Medical Policy

Allergy Testing and Treatments

Policy Number: PG0188
Last Review: 12/01/2024

PARAMOUNT
HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

X Professional
_ Facility

DESCRIPTION:

Allergies result from an overreaction of the immune system to foreign substances. An allergy develops when the body is exposed to a substance that prompts the initiation of an immune response. This response involves the white blood cells of the immune system producing immune globulin E (IgE) antibodies called immunoglobulins that are directed against proteins of the foreign substance, called allergens or antigens causing a release of potent chemicals such as histamine.

Allergy is a hypersensitive reaction that is usually manifested in the clinical form of allergic asthma, hay fever, or eczema developing within minutes to a few hours after exposure to an antigen. Numerous agents, e.g., pollen, mold, dust mites, animal dander, insect stings, foods or drugs may precipitate allergic or hypersensitive reactions. The most common types of allergies are rhinitis, asthma, food allergy, insect sting allergy, drug allergy, and contact dermatitis. An allergist/immunologist will conduct allergy testing, which involves scratching, pricking or puncturing the skin while injecting allergens under the skin. Allergy testing is focused on determining what allergens cause a particular reaction, and the degree of the reaction. It provides justification for recommendations of specific avoidance measures in the home or work environment, or the institution of particular medicines or immunotherapy.

Allergy testing can be broadly subdivided into various methodologies, including but not limited to, the following:

- In vivo testing – includes skin allergy testing (i.e., skin prick testing, skin scratch testing, intradermal testing, skin patch testing, skin endpoint titration, bronchial provocation tests, food challenges)
- In vitro testing – includes various techniques to test the blood for presence of specific IgE antibodies to a particular antigen (i.e., RAST/MAST/PRIST/RIST/FAST/MRT/VAST/ELISA/ImmunoCAP) and leukocyte histamine release test (LHRT), also referred to as basophil histamine release test.
- Provocation testing – In provocation or challenge testing, a suspected allergen in a clinically relevant exposure is administered in an attempt to reproduce symptoms. Considerable experience with these methods is required for proper interpretation and analysis.
- Ingesting (oral) challenge testing - Ingestion (oral) challenge testing is an accepted method of diagnosing allergies to food, drug or other substances.
- Controversial allergy tests -

The most common allergy testing performed includes, but not limited to, the following:

- Prick/puncture and/or intradermal allergy testing to diagnose suspected immunoglobulin E (IgE) mediated hypersensitivity to inhalants, foods, hymenoptera (e.g., bee venom), drugs and/or biologicals
- Skin patch testing to diagnose suspected contact allergic dermatitis
- Photo patch testing to diagnose suspected contact photosensitization (e.g., photoallergic contact dermatitis)
- Food/food additive ingestion double-blind challenge/provocation to diagnose suspected IgE-mediated hypersensitivity if skin testing is negative or equivocal, despite a history and physical findings suggestive of hypersensitivity
- Drug provocation/bronchial challenge test to diagnose suspected IgE-mediated hypersensitivity when there is a confirmed history of allergy to a drug, and the patient requires the particular drug for treatment of a diagnosed condition, and there is no effective alternative drug available
- Skin serial endpoint titration for determination of a safe starting dose for testing or immunotherapy when there is potential for the specific allergen in question to produce a severe systemic reaction or anaphylaxis (such as with bee venom)

Allergen immunotherapy is defined as the repeated administration of specific allergens to patients with IgE-mediated conditions, for providing protection against the allergic symptoms and inflammatory reactions associated with natural exposure to these allergens. Indications for immunotherapy are determined by appropriate diagnostic procedures coordinated with clinical judgment and knowledge of the natural history of allergic diseases. Controlled studies have shown that allergen immunotherapy is effective for patients with allergic rhinitis or conjunctivitis, allergic asthma, and stinging insect hypersensitivity.

Immunotherapy begins with the injection of low doses of antigenic or allergenic extract made specifically for an individual patient, to prevent untoward reactions, with gradually increasing doses injected once or twice a week. Immunotherapy (hyposensitization) may extend over a period of years, usually on an increasing dosage scale. This is followed by a build-up of tolerance to the antigen, as evidenced by the markedly higher doses that can be administered and a decline in the symptoms and medication requirements of the patient. After the maintenance dose is achieved and clinical improvements are seen, the interval between injections may range between one and six weeks.

POLICY:

<u>Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans</u>
Allergy Testing & Treatments do not require prior authorization. See below for coverage criteria.

