



Allergy and Immunology Testing and Treatment

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Purpose:

To provide allergy and immunology guidelines for associates to reference when making benefit determinations.

Background Information

- Specific allergy testing and allergy immunotherapy treatments are covered for members with clinically significant allergic symptoms.

Coverage Guidelines

Allergy testing and treatment are covered for the following CPT codes:

86003 is covered for 30 units/year
95004 is limited to 20 units/year for food sensitivity
95024 is limited to 40 units per year
95027 is limited to 40 units per year

- The following documentation is required for any testing requests:
 1. Medical necessity for the testing;
 2. The selective tests utilized correlate with the history, physical exam, and that the allergen exists in the member's environment with a reasonable probability of exposure;
 3. The test device and methodology used, along with the test results by measurement of reaction sizes of both wheal and erythema response (flare);
 4. How the test results will be used by the member's plan of care.

Exclusion Criteria

The following testing and treatments are considered investigational and not covered including, but not limited to:

1. ALCAT test (Antigen Leukocyte Cellular Antibody Test, an automated food allergy test);
2. Alpha gal allergy (meat allergy) testing;
3. Anti-Fc epsilon receptor antibodies testing;
4. Anti-IgE receptor antibody testing;
5. Body chemical analysis;
6. Candidiasis test;
7. Chlorinated pesticides (serum);

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8. Chronic Urticaria Index testing;
9. Clifford materials reactivity testing;
10. Complement Antigen Testing;
11. Cytokine and cytokine receptor assay;
12. Cytotoxic food testing (Bryans Test, ACT);
13. ELISA/ACT;
14. Eosinophil cationic protein (ECP) test;
15. Food immune complex assays (FICA);
16. IgG RAST/ELISA testing;
17. In-vitro metal allergy testing (as known as lymphocyte transformation tests (LTT));
18. Leukocyte antibodies testing;
19. Leukocyte histamine release test;
20. Lymphocyte function assay;
21. Mediator release test (MRT);
22. Muscle strength testing or measurement (kinesiology) after allergen ingestion;
23. Ophthalmic mucous membrane tests/conjunctival challenge tests;
24. Prausnitz-Kustner or P-K testing -- passive cutaneous transfer test;
25. Provocative nasal test (also known as nasal provocation testing);
26. Provocation-neutralization testing (Rinkel Test) either subcutaneously or sublingually;
27. Pulse test (pulse response test, reaginic pulse test);
28. Rebeck skin window test;
29. Sublingual provocative neutralization testing and treatment with hormones and allergen extract;
30. Testing for electromagnetic sensitivity syndrome/disorder (also known as allergy to electricity, electro-sensitivity, electrohypersensitivity, and hypersensitivity to electricity);
31. 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);
32. Venom blocking antibodies;
33. Volatile chemical panels (blood testing for chemicals).
34. AvMed considers home administration of allergy immunotherapy experimental because its safety and effectiveness has not been established.



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References:

1. Joint Task Force on Practice Parameters, American Academy of Allergy, Asthma and Immunology, American College of Allergy, Asthma and Immunology, Joint Council of Allergy, Asthma and Immunology. Allergen immunotherapy: A practice parameter second update. *J Allergy Clin Immunol* 2007;120(3 Suppl):S25-S85.
2. de Bot CM, Moed H, Berger MY, et al. Sublingual immunotherapy in children with allergic rhinitis: Quality of systematic reviews. *Pediatr Allergy Immunol*. 2011;22(6):548-558.
3. Cox L, Nelson H, Lockey R, et al. Allergen immunotherapy: A practice parameter third update. *J Allergy Clin Immunol*. 2011;127(1 Suppl):S1-S55.
4. National Government Services (NGS). LCD for allergy immunotherapy (L28451). Revised January 1, 2011.
5. U.S. Department of Health and Human Services (DHHS), Office of the Inspector General. Allergen Immunotherapy for Medicare Beneficiaries. OEI-09-00-00531. Washington, DC: DHHS; February 2006.
6. Cuervo-Perez JF, Camilo Arango J, Cardona-Arias JA. Evaluation of techniques in vitro immune to the diagnosis of allergy: Meta-analysis 2000-2012. *Rev Esp Salud Publica*. 2014;88(1):67-84.
7. Nolte H, Kowal K, DuBuske L. Overview of in vitro allergy tests. UpToDate Inc., Waltham, MA. Last reviewed November 2014.
8. Otani IM, Begin P, Kearney C, et al. Multiple-allergen oral immunotherapy improves quality of life in caregivers of food-allergic pediatric subjects. *Allergy Asthma Clin Immunol*. 2014;10(1):25.

Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.



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Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.