

## MVP/Preferred Care BENEFIT INTERPRETATION

### Allergy Testing & Allergen Immunotherapy

#### Type of Policy

Medical

#### Codes

**CPT Codes:** 86001, 86003, 86005, 95004, 95010, 95015, 95024, 95028, 95044, 95052, 95056, 95115, 95117, 95120, 95125, 95130, 95131, 95132, 95133, 95134, 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, 95180, 95199

**Non-covered CPT Code:** 95027

**ICD-9 Codes:** 372.14, 477.0-477.9, 493.90, 493.91, 518.3, 989.5, 995.0, 995.3, 692, 708.0

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#### Evidence Basis for Policy

**Standard of Care.** The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

#### Description

Allergy Testing is necessary to confirm the presence of specific IgE antibodies directed toward inhalants, foods, hymenoptera venoms\* (refer to MVP/Preferred Care Skin Endpoint Titration Policy), and pharmaceutical allergens implicated by the member's history. Although there are a variety of methods for assessing the presence of specific IgE antibodies, skin testing is preferred. Allergy skin testing may be performed by the percutaneous (prick testing) or the intracutaneous route (intradermal testing). Standardized allergen extracts should be used in diagnostic skin testing along with appropriate positive and negative controls. Fresh fruits and vegetables may be used as a source of skin testing extracts by a specialist when indicated.

Allergen Immunotherapy, by subcutaneous administration, 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 natural exposure to these allergens.

Patch Testing/Photopatch testing is performed in Type IV reactions and some IgE-mediated reactions, which present as contact dermatitis. The suspected allergens are applied in discs or on pre-made patches and kept in place by hypoallergenic tape for 48 hours. The first follow-up visit is at 48 hours and there may be another one up to 96 hours.

Chemicals, plant resin, and lipid materials are the chief causes of classical allergic contact dermatitis. About 24-30 antigens used in the screening panel of patch tests can diagnose 70% of the clinically relevant cases of allergic contact dermatitis. Following this screening test panel, selected antigens, based on the patient's history, are then used to supplement the screening panel.

Radioallergosorbent (RAST) and Fluoroallergosorbent (FAST) and Enzyme-Linked Immunosorbent Assay are blood tests performed to determine serum IgE antibodies against specific allergens.

## **Indications/Criteria**

### **Allergy Testing**

Allergy skin testing may be considered when the member's history and physical examination indicate that allergic mechanisms may be the underlying cause of some of the following chronic conditions:<sup>[1] [2]</sup>

- asthma;
- allergic rhinitis;
- eczematous eruptions, including atopic dermatitis and contact dermatitis;
- urticaria/angioedema;
- anaphylaxis caused by food, pharmaceuticals or insects;
- gastrointestinal reactions;
- severe conjunctivitis;
- non-behavioral adverse reactions to food and drugs; or
- stinging insects\*. (\*refer to MVP/Preferred Care Skin Endpoint Titration policy).

Patch testing is used to determine the causative agent in contact eczematous dermatitis. Indications for patch testing include:

- dermatitis that is suspected to be contact induced; or
- chronic occupational dermatitis; or
- when clinical evaluation suggests that a specific allergen may be implicated in a clinical setting, patch testing can be used to confirm the diagnosis.

Immunoassay blood tests for diagnosis and follow-up, such as the RAST test, may be indicated for the following situations:

- the presence of extensive dermatitis, eczema, and dermographism;
- suspected latex sensitivity;

- necessary for members with cardiac and/or pulmonary problems that necessitate the continued use of H-1 blockers (antihistamines), tricyclic antidepressants, or beta-blockers;
- a history of anaphylactic reaction to a specific allergen or secondary to previous skin testing;
- as an alternative when skin testing cannot be done, due to the member's mental capacity or to an anticipated behavioral response to skin testing; or
- to assess the change in the level of IgE sensitization over time and to help predict if tolerance has occurred in food allergy (i.e. peanuts, milk).

### Allergen Immunotherapy

Allergen immunotherapy may be considered appropriate for the following conditions:

- allergic rhinitis or conjunctivitis and allergic asthma; or
- stinging insect hypersensitivity\* (refer to MVP/Preferred Care Skin Endpoint Titration policy); or
- when there is a poor response to environmental control or pharmacologic treatment of IgE-mediated allergy symptoms.

### Allergen Immunoassay Tests

*In-vitro* allergen immunoassay tests such as the radioallergosorbent test (RAST), fluoroallergosorbent test (FAST), and multiple antigen simultaneous tests are techniques for determining whether a patient's serum contains IgE antibodies against specific allergens of clinical importance. As with any allergy testing, the need for such tests is based on the findings during a complete history and physical examination of the patient.

The multiple antigen simultaneous testing technique is similar to the RAST/FAST techniques in that it depends upon the existence of allergic antibodies in the blood of the patient being tested. With the multiple antigen simultaneous test system, several antigens may be used to test for specific IgE simultaneously.

ELISA (enzyme-linked immunosorbent assay) is another *in vitro* method of allergy testing for specific IgE antibodies against allergens. This method is also a variation of RAST.

