Benefit Coverage

**Covered Benefit for lines of business including:** Health Benefits Exchange (HBE), RItc Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Rhody Health Options (RHO) Unity, Rhody Health Options (MMP) Integrity

**Excluded from Coverage:** Extended Family Planning (EFP)

Approval is based on review of the medical necessity documentation.

**Description**

Individuals are considered to have clinically significant IgE-mediated allergy or allergic disease when they have both allergen-specific IgE and develop symptoms upon exposure to substances containing that allergen. Skin testing is often the most rapid, sensitive and cost effective testing modality for the detection of IgE-mediated disease but there are some situations in which in vitro testing may be preferable to skin tests. In vitro/blood IgE allergen specific testing may be detectable several years before a patient becomes reactive to that allergen, and only a subset of sensitized patients develop actual symptoms. Almost half of the US population has detectable allergen-specific IgE against a food allergen, but the overall prevalence of clinical food allergy is only about 4 to 6 percent. Sensitization to an allergen is not synonymous with clinical allergy to the specific allergen. Blood IgE also tends to remain positive even if the individual has developed tolerance to the allergen.

Allergen specific IgE measurement is different from Total serum IgE measurement. Patients with allergic conditions often have higher serum levels of total IgE compared with the general population. However, an elevated total IgE provides no information as to what allergens the patient is sensitive. Total IgE measurement can be helpful in certain specific conditions such as allergic broncho-pulmonary aspergillosis (ABPA) or in moderate or persistent asthma when considering treatment with anti IgE monoclonal antibody i.e. omalizumab (Xolair).

Specific IgE testing to individual suspected foods is allowed in cases where the patient is suspected of having a specific food allergy e.g. egg, milk, peanuts, tree-nuts, shellfish etc. A limited panel will also be available for the most common respiratory or inhalant allergens (see below). Prior authorization would be necessary for more than 15 allergens per rolling 12 months.

**Coverage Determination**

Neighborhood Heath Plan of Rhode Island (Neighborhood) covers specific IgE in vitro/blood testing as a clinical option when determined medical necessary by the Medical Management Department.

**Criteria**

In vitro testing (e.g. ImmunoCAPs) is often preferred in the following situations but will not be limited to these situations.
1. The patient is less than 12 months old – infants have smaller positive reactions to histamine and allergens and so skin testing may not fully reflect their allergies or
2. The patient has certain skin conditions including widespread atopic dermatitis (affected areas difficult to test) and cutaneous mastocytosis because false positives are common or
3. The patient had a recent (within 1 month) episode of anaphylaxis because of the risk of false negative results (anaphylaxis can render the skin temporarily non-reactive) or
4. The patient has a history of severe reactions to minute amounts of the allergen or has had a severe anaphylactic reaction to a specific allergen or
5. Medications – if the patient is unable to discontinue antihistamines at least 48 hours prior to skin patch testing or if the patient is on beta 2-antagonists or angiotensin converting enzyme antagonists which may inhibit the management of anaphylaxis or
6. Patients with significant cardiovascular disease, and elderly patients who may have an increased risk potential for skin testing related to the adverse effects inherent in treating anaphylaxis in such patients.

A total of up to fifteen (*15*) allergens would be allowed per rolling 12 month period without prior authorization (see covered codes section below). Specific IgE testing for food allergens must be ordered separately and respiratory allergen testing can be ordered separately or using the panels below.

*Note*
Regarding the authorization requirements listed above: If the testing is greater than 15 units, an authorization request form for all units of service including the first 15 will need to be submitted. Services/claims with greater than 15 units of service that have not been medically reviewed and approved will deny for lack of authorization for all units of service.

**Exclusions**
Specific Ig E in vitro/blood testing is NOT considered a usual clinical option for any of the following indications:

1. Localized atopic dermatitis
2. Contact dermatitis
3. Urticaria
4. Angioedema
5. Asthma – mild intermittent
6. No diagnosis indicated on request

The following are not proven for the evaluation of allergy symptoms:
- Applied Kinesiology
- Skin titration (Rinkel method)
- Sublingual provocation
- IgG RAST/ELISA testing
- Urine Auto-injection -Basophil histamine release activation
- Cytotoxic assays
- Electrodermal test
- Endoscopic allergen provocation
- Gastric juice analysis
Clinical Medical Policy
Specific Ig E Testing

- Facial thermography
- Hair analysis
- Intradermal allergy testing for food allergens
- Mediator release assay (LEAP (lifestyle, eating and performance diet) provocation neutralization

Limited Respiratory/Inhalant Panel (NHPRI RESP)

1. Birch (Common Silver)
2. Common Ragweed
3. Maple – Box Elder
4. Orchard Grass (Cocksfoot)
5. White Oak
6. Timothy grass
7. Cat Hair/Dander
8. Dog Dander
9. Cockroach
10. Dermatoph farinae (House Dust Mite)
11. Dermatophagoides pteronyssinus

Limited Mold Panel (NHPRI MOLD)

1. Alternaria alternate (Outdoor mold)
2. Aspergillus fumigatus
3. Cladosporium herbarum
4. Penicillium chrysogenum

Limited Pediatric Panel (NHPRI CHAP)

1. Alternaria alternate (Outdoor mold)
2. Cat Hair/Dander
3. Dog Dander
4. Cockroach
5. Dermatoph farinae (House Dust Mite)
6. Dermatophagoides pteronyssinus

Covered Codes:

*For More information on Coding please reference the Authorization Quick Reference Guide

CMP Number: 060
CMP Cross Reference:
References:


Pearls and Pitfalls of allergy diagnostic testing; Report from the American College of Allergy, Asthma and Immunology: Specific IgE Test Task Force 2008


Uptodate: The relationship between IgE and allergic disease; Overview of skin testing for allergic disease

Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel http://www.jacionline.org/article/S0091-6749(10)01566-6/fulltext#sec5.2.2.4

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