The following procedure codes are <u>not covered</u>, not all-inclusive listing:

- **82784 (not covered if used to report any testing documented below in Non-Covered Allergy Testing)**
- **82787 (not covered when used for IgG4 testing)**
- **83516 (not covered if used to report any testing documented below in Non-Covered Allergy Testing, not covered with the following diagnosis - K52.21-K52.29, Z91.010-Z91.018, Z91.02)**
- **86001**
- **86005**
- **86160 (not covered for complement antigen testing, complement (total or components) may be appropriate in autoimmune disorders, complement component deficiencies, hereditary angioedema, vasculitis)**
- **86343**
- **95060**
- **95065**
- **95120**
- **95125**
- **95130**

- **95131**
- **95132**
- **95133**
- **95134**
- **0165U**
- **0178U**
- **P2031**

Note: Drugs are reviewed for coverage by pharmacy. Please check the patient's Paramount prescription benefit for determinations.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Allergy Testing:

Allergy skin testing is a clinical procedure that is used to evaluate an immunologic response to allergenic material. It would not be expected that all patients would receive the same tests or the same number of sensitivity tests. The number and type of antigens used for testing must be chosen judiciously given the patient's presentation, history, physical findings, and clinical judgment.

To be covered by Paramount, the allergy testing must meet ALL of the following criteria:

- Testing must be performed based on a clinically significant allergic complete history and physical exam; and
- Testing technique and/or allergens tested must have proven efficacy as demonstrated through scientifically valid peer reviewed published medical studies; and
- Testing must correlate in the patient's environment with a reasonable probability of exposure; and
- Symptoms are not adequately controlled by empiric conservative therapy

Direct Skin Testing: epicutaneous (scratch, puncture, prick) and intracutaneous (intradermal) allergy testing are considered medically necessary and, therefore, covered for the diagnosis, evaluation, and treatment of allergies when there are signs and symptoms or a diagnosis suggestive of an allergy. Skin testing may be used for the evaluation of allergen-specific IgE to inhalants, foods, drugs and venom in the following conditions: respiratory/inhalant allergy, food allergy, hymenoptera (stinging insects), drug allergy (penicillins and macromolecular agents). **(95004, 95017, 95018, 95024, 95027, 95028)**

- Puncture, prick or scratch test (percutaneous) involves scratching or pricking into the skin's surface tiny drops of purified allergen extracts. This test is usually performed for pollen, mold, pet dander, dust mites, food, penicillin and insect venom.
- Intradermal (intracutaneous) testing involves the injection of a purified allergen into the skin of the arm. It is usually performed to determine allergies to insect venom or penicillin. Intradermal testing has no place in aeroallergen and food allergen testing. It is most commonly used in testing for drug and venom allergy.

Number of epicutaneous (percutaneous) and intracutaneous (intradermal) skin tests:

- The evaluation of inhalant allergy may require up to 70 percutaneous tests, followed by up to 40 intracutaneous tests (which are usually performed when percutaneous tests are negative). However, in most cases, fewer tests are required.

Patch test (application test) is completed for diagnosing contact dermatitis or eosinophilic esophagitis. This involves placing patches that contain small doses of the selected allergen onto the skin. Patch testing is the gold standard method of identifying the cause of allergic contact dermatitis. This testing is indicated to evaluate nonspecific dermatitis, allergic contact dermatitis, pruritus to determine the causative antigen. It is a diagnostic test reserved for patients with skin eruptions for which a contact allergy source is likely. Patch testing is useful for diagnosing metal, latex or chemical allergies. **(95044)**

It is appropriate to use up to 80 units are considered medically necessary.

Skin patch testing is considered experimental and investigational for irritable bowel syndrome because its clinical value for this indication has not been established.

Photo patch testing for diagnosing a photo-allergy (e.g., photo-allergic contact dermatitis.) this involves exposing testing sites to ultraviolet (UV) light, a positive reaction is when an allergic reaction occurs on the UV exposed area. Photo, or photosensitivity, tests are performed for the evaluation of photosensitivity disorders by irradiating the skin with a specified range of ultraviolet light. Photo testing and photo patch testing are indicated to evaluate: photosensitive nonspecific dermatitis photosensitive allergic contact dermatitis and photosensitive pruritus. **(95052, 95056)**

Inhalation bronchial challenge tests are utilized to assess airway responsiveness. Histamine, methacholine or antigens in defining asthma or airway hyperactivity. Bronchial challenge tests to diagnose and identify new allergens for which skin or blood testing has not been validates or skin testing is unreliable. **(95070)**
Inhalation bronchial challenge testing is considered medically necessary and eligible for reimbursement providing that the following medical criterion is met:

- History and physical examination suggest an association between allergic symptoms and allergen exposure and diagnosis requires confirmation to verify patient production of allergen specific IgE antibodies;
  AND
- At least one of the following clinical conditions is present:
- Other chronic allergic conjunctivitis
- Acute allergic serous otitis media
    - mucoid otitis media
    - sanguinous otitis media
- Chronic serous otitis media, simple or unspecified
- Other and unspecified chronic nonsuppurative otitis media
- Nonsuppurative otitis media, not specified as acute or chronic
- Eustachian salpingitis
- Nasal polyps
- Chronic rhinitis
- Chronic tonsillitis and adenoiditis
- Hypertrophy of tonsils and adenoids
- Allergic rhinitis
- Asthma
- Other atopic dermatitis and related conditions
- Dermatitis due to substances taken internally
- Allergic urticaria
- Idiopathic urticaria
- Other specified urticaria
- Urticaria, unspecified
- Rash and other nonspecific skin eruption
- Wheezing
- Cough
- Toxic effect of venom
    - other substances, chiefly nonmedicinal as to source
- Other anaphylactic shock
- Angioneurotic edema
- Other and unspecified adverse effect of drug, medicinal and biological
    - substance
- Allergy, unspecified

- Anaphylactic shock due to adverse food reaction

Oral/Ingestion challenge tests are considered medically necessary and therefore covered for the diagnosis, evaluation of food or other substance (i.e., additives or preservatives) or drug allergy (i.e., allergic to penicillin and cephalosporin) testing. With these tests, the patient ingests a food, drug or other substance to which sensitivity is suspected. This may be done in an open or blinded manner. **(95076, 95079)**
Oral/Ingestion challenge testing is considered medically necessary and eligible for reimbursement providing that the following medical criterion is met:

- History and physical examination suggest an association between allergic symptoms and allergen exposure (e.g., food, drug) and diagnosis requires confirmation to verify patient production of allergen specific IgE antibodies; and
- Presumed allergen cannot be easily or safely avoided;
  AND
- At least one of the following clinical conditions is present:
- Other chronic allergic conjunctivitis
- Acute allergic serous otitis media
    - mucoid otitis media
    - sanguinous otitis media
- Other and unspecified chronic nonsuppurative otitis media
- Nonsuppurative otitis media, not specified as acute or chronic
- Eustachian salpingitis
- Nasal polyps
- Chronic rhinitis
- Chronic tonsillitis and adenoiditis
- Hypertrophy of tonsils and adenoids
- Allergic rhinitis
- Asthma
- Other atopic dermatitis and related conditions
- Dermatitis due to substances taken internally
- Allergic urticaria
- Idiopathic urticaria
- Other specified urticaria
- Urticaria, unspecified
- Rash and other nonspecific skin eruption
- Wheezing
- Cough
- Toxic effect of venom
    - other substances, chiefly nonmedicinal as to source
- Other anaphylactic shock
- Angioneurotic edema
- Other and unspecified adverse effect of drug, medicinal and biological
    - substance
- Allergy, unspecified
- Anaphylactic shock due to adverse food reaction

Because food challenges carry risk of anaphylaxis, food challenges should be performed in a setting that is most appropriate and safest for the patient as determined by the physician. Double blind food challenge testing should not be performed at home.

Nasal Challenge Test (also called nasal mucous membrane test; nasal challenge/provocation test): This test has been proposed as a tool in the diagnosis of allergic rhinitis. It is performed to duplicate the patient's main symptoms or signs by controlled exposure to a suspected antigen and is delivered by direct application to the

nasal mucous membranes. Evaluation of the patient's response to the allergen is recorded. Treatment is considered experimental/investigational**. (95065)**

Conjunctival Challenge Testing (ophthalmic mucous membrane test): Allergenic extract is placed into the conjunctival sac of the eye, followed by observation for redness, itchiness, tearing of the eye, and other similar symptoms. Treatment is considered experimental/investigational. **(95060)**

Skin (serial) Endpoint Titration (SET): SET (also known as intradermal dilutional testing (IDT)) used in conjunction with immune-therapy is considered medically necessary for identify the lowest dilution starting dose for testing or immunotherapy when there is potential for the specific allergen in question to produce a severe systemic reaction or anaphylaxis and it is an approved indication for immunotherapy. The American College of Physicians (ACP) advises that the primary use of SET is to identify hymenoptera venom (yellow jacket, honeybee, hornet, wasp, fire ant) sensitivity and to determine the safe starting dose for venom immunotherapy. The use of serial endpoint testing should not replace routine use of prick/puncture testing. **(95027)**

It is inappropriate to use SET in place of skin testing; however, when used to determine the starting dose for immunotherapy in highly allergic patients, up to 14 titration tests may be necessary. An additional 40 antigens or 80 IDT injections may be medically necessary if any of the initial test results is positive.

