

## Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis or Immunotherapy

Also known as	<div><div>1. Nasal allergy treatment</div><div>2. Nasal immunotherapy</div><div>3. Oral allergy treatment</div><div>4. Oral immunotherapy</div><div>5. Sublingual allergy diagnosis &amp; immunotherapy</div><div>6. Sublingual allergy immunotherapy</div><div>7. Sublingual allergy treatment</div><div>8. Sublingual Immunotherapy (SLIT)</div></div>						
Description	<p>Traditional allergy treatment is delivered by shots (subcutaneous injection), these forms introduce allergens through less invasive methods: drops under the tongue (sublingual), oral, and via the nose (intranasal immunotherapy).</p>						
See also	<p>Similar, related, or easily confused documents.</p> <div><div>• <a href="#">Allergen Immunotherapy</a> - Also known as allergy shots, is a form of immunotherapy for allergic disorders in which the patient is vaccinated with increasingly larger doses of an allergen with the aim of inducing immunologic tolerance.</div></div>						
Table of Contents	<p>The following topics are included in this document:</p> <div><div>• <a href="#">Commercial</a></div><div>• <a href="#">Government Programs</a></div><div>• <a href="#">Individual and Family Business (IFB)</a></div></div>						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.21.24</td><td>Updated title to remove and/or due to system issues with / in a document title.</td></tr><tr><td>3.21.24</td><td>Updated to new template.</td></tr></table>	Date	Description	3.21.24	Updated title to remove and/or due to system issues with / in a document title.	3.21.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis and/or Immunotherapy (PA2219)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis and/or Immunotherapy</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis and/or Immunotherapy</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>						
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis and/or Immunotherapy</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Medica is the only payer.</li></ul>						
Cost (Prime)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none"><li>• <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li><li>• Follows Medicare guidelines.</li></ul>						
Med Advantage	<p>Medica’s Coverage Policy, <i>Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis and/or Immunotherapy</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>						
Medicaid	<p>Medica’s Coverage Policy, <i>Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis and/or Immunotherapy</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>						
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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis and/or Immunotherapy (PA2219)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>				
Medica	<p>Medica’s Coverage Policy, <i>Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis and/or Immunotherapy</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>				
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