



519.3 ANTIGEN AND ALLERGY SERVICES

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.



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BACKGROUND

West Virginia Medicaid covers allergen immunotherapy, venom immunotherapy, rapid desensitization, and injectable antigens in accordance with the CMS medical policies. Physicians (MD/DO) who have documented training and experience in the specialty of allergy and clinical immunology are eligible to provide and be reimbursed for covered allergy/antigen services.

POLICY

519.3.1 COVERED SERVICES

Refer to the [CMS Allergy Testing and Allergy Immunotherapy Medical Policy](#).

Allergen immunotherapy must be administered under the supervision of a physician who can recognize early signs and symptoms of anaphylaxis and administer emergency medications when necessary. Allergists must produce multiple dose vials, rather than the more expensive single dose vials, unless the antigen is to be injected by another physician. The service limit is 10 doses per multiple dose vial even if more than 10 doses are obtained from the vial. When fewer than 10 doses are prepared from a vial, the exact dose amounts must be billed. Prior authorization is required when service limits are exceeded.

Venom immunotherapy is indicated for patients who have anaphylaxis after a positive skin test or other documented IgE sensitivity to specific venom.

Rapid desensitization is indicated in cases of allergy to insulin, penicillin and horse serum, as well as sulfonamides, cephalosporins and other commonly used drugs.

Injectable antigens must be prepared in accordance with the plan of treatment AND by a doctor of medicine or osteopathy who has examined the member and determined a plan of treatment and a dosage regimen. Administration of antigens must be administered in accordance with the plan of treatment by an MD or DO or by a properly instructed person under the supervision of the physician. An antigen dose is defined as the total amount of antigen to be administered during one encounter or therapy session whether mixed or in separate vials. Service limit is 12 months for a supply of antigen prepared by a physician for a particular member. Prior authorization is required when services limits are exceeded.

Medicaid must not be billed any additional amount for diluted doses. If the number of doses is subsequently adjusted (perhaps because of a member's reaction) and a different number of doses are provided than was originally anticipated, the physician may not change the number of doses billed. The practice of reducing the amount of antigen provided in a "dose" in order to increase the number of doses from a multiple dose vial so that the payment would be increased for the same amount will be monitored.

The treating allergist must maintain an individual medical record for each Medicaid member. The record must be legible and include an individual treatment plan to include CPT procedure and diagnosis codes, frequency and duration of immunotherapy, number of vials or doses and injection schedule, prognosis AND pertinent ongoing progress notes to justify medical necessity for the immunotherapy. Medical records must be available for review by BMS or its designee upon request. If documentation is not provided, BMS will recoup the payment.



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519.3.2 NON-COVERED SERVICES

Non-covered services include, but are not limited to:

- Allergen immunotherapy for the following antigens: newsprint, tobacco, smoke, dandelion, orris root, phenol formalin, alcohol, sugar, yeast, grain mill dust, goldenrod, pyrethrum, marigold, soybean dust, honeysuckle, wood, fiberglass, green tea, or chalk.
- Antigens prepared for sublingual immunotherapy (SLIT) administration. Antigens are covered only if they are administered by injection.
- Immunotherapy is not covered for food allergies as it has not been shown to be effective. Strict elimination of the offending allergen is the only proven effective treatment of food hypersensitivity.
- Oral desensitization therapy has not been shown to be effective and is not covered by Medicaid.

Non-Covered services are not eligible for DHHR Fair Hearings or Desk/Document Reviews.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter.

REFERENCES

CMS Allergy Testing and Allergy Immunotherapy Medical Policy. At the time this rule was promulgated, guidance for Allergy Skin Testing could be found [here](#).

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Antigen and Allergy Services		January 15, 2016