blue of california

Medical Policy

Sublingual Immunotherapy for Allergen-Specific Therapy	
Type: Investigational / Experimental	**Policy Specific Section:** Medicine
Original Policy Date: December 7, 2006	**Effective Date:** August 6, 2013*

A review of the literature through June of 2013 does not change the position statement. This policy is no longer scheduled for routine literature review and update.

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Allergen-specific immunotherapy involves administering gradually increasing quantities of well-characterized allergen extracts to patients with a variety of conditions (i.e., insect allergy, allergic rhinitis, and asthma) until a dose is reached that is effective in reducing disease severity from

natural exposure. The objectives are to reduce responses to allergic triggers that produce symptoms in the short term, and decrease inflammatory response and prevent persistent disease in the long term. An initial induction or build-up phase progressively increases the allergen dose; this is followed by multiple years of maintenance injections at the highest dose.

Subcutaneous injection of allergen-specific immunotherapy is the standard approach. Due to the inconvenience of multiple injections, particularly in children, alternative delivery routes have been investigated; of these, sublingual immunotherapy (SLIT) is the most prominent. Sublingual immunotherapy targets absorption to the sublingual and buccal mucosa. Allergen preparations used for SLIT are held under the tongue for one to several minutes and then swallowed or spit out. No allergy extracts for SLIT are currently cleared or approved by the U.S. Food and Drug Administration (FDA).

Policy

Sublingual immunotherapy is considered **investigational** as a technique of allergy immunotherapy.

Policy Guideline

Sublingual immunotherapy may be offered by specialized clinics.

There are no specific CPT codes for sublingual immunotherapy. The CPT codes for allergen immunotherapy are specific to parenteral administration and should not be used for sublingual immunotherapy. The unlisted CPT code 95199 should be used.

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• No records required

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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