

**Policy Name:** Allergy Immunotherapy

**Policy Number:** CMO 506

**Effective date of current policy:** 9/1/2018

### **Description and Scope**

This policy establishes guidelines for medical necessity and appropriate billing for the supervision of preparation and provision of antigens for allergy immunotherapy given by subcutaneous injection.

### **Position Statement**

Allergy immunotherapy by subcutaneous injection is considered medically necessary for patients with significant allergy symptoms (allergic asthma, allergic rhinitis, allergic conjunctivitis, and hypersensitivity to stinging insects) that could not be adequately treated by medications or by avoidance of the allergen.

Allergy immunotherapy to treat chronic urticaria, angioedema, food allergies, migraines, non-allergic rhinitis, and non-allergic asthma is considered experimental/investigational.

Allergy immunotherapy is limited to one year's supply. The CPT code 95165 requires prior authorization when more than 120 units are billed in one year. The medical information to document the medical necessity of more than 120 units/year should include:

1. Number of treatment sets ordered, with the mix of antigens in each set and clear documentation explaining the clinical reason for separate treatment sets; and
2. Number of doses planned per treatment set with clear documentation of the medical necessity of more than 28 doses per treatment set; and
3. The planned dosage schedule.

### **Background**

Allergen immunotherapy is a treatment program for individuals who have hypersensitivity to one or more allergens. The objective of the therapy is to lessen or diminish symptoms when the individual is exposed to the allergen in the future. Immunotherapy consists of injections that contain progressively larger amounts of allergen until the individual reaches and then is able to continue on a maintenance dose level.

### **Definitions**

**Allergy:** A reaction by the body to something that does not bother most other people.

**Allergen:** A substance that the body's immune system reacts to.

**Allergy Immunotherapy:** Giving a specific allergen to reduce the immune system's response to it.

**Angioedema:** Swelling of tissues in the body. When it is the skin that is swelling it is called urticaria.

**Conjunctivitis:** When the membrane that lines the inner eyelid and also covers the white portion of the eye becomes inflamed.

**Hypersensitivity:** A reaction by the body to an irritant or drug that is more extreme than the reaction of most other people.

**Rhinitis:** Runny nose; sneezing or itching of the nose. **Subcutaneous:** Under the skin.

**Urticaria:** Hives. A rash of red and raised areas on the skin that usually itch.

### **Coding**

Inclusion of a code in the following list does not imply that the procedure is medically necessary or that the code represents a covered benefit. Codes used to identify services associated with this policy may include (but may not be limited to) the following:

95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

#### References

- Allergy Immunotherapy-Provision of Antigens, CPT Assistant, April 2000, pg. 4.
- Practice Parameters for Allergen Immunotherapy, Chapter 12: Immunotherapy Schedules and Doses, American Academy of Allergy, Asthma and Immunology (AAAAI), V90 Number 1t, January 2003

#### Medical Policy Committee History and Revisions

Date	Action
November 1, 2018	Initial approval by the Medical Policy and Benefits
June 25, 2019	Reference to Medicare Advantage removal. Approved without other changes.
May 26, 2020	Approved without change.

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#### Disclaimer

Affinity Health Plan has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits. The policies are not medical advice. Affinity Health Plan reserves the right to change medical policies.