Intravenous Histamine Therapy (NCD 30.6)

Policy Number 30.6

Approved By UnitedHealthcare Medicare Reimbursement Policy Committee

Current Approval Date 10/09/2013

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.

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Reimbursement Policy

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Summary

Overview
The only accepted and scientifically valid medical use of histamine is diagnostic, including tests to assess:

- The ability of the stomach to secrete acid;
- The integrity of peripheral sensory nerves (e.g., in leprosy);
- The circulatory competency in limb extremities; and
- The presence of a pheochromocytoma.

Reimbursement Guidelines

However, there is no scientifically valid clinical evidence that histamine therapy is effective for any condition regardless of the method of administration, nor is it accepted or widely used by the medical profession. Therefore, histamine therapy cannot be considered reasonable and necessary, and program payment for such therapy is not made.

CPT/HCPCS Codes

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<th>Description</th>
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<td>96379</td>
<td>Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion</td>
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References Included (but not limited to):

CMS NCD
NCD 30.3 Intravenous Histamine Therapy

UnitedHealthcare Medicare Advantage Coverage Summaries
Allergy Testing and Allergy Immunotherapy

History

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<thead>
<tr>
<th>Date</th>
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<tr>
<td>10/09/2013</td>
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