Specific IgE in vitro test (radioallergosorbent test [RAST], multiple antigen simultaneous test [MAST], fluorescent allergosorbent test [FAST] ImmunoCap Specific IgE) tests are designed to detect the antigen-specific IgE antibodies in the individual's serum. This is useful when testing for inhalant allergens such as pollens, molds, dust mites and animal dander. It is also used to detect allergies to food and insect stings. This testing is considered medically necessary when, but not limited to: **(86003, 86008)**

- Clinical history is suggestive of an IgE-mediated allergy (e.g., symptoms in the nose, lungs, throat or on the skin), but skin tests are negative; or
- Patients receiving skin test suppressive medication therapy that cannot be temporarily discontinued (e.g., long-acting antihistamines, tricyclic antidepressants, beta-blockers or medications that may put them at undue risk if the medication(s) are discontinued) [for asthma, allergic bronchopulmonary aspergillosis, allergic rhinitis, atopic dermatitis, eczema, immune deficiency disease i.e., Wiskott-Aldrich syndrome, IgE myeloma, pemphigoid]; or
- Presence of widespread skin disease (e.g., dermatographism, ichthyosis, intensive dermatitis or generalized eczema or the necessary continued use of H-1 blockers (antihistamines), or in the rare patient with a persistent unexplained negative histamine control); or
- Uncooperative patients (e.g., small children, individuals with mental or physical impairments); or
- Pregnant women; or
- When clinical history suggests an unusually greater risk of anaphylaxis from skin testing; or
- Evaluating cross-reactivity between insect venoms; or
- As an adjunctive laboratory test for disease activity of allergic bronchopulmonary aspergillosis or certain parasitic diseases.

An initial allergy screen is 40 tests for inhalant allergies and 12 tests for food and other allergies. Additional tests may be medically necessary if any of the initial test results is positive. If all test results are negative, additional testing beyond the initial allergy screen of tests/allergens is not considered medically necessary.

*Note: procedure codes 86003 and 86008 can be used for any of the following covered tests:

- ELISA/Act (Enzyme-linked Immunosorbent Assay/Advanced Cell Test) qualitative antibody testing
- IgG and IgG subclass antibody tests for food allergy
- LMRA (Lymphocyte Mitogen Response Assays) by ELISA/Act

Total Serum IgE concentrations (paper radioimmunosorbent test [PRIST], radioimmunosorbent test [RIST]) testing is indicated for diagnostic evaluation in patients suspected of having allergic bronchopulmonary aspergillosis, eczema, hyper-IgE syndrome, certain stages of human immunodeficiency virus (HIV), IgE

myeloma, graft versus host disease or immune deficiency diseases characterized by increased IgE levels (e.g., Wiskott-Aldrich syndrome).

Lymphocyte transformation tests (lymphocyte mitogen response test, PHE stimulation test, lymphocyte antigen response assay) are considered medically necessary for evaluating persons with sensitivity to beryllium. Lymphocyte transformation tests are considered experimental and investigational for evaluation of persons with allergies or other hypersensitivities. Note: Lymphocyte transformation tests are also considered medically necessary for evaluation of persons suspected of having congenital or acquired immunodeficiency diseases affecting cell-mediated immunity, such a severe combined immunodeficiency, common variable immunodeficiency, X-linked immunodeficiency with hyper IgM, Nijmegen breakage syndrome, reticular dysgenesis, DiGeorge syndrome, Nezelof syndrome, WiscottAldrich syndrome, ataxia telangiectasia, and chronic mucocutaneous candidiasis. Lymphocyte transformation tests are also medically necessary for evaluation of persons with thymoma and to predict allograft compatibility in the transplant setting.

Limitations - Allergy Testing

- The total number of tests, i.e., prick or intracutaneous, should not exceed generally accepted standards of testing set forth by professional associations. Exceeding these parameters may be justified if preliminary testing failed and immunotherapy failed to control symptoms.
- Retesting with the same antigen(s) should rarely be necessary within a 3-year period. Exceptions include young children with negative skin tests or older children and adults with negative skin tests in the face of persistent symptoms;
- Routine repetition of skin tests is not indicated (e.g., annually);
- Measurements of total IgE levels (CPT code 82785-Gammaglobulin [immunoglobulin]; IgE) are not appropriate for most general allergies for the purpose of identifying the cause of the allergic state. Total serum IgE levels should not be billed unless evidence exists for allergic bronchopulmonary Aspergillosis (ABPA), select immunodeficiencies, such as the syndrome of hyper-IgE, eczematous dermatitis, atopic dermatitis in children and recurrent pyogenic infections, or in the evaluation for omalizumab therapy.
- Serial, repeat testing of total IgE will be subject to medical review.
- Routine annual skin testing without a definite clinical indication is not considered medically necessary with the exception of venom skin tests, which may require a repeat test at three-to-six-month intervals when the initial test is negative

Non-Covered Allergy Testing for all product lines:

