Jurisdiction 15 Open Draft LCD Meeting

Meeting Date & Time:	February 25, 2025, 4 PM ET
Facilitator:	Dr. Meredith Loveless
Location:	Teleconference

Dr. Loveless introduced the Proposed policy to be discussed. The policy discussed will be an update to an existing policy and replace the existing allergy policy.

DL40056/DA59981 – Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT)

- This policy addresses the use of subcutaneous immunotherapy for allergy treatment
- Considered reasonable and necessary in the in the management of allergic rhinitis or allergic conjunctivitis, and allergic asthma

Coverage:

- No longer addresses venom related allergies, as those are covered and did not fall under the scope of the revised policy
- Candidates are eligible for AIT if there has been a clinically important allergic component to their disease
- Symptoms occur with natural exposure to the allergen or inferred when the patient has known exposure to the allergen and a temporal pattern of symptoms consistent with the occurrence of that allergen and includes the presence of specific IgE
- Clinical symptoms must be met to be considered reasonable and necessary
    - » Symptoms related to the allergen AND
    - » Demonstrated evidence of evidence relevant specific IgE AND
    - » At least one of the following or response to pharmacotherapy, allergy avoidance or both for a minimum of 28 consecutive days:
        - Unacceptable adverse effects of medication.
        - Avoidance of long-term pharmacotherapy and its side effects when possible
        - Prevention of asthma in patients with allergic rhinitis

Limitations:

- First line treatments of people for patients that have not had previous medical treatment
- Tried avoidance
- Absence of the clinically relevant IgE
- Atopic dermatitis
- Use during pregnancy
- Sublingual immunotherapy
- Treatment for food sensitivities
- A presumptive failure is considered when the therapy has been administered to 12 to 24 months without a notable improvement in symptoms or an increased tolerance to the offending allergen or a reduction in medication use. If the patient is not patient is not responding to therapy after a 2-year period then the therapy should be discontinued because there's no clear benefit.
- Those who have equivocal testing on IgE specific antibodies, but a strong clinical suspicion and a positive reaction to nasal challenge, it can be considered on a case to case basis.

Documentation:

To meet the requirements in the LCD, the documentation should be clear and accurate as far as what the initial prescription for the AIT abstract to ensure that it is mixed in an identical fashion each time, and this information is transmitted to any clinical who is taking care of this patient.

- Patient information
  - » Identifying number, ideally a picture to reduce the risk of the extract being given to the wrong patient
- Preparation information
  - » The person preparing and the date of the preparation and the contents of the extract

Billing and Coding:

- Billed under 95165 - which is the supervision and preparation of the antigens
- Does not include administration, which would be billed separately
- Can not be billed for more than 10 does per vial. Fewer than 10 does per vial when less than 1095165 represents the preparation of the vials of non-venom antigens
- Visits should not be billed with allergy injection services 95115 or 95117 unless the visit represents another separately identifiable service
- Claims for maintenance allergy immunotherapy require the EJ modifier

Dr. Loveless Closes

This meeting had no presenters

Dr. Loveless let those in attendance know that they can submit comments by completing the Draft LCD Comment Submission form and email by March 23, 2025.

The preferred method of comment submission is CMD.INQUIRY@cgsadmin.com

- Comments can be fax or mailed
- PDF form to submit comments is available on CGS's website
  - » https://www.cgsmedicare.com/pdf/j15/j15_draft_lcd_comment_submission_form.pdf
- Literature must include peer reviewed and published support literature

Reminder: Informal meetings are preliminary discussions related to guidance on the process of LCD request or reconsideration.

There are two upcoming virtual Ad-hoc meetings (meetings outside of our regular open meetings) that are scheduled for April 16, 2025 and May 19, 2025.