Use of RAST tests may be considered if there is medical documentation stating that the member cannot tolerate standard *in vivo* allergy test procedures.

### Exclusions/Limitations

#### Allergy Testing

The following are examples of allergy testing that have not demonstrated efficacy and will not be considered for coverage at this time:

- grain mill dust;
- tobacco smoke;
- golden rod;
- orris root;
- pyrethrum;
- dandelion;
- marigold;
- soybean dust;
- honey suckle;
- processed wool;
- phenol;
- alcohol; or
- sugar and yeast.

The following allergy tests have unclear clinical significance and are not a covered benefit:

- qualitative multiallergen screens (via dipstick, paddle or disk);
- cytotoxic test;
- provocative-neutralization testing e.g. Bronchial challenge (95071), Rinkel (95708);
- organ challenge testing to the conjunctivae (eyes) and nares (nose);
- sublingual immunotherapy;
- pulse test;
- rebuck skin window;
- rhinomanometry;
- electrodermal testing;
- muscle response testing (applied kinesiology); or
- chemical analysis of body tissue.

All organ challenge tests (including drug, biologic and food challenge materials applied to the mucosae of the GI tract, or bronchi should be preceded by a control test and will be considered appropriate on an individual case review.

Up to 50 prick tests and up to 50 intradermal/intracutaneous tests per member are covered every two years, within the same practice. When food is suspected as the

etiology of a patient's symptoms such as atopic dermatitis, eczema or sometimes urticaria, a maximum of 65 prick tests for food allergies are allowed when performed by a qualified specialist or Allergist. Re-testing with the same antigen(s) is not covered more often than every three years within the same practice. Cases where the provider suspects either an increased tolerance or an increased reactivity to certain medications or foods, and needs to repeat testing more than every three years, will be considered on an individual basis.

The use of RAST tests as a means of detecting cross-sensitivity for the purpose of establishing the starting dosage in a course of immunotherapy is not covered.

#### Length of Therapy

Treatment duration and the benefits of immunotherapy must be documented in the member's chart. The duration of all forms of immunotherapy must be individualized. A presumption of failure can be made when, after 24 months of therapy, a person does not experience a noticeable decrease of symptoms, an increase in tolerance to the offending allergen and a reduction in medication usage.

**Treatment will not be reimbursed after a two-year period when there is no apparent clinical benefit.**

#### Allergen Immunotherapy

Allergen immunotherapy is not considered appropriate in the following circumstances:

- non IgE-mediated allergies;
- food allergenic extract immunotherapy;
- management of skin and mucous membrane disease such as atopic dermatitis, urticaria and candida vulvovaginitis. As with all of the medical policies, exceptional cases will be considered for medical necessity on an individual basis;
- unsuccessful allergen immunotherapy that was administered within the past three years by credentialed physicians within the same practice;
- the member has had no significant reduction in symptoms after two years of allergen immunotherapy;
- allergen immunotherapy has been given longer than 24 months without appropriate re-evaluation; or
- children less than three years of age will be considered on an individual basis.

Out-of-area allergen immunotherapy may be covered on a case-by-case basis.

## Medicare Variation

Injections out of the service area are covered when the same treatment schedule and the same safety procedures are followed as have been applied in-plan.

## References

Literature [Search](#)(updated in [2008](#))

1. Upstate Medicare Division ([03/30/2006](#)). Rast type tests. New York State Local Medical Review Policy ([L22072](#)). Available: [www.umd.nycip.com](http://www.umd.nycip.com).
2. Upstate Medicare Division, Part B. ([Revision Effective Date 03/23/2005](#)). Allergy immunotherapy. New York State Medicare Local Medical Review Policy ([L3605](#)). Available: [www.umd.nycip.com](http://www.umd.nycip.com).
3. [Joint Council of Allergy, Asthma & Immunology](#). Practice parameters for allergen immunotherapy: [Algorithm for the diagnosis and management of asthma: a practice parameter update\(1998\)](#). Available: [www.jcaai.org](http://www.jcaai.org).
4. [Joint Council of Allergy, Asthma & Immunology](#). Practice parameters for allergy diagnostic testing. Available: [www.jcaai.org](http://www.jcaai.org).
5. American Academy of Allergy, Asthma and Immunology ([AAAAI](#)) (October 2003). Practice Paper, Current approach to the diagnosis and management of adverse reactions to food. Available [www.aaaai.org](http://www.aaaai.org).

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Deleted: 2001

Deleted: # AL001E03. (On-line)

Deleted: Joint Council of Allergy, Asthma, and Immunology (1998).

## Approvals & Review/Revisions

Medical:

Review:

Children's Advisory Team: 3/11/08

Approval:

Quality Improvement Committee: 6/9/08

Prior Approval Date: 8/21/06

Last Revision Date: 3/3/08

Origination Date: 11/92

Effective Date: 8/1/08

**Note:** For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Prior Authorization/Notification Administrative Policy. You may also refer to the "Prior Authorization of Certain Prescription Drugs" for information on drugs that require prior authorization. Both policies are available on the *easyLink* for Providers at [www.preferredcare.org](http://www.preferredcare.org).