Neighborhood Health Plan OF RHODE ISLAND™

Clinical Medical Policy

IgE Testing - # 060

Last reviewed: 11/14/18

Benefit Coverage

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (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).

Coverage Determination

Specific IgE testing to individual suspected foods is allowed in cases where the member 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).

Authorization NOT Required	1. A total of up to fifteen (15) allergens would be allowed per rolling twelve (12) month period without prior authorization. a. Specific IgE testing for food allergens must be ordered separately and respiratory allergen testing can be ordered separately or using the panels below.
Requires Authorization	1. Prior authorization is required for more than fifteen (>15) allergens per rolling twelve (12) months period. **a.** If the testing is greater than fifteen (>15) units, an authorization request form for **all** units of service *including* the first fifteen (15) will need to be submitted. Services/claims with greater than fifteen units (>15) of service that have not been medically reviewed and approved will deny for lack of authorization for **all** units of service.

Criteria

In vitro testing (e.g. ImmunoCAPs) is often preferred in the following situations but will not be limited to these situations.

- ☐ The patient is less than twelve months old (<12 months old) – (infants have smaller positive reactions to histamine and allergens and so skin testing may not fully reflect their allergies); **OR**
- ☐ The patient has certain skin conditions including widespread atopic dermatitis (affected areas difficult to test) and cutaneous mastocytosis because false positives are common; **OR**
- ☐ The patient had a recent (within 1month) episode of anaphylaxis because of the risk of false negative results (anaphylaxis can render the skin temporarily non-reactive); **OR**
- ☐ 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**
- ☐ 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**
- ☐ 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.

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
- 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

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

Prior Authorization Forms

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the Authorization Quick Reference Guide

CMP Cross Reference:

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Disclaimer:

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References:

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