

MP.212.MPC Allergen Immunotherapy

Maryland Physicians Care considers Allergen Immunotherapy for patients with demonstrated hypersensitivity that cannot be managed by medications or avoidance.

Description of Procedure or Service

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

Allergy immunotherapy will only be covered for Place of Service (POS) 11 (Medical Office Visit) and POS 22 (On Campus-Outpatient Hospital)

Indications for Immunotherapy

Allergen Immunotherapy (AIT) for the treatment of the following IgE mediated allergies ⁽¹⁾:

- Allergic (extrinsic) asthma
- Allergic rhinitis (AR)
 - Perennial rhinitis
 - Seasonal allergic rhinitis
 - Seasonal allergic conjunctivitis
 - Mold-induced allergic rhinitis ⁽²⁾
- Hymenoptera venom immunotherapy (VIT) (bees, wasps, ants) ^(3,4)

When the following conditions are met ⁽¹⁾:

- Continued symptoms of allergic rhinitis after natural exposure to an allergen and symptoms significantly impact activities of daily living (ADLs), even after allergen avoidance and/or pharmacologic (drug) therapy, **OR**
- The patient has a life-threatening reaction to insect stings (bees, wasps, ants) ⁽³⁾
 - Systemic **OR**
 - Cutaneous symptoms including one of the following:

- Respiratory symptoms (laryngeal edema, bronchospasm)
- Cardiovascular symptoms (hypotension, shock)

AND

- There is evidence of an IgE-mediated antibody to a potent extract of the antigen from a skin test or a serology
- Uncontrolled moderate to severe asthma for the following ⁽⁵⁾:
 - For members 5 years of age or older who have previously received a therapy with a humanized monoclonal antibody directed against interleukin-5 (IL-5) indicated for severe persistent asthma in the past year **OR**
 - For treatment of moderate to severe asthma when **ALL** of the following criteria are met:
 - ≥ 5 years of age
 - Positive skin test or in vitro reactivity to at least one perennial aeroallergen
 - Pre-treatment IgE level ≥ 30 IU/mL
 - Uncontrolled asthma as demonstrated by experiencing at least **ONE** of the following in the last year:
 - ≥ 2 asthma exacerbations requiring oral or injectable corticosteroid treatment
 - ≥ 1 asthma exacerbation resulting in hospitalization or emergency medical care visit
 - Poor symptom control (frequent symptoms or reliever use, activity limited by asthma, night waking due to asthma)
 - Inadequate asthma control despite current treatment with **ALL** of the following medications at optimized doses:
 - Medium to high dose inhaled corticosteroid
 - Additional asthma controller medication (i.e., long acting beta2-agonist, long acting muscarinic antagonist, leukotriene modifier, or sustained release bronchodilators)
- Continued use of maintenance asthma treatments (e.g., inhaled corticosteroids, additional controller) in combination with monoclonal antibody therapy directed at interleukin-5 (IL-5) receptors.

Special Considerations

Special considerations should be given to the following populations (including risks and benefits):

- Age (<5 years and elderly) ⁽¹⁾

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- Pregnant women ^(1,6)
 - Usually not initiated
- Immunodeficiency syndromes ^(1,6)
- Autoimmune diseases ^(1,6)
- Malignant disease ⁽¹⁾

Limitations

Allergy Immunotherapy is not covered for the following:

- Food allergy treatment
- Migraine headaches Nonallergic vasomotor rhinitis
- Intrinsic (nonallergic) asthma
- Chronic urticaria or atopic dermatitis
- Angioedema

The following allergy treatments are not evidence based and therefore are not 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

Place of Service and Providers:

- Subcutaneous immunotherapy performed in the home setting (POS 12) is considered experimental and investigational and is not covered
- Allergy immunotherapy ordered by providers other than board-certified allergists, asthma treating pulmonologists, or board-certified ENT physicians is considered not medically necessary and is not allowed

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

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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

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