Paramount considers the following allergy tests experimental and investigational, as the evidence is insufficient in determining these testing results in improved net health outcomes, (not an all-inclusive listing):

- ALCAT test (Antigen Leukocyte Cellular Antibody Test, an automated food allergy test) Antigen leukocyte cellular antibody test (ALCAT), (83516, 86160): r/t the antigen leukocyte cellular antibody test (ALCAT) measures whole blood leukocyte activity to identify allergens, which cause an increase in the leukocyte activity (86021). The ALCAT has been promoted as a diagnostic test for food allergy or intolerance (chemical sensitivity) and as a tool to establish elimination diets.
- Allergen specific immunoglobulin testing (e.g., IgA, IgD, IgG, IgM) by any method (82784)
- Allergenex testing for rhinitis and all other indications
- Allergy Immunotherapy: (95120-95134)
    - Procedures 95120, 95125, 95130-95134 are not covered services. They describe the complete service (injection and antigen provision). Medicare designates these as Status Indicator I, and they will be denied to rebill with approved procedure code for HMO, PPO, Individual Marketplace, and Elite/ProMedica Medicare Plan.
- Allergy testing for newsprint, tobacco smoke, dandelion, orris root, phenol, alcohol, sugar, yeast, grain mill dust, soybean dust (unless repeated, necessary exposure exists (e.g., food processing plant)), fiberglass, green tea, chalk
- Allergy testing and desensitization for poison ivy, oak and sumac
- Alpha gal allergy (meat allergy) testing

- Anti-Fc epsilon receptor antibodies testing
- Anti-IgE receptor antibody testing
- Atopy patch testing for the diagnosis of food protein-induced enterocolitis syndrome (FPIES) (86003)
- Basophil Activation Testing (BAT)
- Body chemical analysis (testing for idiopathic environmental intolerances" (IEIs) or multiple food and chemical sensitivities)
- Candidiasis test
- Chlorinated pesticides (serum)
- Chronic Urticaria Index testing
- Clifford materials reactivity testing
- Complement Antigen Testing (total or components) when utilized for the diagnosis of delayed food allergies; (may be appropriate in autoimmune disorders, complement component deficiencies, hereditary angioedema, vasculitis) (86160)
- Component-resolved diagnostics described as quantitative or semiquantitative allergen specific immunoglobulin testing, utilizing recombinant or purified components; individual antigen or multiple epitopes (0165U, 0178U)
- Conjunctival challenge testing (ophthalmic mucous membrane test)
- C-reactive protein (may be appropriate in inflammatory diseases)
- Cyrex testing
- Cytokine and cytokine receptor assay (84238)
- Cytotoxic food testing (Cytotoxic testing is known by a variety of names, including but not limited to, Bryan's Test, the leukocytotoxicity test, the leukocytic food allergy test, the cytotoxic leukocyte test and the CYTOTOXIC test)
- Electrodermal acupuncture
- ELISA/ACT
- Eosinophil cationic protein (ECP) test
- Epitope Mapping
- Food specific IgG antibodies
- Food sensitivities or food allergies, blood or saliva test panels, including SAGe testing for food delayed sensitivity and Biotek food allergy panel
- Food immune complex assays (FICA)
- Genetic testing for food allergy
- Hair analysis
- HEMOCODE food intolerance testing
- Immune complex assay (may be appropriate in autoimmune disorders, systemic lupus erythematosus, vasculitis)
- Immuno Blood Print test
- Immunoglobulin G (IgG) testing for allergy - allergen specific immunoglobulin G (IgG) and/or IgG subclass (e.g., IgG4) antibody testing has not demonstrated equivalence or superiority to currently accepted standard diagnostic techniques (e.g., IgE allergy testing)
- Infinite Allergy Labs’ Food Allergy Sensitivity Test (FAST) panel
- Ingestion challenge food testing for diagnosing rheumatoid arthritis, depression, or respiratory disorders not associated with anaphylaxis or similar systemic reactions
- In vitro lymphocyte proliferation test
- In-vitro metal allergy testing (as known as lymphocyte transformation tests (LTT)) (86353)
- Iridology
- Leukocyte antibodies testing (86343)
- Lymphocyte function assay
- Leukocyte histamine release test (LHRT) (86343)
- Lymphocytes (B or T subsets); (may be appropriate for collagen vascular disease, immune deficiency syndromes, leukemia, lymphomas)
- Lymphocyte or basophil phenotyping for food allergy

