FIRST COAST SERVICE OPTIONS  
MAC - PART B  
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L33804

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part B

LCD Title
Allergen Immunotherapy

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See § 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub 100-04, Medicare Claims Processing, Chapter 12, Section 200

Primary Geographic Jurisdiction
Allergen Immunotherapy Part B

Florida
Puerto Rico/Virgin Islands

**Oversight Region**

Region I

**Original Determination Effective Date**

10/01/2015

**Original Determination Ending Date**

N/A

**Revision Effective Date**

10/01/2015

**Revision Ending Date**

10/01/2015

**Indications and Limitations of Coverage and/or Medical Necessity**

Allergen immunotherapy (desensitization), also referred to as specific immunotherapy, is the subcutaneous introduction of increasing doses of allergens to which the patient is sensitive. Allergen immunotherapy is antigen-specific; thus the sensitivity of the patient must be known before formulating extracts for therapy. The antigenic cross-reactivity of extracts should be known by the physician to optimize use of the minimum number of separate extracts given per single injection. In this way, the maximum amount of protein antigen can be given.

This therapy is generally reserved for patients with significant relapsing, subacute to chronic symptoms, where the symptoms are likely caused by allergic pathology, and in situations where other means of conservative therapy (including avoidance) have failed to control the symptoms adequately, or avoidance of the relevant allergen (e.g., dust mites, pollen, mold) is impractical.

Coverage for allergen immunotherapy will be provided for patients with allergic rhinitis, allergic conjunctivitis, asthma, or a previous anaphylactic reaction to a stinging/biting insect or other arthropod when **all four** of the following criteria are met:

1. the patient must have significant exposure to an allergen;
2. the patient must have demonstrated a significant level of sensitivity to the allergen;
3. the pattern of symptoms must conform to the pattern of exposure; and
4. other means of conservative therapy (including avoidance) have failed to control the symptoms, or avoidance of the relevant antigen (e.g., dust mites, pollen, mold) is impractical.

Generally, the course of allergen immunotherapy, if successful, should be continued until the patient has been symptom-free or has had substantially reduced symptoms for 1 to 2 years and in most cases from 3 to 5 years. If no response has occurred after 1 year at maintenance dose, the patient’s sensitivities should be reviewed. All patients on immunotherapy should be encouraged to maintain environmental control and may have to use concomitant medication, such as antihistamines.

**CPT/HCPCS Codes**

95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
Allergen Immunotherapy Part B

95117 two or more injections

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

ICD-10 Codes that Support Medical Necessity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H10.10-H10.13</td>
<td>Acute atopic conjunctivitis</td>
</tr>
<tr>
<td>H10.45</td>
<td>Other chronic allergic conjunctivitis</td>
</tr>
<tr>
<td>J30.1</td>
<td>Allergic rhinitis due to pollen</td>
</tr>
<tr>
<td>J30.2</td>
<td>Other seasonal allergic rhinitis</td>
</tr>
<tr>
<td>J30.81</td>
<td>Allergic rhinitis due to animal (cat) (dog) hair and dander</td>
</tr>
<tr>
<td>J30.89</td>
<td>Other allergic rhinitis</td>
</tr>
<tr>
<td>J45.20-J45.909</td>
<td>Asthma</td>
</tr>
<tr>
<td>T63.001A-T63.94XS*</td>
<td>Toxic effect of contact with venomous animals and plants</td>
</tr>
<tr>
<td>±T78.2XXA-T78.2XXS*</td>
<td>Anaphylactic shock, unspecified</td>
</tr>
<tr>
<td>±T88.6XXA-T88.6XXS*</td>
<td>Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered</td>
</tr>
</tbody>
</table>

* Not applicable to procedure code 95165

Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Documentation Requirements

Medical record documentation maintained by the treating physician must clearly document the medical necessity to initiate allergen immunotherapy and the continued need thereof. The documentation should include:

- A history and physical that documents the following: a complete allergic history and physical examination; correlation of symptoms; occurrence of symptoms; exposure profile; documentation of allergic sensitization by accepted means and where attempts at avoidance have proven unsuccessful (or the impracticality of avoidance exists); and a copy of the sensitivity results.
- Progress notes that document physician management during the course of the allergic disease, anticipated length of treatment, and explanation of any deviations from normal treatment frequency.

Utilization Guidelines

N/A

Sources of Information and Basis for Decision

FCSO reference LCD number – L29074


**Start Date of Comment Period**

N/A

**End Date of Comment Period**

N/A

**Start Date of Notice Period**

04/01/2014

**Revision History**

**Revision History Number: R1**

Revision Number: 1

Publication: November 2015 Connection

LCR B2015-080

Explanation of revision: This LCD was revised to remove ICD-10 diagnosis codes T63.001A - T63.001S*, T63.004A - T63.004S*, T63.091A - T63.091S*, T63.094A - T63.094S*, T63.301A - T63.301S*, T63.304A - T63.304S, T63.391A - T63.391S, T63.394A - T63.394S*, T63.891A - T63.891S, T63.894A - T63.894S, T63.91XA - T63.91XS, and T63.94XA - T63.94XS from the “ICD-10 Codes that Support Medical Necessity” section of the LCD. In addition, ICD-10-CM diagnosis code range T63.001A-T63.94XS* was added to the “ICD-10 Codes that Support Medical Necessity” section of the LCD for CPT codes 95115 and 95117. The effective date of this revision is for claims processed on or after 11/09/15, for dates of service on or after 10/01/15.

**Revision Number: Original**

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

**Related Documents**

N/A

**LCD Attachments**

Coding Guidelines