

MP.212.MPC Allergy Immunotherapy Policy

Maryland Physicians Care considers **Allergy Immunotherapy** medically necessary in patients with demonstrated hypersensitivity that cannot be managed by medications or avoidance.

To ensure the potency and efficacy of the antigens, the provision of multiple-dose vials (CPT 95165) is restricted to sufficient antigen for not more than 120 doses in a 12-MONTH period when ordered by a board-certified allergist or board-certified ENT physician. (NOTE: The number of doses is different from the number of antigens in each dose; this policy does not address the number of antigens being administered).

Prior to the provision of additional antigens, there may be an evaluation and management service (99212-99215) documenting the review of the therapy record.

Immunotherapy is appropriate for the treatment of these IgE mediated allergies:

- Allergic (extrinsic) asthma
- Hymenoptera (bees, wasps, ants) sensitive individuals
- Mold-induced allergic rhinitis
- Perennial rhinitis
- Seasonal allergic rhinitis or conjunctivitis

When the following conditions are met:

- 1) The patient has symptoms of allergic rhinitis and/or asthma after natural exposure to an allergen and their symptoms significantly impact the patient's ADLs, even after avoidance and/or pharmacologic (drug) therapy, **OR**
- 2) The patient has a life-threatening allergy to insect stings (bees, wasps, ants)

AND: there is evidence of an IgE-mediated antibody to a potent extract of the antigen from a skin test or a serology.

Limitations:

Allergy Immunotherapy is not covered for the following:

- Food allergy treatment
- Migraine headaches Nonallergic vasomotor rhinitis
- Intrinsic (nonallergic) asthma

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- Chronic urticaria or atopic dermatitis
- Angioedema

The following allergy treatments are not evidence based and therefore will not be covered:

- Acupuncture for allergies
- Allergoids (an allergen that has been chemically modified and is used especially in immunotherapy to treat allergic conditions by lessening the immune response)
- Detoxification for allergies
- Enzyme potentiated desensitization (EDP)
- Homeopathy for allergies
- Photo inactivated extracts
- Polymerized extracts
- Poison ivy/poison oak extracts for immunotherapy in the prevention of Toxicodendron (Rhus) dermatitis
- IV vitamin therapy
- Low dose desensitization

Allergen-proof supplies, such as mattresses, mattress casings, pillows, pillow casings, etc., are personal comfort items and, therefore, are non-covered. These supplies can be used for non-medical purposes and are NOT CONSIDERED MEDICALLY NECESSARY for the treatment of illness.

- **Subcutaneous immunotherapy performed in the home setting (POS 12) is considered experimental and investigational and is not covered.**
- **Allergy immunotherapy will only be covered for POS 11 (Medical Office Visit) and POS 22 (On Campus-Outpatient Hospital).**
- **Allergy immunotherapy ordered by providers other than board-certified allergists or board-certified ENT physicians is considered not medically necessary and is not allowed.**

Background:

Symptoms of allergies and hypersensitivity disorders may manifest as localized reactions or systemic reactions anywhere in the body. Testing allergen sensitivity includes performing and assessing tests on the skin and mucous membranes based on patient's history, physical examination, and other observation. Regular injections of offending allergens into the body over a period of months are used to treat abnormal allergic symptoms. Starting with low doses to prevent untoward reactions, the doses are gradually increased as immunity to the antigen increases. The interval between

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injections can range from two to six weeks once maintenance dose has been reached. It may be necessary to continue immunotherapy for many years.

Applicable CPT Codes:

CPT	Description
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); two single stinging insect venoms
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging insect venoms
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	Rapid desensitization procedure, each hour (e.g., insulin, penicillin, equine serum)

References:

1. Beyer K, Teuber SS. Food allergy diagnostics: Scientific and unproven procedures. *Curr Opin Allergy Clin Immunol*. 2005;5(3):261-266.
2. Baena-Cagnani CE, Passalacqua G, Baena-Cagnani RC, et al. Sublingual immunotherapy in pediatric patients: Beyond clinical efficacy. *Curr Opin Allergy Clin Immunol*. 2005;5(2):173-177.

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3. Reider N. Sublingual immunotherapy for allergic rhinoconjunctivitis--the seeming and the real. *Int Arch Allergy Immunol.* 2005;137(3):181-186.
4. Dretzke J, Song F. Provocation-neutralisation testing, and therapy for food allergy. Birmingham, UK: West Midlands Health Technology Assessment Collaboration, Department of Public Health and Epidemiology, University of Birmingham (WMHTAC); 2004: 1-105.
5. Koreck AI, Csoma Z, Bodai L, et al. Rhinophototherapy: A new therapeutic tool for the management of allergic rhinitis. *J Allergy Clin Immunol.* 2005;115(3):541-547.
6. Leimgruber A. Allergo-immunology. *Rev Med Suisse.*

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