- Mediating a protective anti-helminth (parasitic) immune response
- Mediator release test (MRT) (Food Sensitivities/LEAP Substance Profile Testing)
- Multiple panel testing (e.g., Precision Allergy 88 [Serum], Precision Dietary SIgA [Saliva], Precision Airborne Allergy [Serum]) unless ALL tests within the panel relate to the health condition and affects clinical management decisions (for medically necessary testing within a panel, and the above coverage criteria is met.)
- Muscle strength testing or measurement (kinesiology) after allergen ingestion
- Nambudipad's Allergy Elimination Technique (NAET) testing
- Peanut allergen-specific IgE and quantitative assessment testing (Food Allergen Epitope Analysis or Bead Based Epitope Assay (BBEA) (0165U and 0178U) (e.g., VeriMAP Peanut DX)
- Percutaneous allergy testing after allergen immunotherapy
- Prausnitz-Kustner or P-K testing -- passive cutaneous transfer test
- Precision diagnostics for food allergy with non-personalized large panel testing
- Provocative nasal test (also known as nasal provocation testing)
- Provocation-neutralization testing (Rinkel Test) either subcutaneously or sublingually
- Pulse test (pulse response test, reaginic pulse test)
- Reaginic pulse test
- Rebuck skin window test
- Sublingual provocative neutralization testing and treatment with hormones (95199)
- Testing for electromagnetic sensitivity syndrome/disorder (also known as allergy to electricity, electro-sensitivity, electrohypersensitivity, and hypersensitivity to electricity)
- Testing for multiple chemical sensitivity syndrome (also known as idiopathic environmental intolerance (IEI), clinical ecological illness, clinical ecology, environmental illness, chemical AIDS, environmental/chemical hypersensitivity disease, total allergy syndrome, cerebral allergy, 20th century disease)
- Testing for other immunoglobulin (e.g., IgG, IgG4, IgA, IgM, IgD) or subclasses to determine allergies (Allergen specific IgG; quantitative or semiquantitative, each allergen (RAST/ELISA) testing, (86001), as there is no evidence the IgG antibodies are responsible for delayed allergic symptoms or intolerance to foods.) (82787)
- Venom blocking antibodies
- VeriMAP Peanut DX
- Volatile chemical panels (blood testing for chemicals) (84600)

Allergy Therapy:

Avoidance/environmental controls are the most important component of therapy. In many cases, if a patient can eliminate their exposure to an allergen their symptoms will decrease markedly and there is no need for further forms of treatment, however, this is not always possible.

The second mode of therapy is medication. Medication is an important form of therapy and in some patients such as asthmatics, it is essential. In recent years, newer and better medications (e.g., antihistamines, corticosteroids, bronchodilators) make complete control of the allergic patient possible. In most situations, medication relieves or alleviates the symptoms but does not address the cause. In many patients, medication and avoidance are enough to relieve the patient adequately so that no further treatment is necessary.

Allergen immunotherapy is the repeated administration of specific allergens to patients with IgE-mediated conditions, for the purpose of providing protection against the allergic symptoms and inflammatory reactions associated with exposure to these allergens. Immunotherapy (e.g., desensitization, hyposensitization, allergy injection therapy or "allergy shots") is used to treat patients who are sensitive to inhaled allergens, such as pollens, molds, dander, and house dust. Studies have found immunotherapy to be extremely effective for stinging insect allergy. Immunotherapy for food allergies is not recommended because of the chance of a severe allergic reaction to the injection and because avoidance can often be achieved.

Allergy Immunotherapy is considered medically indicated for treatment of the following IgE-mediated allergies:

- Allergic (extrinsic) asthma
- Dust mite atopic dermatitis
- Hymenoptera (bees, hornets, wasps, fire ants) sensitive individuals
- Mold-induced allergic rhinitis
- Perennial rhinitis
- Seasonal allergic rhinitis or conjunctivitis

When the following conditions are met:

- Patient has severe, seasonal or perennial IgE-dependent symptoms of allergic rhinoconjunctivitis or asthma after natural exposure to the allergen and any of the following criteria are met:
    - Patient has skin test and/or serologic evidence of IgE-mediated antibody to a potent extract of the allergen, and
    - Avoidance or pharmacologic therapy cannot control allergic symptoms or patient has unacceptable side effects with pharmacologic therapy; or
    - Patient has a life-threatening IgE mediated allergy to insect stings (bees, hornets, wasps, and fire ants); or
    - Hypersensitivity to allergens that cannot be managed by medication or avoidance.
- If rapid desensitization/rush immunotherapy is requested, it is only medically necessary for medication or hymenoptera (bees, hornets, wasps, fire ants) sensitivities (95180)
- Antigens are prepared by an allergist, immunologist, or otolaryngologist who has examined the patient.

