procedure, Product, or Service Is Covered.....	2
3.1	General Criteria.....	2
3.2	Specific Criteria.....	2
4.0	When the Procedure, Product, or Service Is Not Covered.....	2
4.1	General Criteria.....	2
4.2	Specific Criteria.....	3
5.0	Requirements for and Limitations on Coverage.....	4
5.1	Prior Approval.....	4
6.0	Providers Eligible to Bill for the Procedure, Product, or Service.....	4
7.0	Additional Requirements.....	4
7.1	Compliance.....	4
8.0	Policy Implementation/Revision Information.....	4
	Attachment A: Claims-Related Information.....	5
A.	Claim Type.....	5
B.	Diagnosis Codes.....	5
C.	Procedure Code(s).....	5
D.	Modifiers.....	5
E.	Billing Units.....	5
F.	Place of Service.....	5
G.	Co-payments.....	5
H.	Reimbursement.....	5

## **1.0 Description of the Procedure, Product, or Service**

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 recipients whose triggering allergens have been determined by appropriate skin or in vitro testing. The goal is to reduce the allergy recipient's sensitivity to future exposures of the offending allergen. 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.

### **1.1 Medical Term Definitions**

- a. Allergen: the thing that a recipient is allergic to, such as animal dander, dust mites, or pollen.
- b. Allergy immunotherapy: the repeated administration of a specific allergen(s) to recipients 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.
- c. Allergy: over-reaction of the body's immune system against particular particles (antigens or allergens), such as pollen, animal dander, dust, and other things.
- d. 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.
- e. 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).
- f. Hypersensitivity: allergy; the body's over-reaction to a foreign substance.
- g. Intradermal: within the skin.
- h. 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.
- i. 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 recipients (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 recipients with both antihistamines and corticosteroids to minimize the risk of systemic reaction.
- j. Subcutaneous: under the skin.

- k. Sublingual: under the tongue.

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

To be eligible, NCHC recipients must be enrolled on the date of service.

## **3.0 When the Procedure, Product, or Service Is Covered**

### **3.1 General Criteria**

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### **3.2 Specific Criteria**

- a. Allergy Immunotherapy by subcutaneous injection is covered for recipients 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 recipient individually.
- b. Rapid desensitization (a.k.a., Rush Immunotherapy or Cluster Immunotherapy) is covered for recipients 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 recipients to receive the sensitizing drug safely. Drug desensitization involves the rapid administration of incremental doses of a specific drug for recipients 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.

## **4.0 When the Procedure, Product, or Service Is Not Covered**

### **4.1 General Criteria**

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

#### **4.2 Specific Criteria**

- 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;
  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.
- c. Allergen-proof supplies, such as mattresses, mattress casings, pillows, pillow casings and other supplies commonly used in the management of allergy recipients 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.

## 5.0 Requirements for and Limitations on Coverage

### 5.1 Prior Approval

Prior approval is not required for allergy immunotherapy.

## 6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 7.0 Additional Requirements

### 7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, <b>Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.</b>

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

### C. Procedure Code(s)

CPT-Codes				
95115	95117	95120	95125	95130
95131	95132	95133	95134	95144
95145	95146	95147	95148	95149
95165	95170	95180	95199	

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

### F. Place of Service

Outpatient Hospital and Office

### G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

### H. Reimbursement

Providers must bill their usual and customary charges.