CLINICAL ECOLOGY (ENVIRONMENTAL MEDICINE)
MED206.003

COVERAGE:

Clinical Ecology (Environmental Medicine) is not eligible for coverage as it is considered investigational.

Note: Clinical Ecology may appear as an allergy service, review these services carefully.

Special Comment on Allergy Management Services: Several Allergy Tests and Treatments are discussed in this policy. These services are discussed in detail in the Allergy Management Policy – MED206.001.

DESCRIPTION:

Clinical Ecology (CE) is an approach to medicine that attributes a wide range of symptoms to exposure to numerous common substances in the environment. Patients are said to be environmentally ill, or hypersensitive, or allergic to environmental factors such as food, water, chemicals, and pollutants. Signs and symptoms, which are exhibited from exposure to the environmental factors, include:

- behavior disorders,
- depression,
- chronic fatigue,
- weakness,
- dizziness,
- headaches,
- heat intolerance,
- arthritis/arthralgias,
- hypertension,
- learning disabilities,
- difficulty concentrating,
- memory loss,
- schizophrenia,
- gastrointestinal symptoms,
- respiratory problems, and
- urinary complaints.

The major objective of CE is to help the patient identify/confirm the condition and avoid as many potentially intolerable foods and chemicals as possible to free them from the diseased state.

To establish an environmental disease, the testing techniques may include, but are not limited to, the following:

- Provocative tests for food or food additive allergies,
- Provocative tests for chemical substances,
- Serial dilution end point titration (SDET or Rinkel/Rinkle method),
• Bronchial Challenge Test,
• Radioallergosorbent Test (RAST),
• Fasting, other than water, with the introduction of new foods in a sequential manner, and
• Assays of "B" and "T" cells, complement, immune complexes, and lymphocyte function.

The diagnosis is generally made on the basis of the patient's history, without any defining criteria.

Treatment usually requires major changes in the home environment and lifestyle. This includes:

• highly restricted diets,
• avoidance of the toxins,
• vitamin and mineral supplements, oxygen, mineral salts, and antioxidants,
• Intravenous Immune Globulin administration,
• neutralizing administration of chemical and food extracts by injection or sublingual drops,
• hospitalization or placement in a comprehensive environmental control unit in a presumably chemically free environment, and/or
• environmentally restricted safe rooms at home and/or work places.

Other terms to describe this condition include:

• environmental illness,
• idiopathic environmental intolerances,
• universal allergy,
• 20th-century disease,
• chemical hypersensitivity syndrome,
• total allergy syndrome,
• cerebral allergy,
• multiple chemical sensitivity syndrome,
• chemical AIDS,
• sick building syndrome,
• chemophobia, or
• immune dysregulation.

NOTE: For definitions/descriptions and coverage guidelines of the diagnostic testing and treatments previously listed, refer to the Allergy Management Medical Policy - MED206.001.

RATIONALE:

The theoretical basis for ecologic illness in the present context has not been established as factual, nor is there satisfactory evidence to support the actual existence of immune system deregulation or maladaptation. There is no clear evidence that many of the symptoms noted above are related to allergy, sensitivity, toxicity, or any other type of reaction to foods, water, chemicals, pollutants, viruses, and bacteria. Properly controlled studies defining objective parameters of the illness, properly controlled evaluation of the treatment modalities, and appropriate patient assessment have not been done. Anecdotal articles do not constitute sufficient evidence of a
cause-and-effect relationship between symptoms and environmental exposure. The major techniques used by the clinical ecologists are controversial and unproven. There are no adequate studies of the cyclic diets, elimination diets, injection therapy with chemicals, or even the environmentally controlled units to substantiate their use. Many of the patients are reported to have a normal physical examination and normal laboratory tests.

Position statements from the following medical and governmental organizations reflect the lack of consensus as to whether environmental illness is a proven new illness, has a biologic basis, what causes it or how it should be treated. These organizations are:

- American Medical Association,
- American College of Physicians,
- American College of Occupational and Environmental Medicine,
- American Academy of Allergy, Asthma and Immunology,
- American Family Physician,
- American Lung Association, Environmental Protection Agency, Consumer Product Safety Commission, and
- Occupational Safety and Health Administration.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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