Allergy immunotherapy is considered experimental and investigational for all other indications, including the following because its effectiveness for these indications has not been established:

- Angioedema
- Atopic dermatitis (cover for dust mite atopic dermatitis)
- Chronic urticaria
- Food allergy
- Intrinsic (non-allergic) asthma
- Migraine headaches
- Non-allergic vasomotor rhinitis

The following methods of allergy immunotherapy are considered experimental, investigational and/or unproven for the treatment of food, molds, chemicals, pollens, and other allergies including the preparation of and administration of immunotherapy:

- Provocation and neutralization therapy; using intradermal and subcutaneous routes
- Intranasal immunotherapy
- Urine auto-injections (autogenous urine immunization); freshly collected urine, having been sterilized and filtrated, injected to the donating patient
- Repository emulsion therapy; solutions of vegetable and mineral oils containing additional allergens, to produce slow releases of the allergens at the injection site
- Allergoids (modification of allergens to reduce allergenicity)

Paramount considers the following <u>treatments</u> experimental and investigational, as they have not been proven to be effective (not all-inclusive):

- Acupuncture for allergies
- Allergy immunotherapy is considered experimental and investigational for all of the following indications because its effectiveness for these indications has not been established:
    - Angioedema
    - Atopic dermatitis (cover for dust mite atopic dermatitis)
    - Chronic urticaria
    - Food allergy
    - Intrinsic (non-allergic) asthma

    - Migraine headaches
    - Non-allergic vasomotor rhinitis.
- Allergen immunotherapy for the management of skin and mucous membrane disease such as urticaria, and Candida vulvovaginitis
- Allergy testing related to the diagnosis of autism (e.g., food allergies for gluten, casein, candida and other molds)
- Allergoids (modification of allergens to reduce allergenicity)
- Autogenous urine immunization (autogenous urine therapy)
- Bacterial immunotherapy
- Detoxification for allergies
- Ecology units/environmental control units/environmental chemical avoidance for multiple chemical sensitivity syndrome
- Enzyme potentiated desensitization (EPD)
- Helminth Trichuris suis therapy for allergic rhinitis
- Home administration of allergy immunotherapy is considered experimental and investigational because its safety and effectiveness has not been established.
- Homeopathy for allergies
- Intracutaneous desensitization (Rinkel Injection Therapy, RIT)
- Neutralization therapy (desensitization neutralization therapy)
- Neutralizing therapy of chemical and food extracts
- Oral nystatin for the treatment of "candidiasis hypersensitivity syndrome"
- Photo-inactivated extracts
- Polymerized extracts
- Poison ivy/poison oak extracts for immunotherapy in the prevention of toxicodendron (Rhus) dermatitis
- Repository emulsion therapy
- Rhinophototherapy
- Sublingual drops/sublingual immunotherapy (*Please refer to the patient's Paramount prescription benefit for determinations for Ragwitek, Oralair and Grastek tablets)
- Treatments for electromagnetic sensitivity syndrome/disorder
- Ultra-low dose enzyme activated immunotherapy (low dose allergens or LDA).

CPT procedure codes 95120 through 95134 are not recognized for reimbursement because they represent complete services, i.e., services that include the injection service as well as the antigen and its preparation. Only component billing will be allowed. Providers providing both components of the service must do component billing. The provider must, as appropriate, use one of the injection CPT codes (such as 95115 or 95117) and one of the antigen/antigen preparation CPT codes (such as 95145 through 95149, 95165, or 95170).

***Note:** Drugs are reviewed for coverage by pharmacy. Please check the patient's Paramount prescription benefit for determinations.

CODING/BILLING INFORMATION:
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
82784	Gammaglobulin (immunoglobulin) IgA, IgD, IgG, IgM, each **[not covered if used to report any testing documented above in Non-Covered Allergy Testing for all product lines]**
82785	Gammaglobulin; IgE
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (e.g., IgG1, 2, 3, or 4), each **[not covered when used for IgG4 testing]**

83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method (may be utilized for RAST, MAST, FAST, PRIST, RIST, MRT (modified RAST), VAST, ELISA, or ImmunoCAP) **[not covered if used to report any testing documented above in Non-Covered Allergy Testing, not covered with the following diagnosis - K52.21-K52.29, Z91.010-Z91.018, Z91.02]**
84238	Receptor assay; non-endocrine (specify receptor) [cytokine and cytokine assay] **[not covered in relationship to allergy testing]**
84600	Volatiles (e.g., acetic anhydride, diethylether) **[not covered in relationship to allergy testing]**
86001	Allergen specific IgG quantitative or semiquantitative, each allergen **[not covered for complement antigen testing, complement (total or components) may be appropriate in autoimmune disorders, complement component deficiencies, hereditary angioedema, vasculitis]**
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each (may be utilized RAST, MAST, FAST, PRIST, RIST, MRT (modified RAST), VAST, ELISA, or ImmunoCAP) (may also be utilized for Alpha-gal allergy (meat allergy) testing)
86005	Allergen specific IgE; qualitative, multiallergen screen (e.g., disk, sponge, card) (RAST, MAST, FAST, PRIST, RIST, MRT (modified RAST), VAST, ELISA, or ImmunoCAP) [not covered for complement antigen testing, complement (total or components) may be appropriate in autoimmune disorders, complement component deficiencies, hereditary angioedema, vasculitis]
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each
86021	Antibody identification; leukocyte antibodies **[not covered in relationship to allergy testing]**
86160	Complement antigen, each component [**not covered for complement antigen testing, complement (total or components); exception - may be appropriate in autoimmune disorders, complement component deficiencies, hereditary angioedema, vasculitis]**
86343	Leukocyte histamine release test (LHR)
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis **[not covered for in-vitro metal allergy testing]**
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	Patch or application test(s) (specify number of tests)
95052	Photo patch test(s) (specify number of tests)
95056	Photo tests
95060	Ophthalmic mucous membrane tests
95065	Direct nasal mucous membrane test
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95076	Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); initial 120 minutes of testing
95079	Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)

