Reimbursement Policy

Antigens Prepared for Sublingual Administration (NCD 110.9)

<table>
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<tr>
<th>Policy Number</th>
<th>Approved By</th>
<th>Current Approval Date</th>
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<tbody>
<tr>
<td>110.9</td>
<td>UnitedHealthcare Medicare Reimbursement Policy Committee</td>
<td>09/25/2013</td>
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take
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precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary
Overview
The pharmacological route of administration by which drugs diffuse into the blood through tissues under the tongue. Antigens include toxins, bacteria, foreign blood cells, and the cells of transplanted organs.

Reimbursement Guidelines
Indications and Limitations of Coverage:
For antigens provided to patients on or after November 17, 1996, Medicare does not cover such antigens if they are to be administered sublingually, i.e., by placing drops under the patient's tongue. This kind of allergy therapy has not been proven to be safe and effective. Antigens are covered only if they are administered by injection.

CPT/HCPCS Codes

<table>
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<th>Code</th>
<th>Description</th>
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<tr>
<td>95199</td>
<td>Unlisted allergy/clinical immunologic service or procedure</td>
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References Included (but not limited to):

CMS NCD(s)
NCD 110.9 Antigens Prepared for Sublingual Administration

CMS LCD(s)
Numerous LCDs

CMS Article(s)
Numerous Articles

CMS Benefit Policy Manual
Chapter 15; § 50-50.2 Drugs and Biologicals

CMS Claims Processing Manual
Chapter 12; § 200 Allergy Testing and Immunotherapy

UnitedHealthcare Medicare Advantage Coverage Summaries
Allergy Testing and Allergy Immunotherapy

MLN Matters
Article SE0570, Important Information about Medicare Coverage of Drugs under Part B and the New Medicare Prescription Drug Coverage (Part D), and Vaccines Administered in a Physician’s Office – The Ninth in the MLN Matters Series on the New Prescription Drug Plans

History

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<tr>
<th>Date</th>
<th>Revisions</th>
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<tbody>
<tr>
<td>09/25/2013</td>
<td>Administrative updates</td>
</tr>
<tr>
<td>05/23/2012</td>
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