



## Clinical Policy Title: Chronic inflammatory response syndrome

Clinical Policy Number: 13.01.10

**Effective Date:** May 1, 2018  
**Initial Review Date:** March 6, 2018  
**Most Recent Review Date:** April 10, 2018  
**Next Review Date:** April 2019

Policy contains:

- Chronic inflammatory response syndrome (CIRS).

### Related policies:

None

**ABOUT THIS POLICY:** AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

### Coverage policy

AmeriHealth Caritas considers chronic inflammatory response syndrome (CIRS) to be an investigational diagnosis and, therefore, not medically necessary.

### Limitations:

None.

### Alternative covered services:

Routine patient evaluation and management by a network health care provider.

### Background

The named condition chronic inflammatory response syndrome (CIRS) seems to be related loosely to mold allergy and/or to chronic prostatitis (MeSH) and/or to ciguatera (fish poisoning) and other various toxicities and inflammations (e.g., Lyme disease).

It is not recognized in Science Direct or PubMed as a pathologic entity.

There is no International Statistical Classification of Diseases (ICD) code assigned for chronic inflammatory response syndrome.

## Searches

AmeriHealth Caritas searched PubMed and the databases of:

- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality's National Guideline Clearinghouse and other evidence-based practice centers.
- The Centers for Medicare & Medicaid Services (CMS).

We conducted searches on February 6, 2018. Search terms were: "Chronic inflammatory response syndrome " and "Chronic inflammatory response syndrome" (MeSH).

We included:

- **Systematic reviews**, which pool results from multiple studies to achieve larger sample sizes and greater precision of effect estimation than in smaller primary studies. Systematic reviews use predetermined transparent methods to minimize bias, effectively treating the review as a scientific endeavor, and are thus rated highest in evidence-grading hierarchies.
- **Guidelines based on systematic reviews.**
- **Economic analyses**, such as cost-effectiveness, and benefit or utility studies (but not simple cost studies), reporting both costs and outcomes — sometimes referred to as efficiency studies — which also rank near the top of evidence hierarchies.

## Findings

There are only two single-author narrative reviews available to cite as evidence of a chronic inflammatory response syndrome (Bernstein, 2013; Milani, undated), but neither appears to have been published in a scientific journal or peer-reviewed.

These narratives state that:

"Chronic inflammatory response syndrome (CIRS) diagnosis relies on the combination of a focused history and examination along with a systematic conduction of lab tests including genetic markers, markers of compliment,

matrix metalloproteinase, anti-diuretic hormone, vascular endothelial growth factor (and others).

The Shoemaker treatment protocol follows this algorithm: 1) remove from ongoing sources of exposure, 2) reduce toxin carriage in the home, office, or school as feasible, as well as in the body of the patient 3) eradicate multiple antibiotic resistant coagulase-negative staph if present, 4) normalize melanocyte stimulating hormone, 5) normalize matrix metalloproteinase, 6) normalize anti-diuretic hormone/osmolality, 7) normalize vascular endothelial growth factor, 8) normalize C4a, 8) normalize transforming growth factor beta-1, 9) normalize CD4+CD25+, 10) if symptoms persist despite scaling this pyramid, replace vasoactive intestinal polypeptide."

The cited references in these papers are in the main laboratory reports of isolated enzymatic and environmental findings proposed as pathophysiologic factors in various disease states. There are no unifying clinical studies that establish a relationship between these disparate laboratory and environmental observations and a disease entity.

**Summary of clinical evidence:**

Citation	Content, Methods, Recommendations
No highlighted citations for this policy. See References section below.	<b>Key points:</b> <ul style="list-style-type: none"><li data-bbox="542 1171 646 1199">• None.</li></ul>

**References**

**Professional society guidelines/other:**

Berndtson K. Chronic inflammatory response syndrome: overview, diagnosis, and treatment. Surviving Mold website: [http://www.survivingmold.com/docs/Berndtson\\_essay\\_2\\_CIRS.pdf](http://www.survivingmold.com/docs/Berndtson_essay_2_CIRS.pdf). Accessed February 7, 2018.

International Statistical Classification of Diseases (ICD) and Related Health Problems, 10th Revision. World Health Organization (WHO) website: <http://apps.who.int/classifications/icd10/browse/2016/en>. Accessed February 7, 2018.

Milani K. Chronic Inflammatory Response Syndrome Diagnosis and Treatment. Surviving Mold website: [https://www.survivingmold.com/docs/MILANI\\_CIRS\\_TREATMENT\\_STEPS.PDF](https://www.survivingmold.com/docs/MILANI_CIRS_TREATMENT_STEPS.PDF). Accessed February 7, 2018.

**Peer-reviewed references:**

None.

**CMS National Coverage Determinations (NCDs):**

No NCDs identified as of the writing of this policy.

**Local Coverage Determinations (LCDs):**

No LCDs identified as of the writing of this policy.

**Commonly submitted codes**

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

CPT Code	Description	Comments
N/A		

ICD-10 Code	Description	Comments
R65.11	Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organ dysfunction	

HCPCS Level II Code	Description	Comments
N/A		