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
95120	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single injection
95125	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; two or more injections
95130	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single stinging insect venom
95131	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; 2 stinging insect venom
95132	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; 3 stinging insect venoms
95133	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; 4 stinging insect venom
95134	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; 5 stinging insect venoms
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(s), specify number of vial(s)
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); 2 single stinging insect venom
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy;(specify number of doses); 3 single stinging insect venom
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy;(specify number of doses); 4 single stinging insect venom
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy;(specify number of doses); 5 single stinging insect venom
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
95180	Rapid desensitization procedure, each hour
95199	Unlisted allergy/clinical immunologic service or procedure **[Not Covered if used to report any testing outlined in Coverage Limitations section]**
0165U	Peanut allergen-specific Iguanid quantitative assessment of 64 epitopes using enzyme linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation (VeriMAP Peanut Dx – Bead-based Epitope Assay, AllerGenis)
0178U	Peanut allergen specific quantitative assessment of multiple epitopes using enzyme linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction (VeriMAP Peanut Sensitivity, AllerGenis)
P2031	Hair analysis (excluding arsenic)

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 11/30/2008

Date	Explanation & Changes
06/14/12	• No changes
10/18/12	• Removed procedure 95027 as an exception as not covered • Per medical review procedure 95027 is part of the preventive coverage
02/14/14	• Sublingual immunotherapy (95199) continues to be a non-covered service per TAWG review

	• Added CPT code 95199
05/30/14	• Metal Lymphocyte Transformation Testing (LTT) (86353) covered without prior authorization per TAWG review • Added CPT code 86353
01/13/15	• Policy combined with PG0099 Allergy Immunotherapy and changed name of policy from Allergy Testing to Allergy Testing and Treatments • Added CPT codes 83516, 86001, 86003, 86005, 86160, 86343, 95017, 95018, 95056, 95060, 95065, 95076, 95079 • Removed deleted CPT codes 95010, 95015, 95075 • Procedures 83516, 86001, 86160, 86343, 95060, 95065, 95120-95134, 95199 (sublingual immunotherapy) are non-covered for Elite per CMS guidelines • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
01/23/15	• Policy reviewed and updated to reflect most current clinical evidence per TAWG
07/14/15	• 86005 now non-covered for all product lines • 86160 now only covered for Advantage • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
05/02/17	• Added verbiage to clarify why procedures 95120, 95125, 95130-95134 are not covered
01/09/18	• Effective 01/01/18 revised codes 86003 & 86005 • Added effective 01/01/18 new code 86008 as covered for all product lines • Codes 83516, 86001, & 86343 are now non-covered for HMO, PPO, & Individual Marketplace, and will continue to be non-covered for Elite • Codes 83516, 86001, & 86343 will continue to be covered for Advantage per ODM guidelines • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
9/01/2020	• Medical Policy updated, based upon Paramount criteria and review of the peer-reviewed literature, to clarify continued noncoverage of procedures 86160 and 83516 as documented above • Added procedures 0165U and 0178U to the medical policy
12/15/2020	• Medical policy placed on the new Paramount Medical Policy Format
04/01/2022	• Policy reviewed and updated to reflect most current clinical evidence
02/13/2023	• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
03/04/2024	• Medical Policy placed on the new Paramount Medical Policy format
12/01/2024	• Medical policy reviewed and updated to reflect the most current clinical evidence • Removed deleted code 95071 • Added Leukocyte histamine release test (LHRT) (86343) as noncovered effective 01/01/2025 • Clarified procedure codes 95060 and 95065 are noncovered codes, per the listing of noncovered treatments considered experimental/investigational

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to
https://www.paramounthealthcare.com/providers/medical-policies/policy-library

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare &

Medicaid Services (CMS) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf

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Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

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Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare

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