

Local Coverage Determination (LCD) for RAST Type Tests (L31894)

Contractor Information

Contractor Name CIGNA Government Services Back to Top	Contractor Number 15102	Contractor Type MAC - Part B
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LCD Information

Document Information

LCD ID Number
L31894

Primary Geographic Jurisdiction
Kentucky

LCD Title
RAST Type Tests

Oversight Region
Region I

Contractor's Determination Number
L28463

Original Determination Effective Date
For services performed on or after 04/30/2011

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Original Determination Ending Date

Revision Effective Date

For services performed on or after 06/18/2011

Revision Ending Date

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862 (a)(1)(A) allows coverage and payment for only those services considered medically reasonable and necessary.

Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Indications and Limitations of Coverage and/or Medical Necessity

Abstract:

Radioallergosorbent test (RAST), fluoroallergosorbent test (FAST), and multiple antigen simultaneous tests are in vitro techniques for determining whether a patient's serum contains IgE antibodies against specific allergens of clinical importance. As with any allergy testing, the need for such tests is based on the findings during a complete history and physical examination of the patient.

The multiple antigen simultaneous testing technique is similar to the RAST/FAST techniques in that it depends upon the existence of allergic antibodies in the blood of the patient being tested. With the multiple antigen simultaneous test system, several antigens may be used to test for specific IgE simultaneously.

ELISA (enzyme-linked immunosorbent assay) is another in vitro method of allergy testing for specific IgE antibodies against allergens. This method is also a variation of RAST.

Limitations:

The following tests are considered to be not medically necessary and will be denied.

- ELISA/Act qualitative antibody testing
This testing is used to determine in vitro reaction to various foods and relies on lymphocyte blastogenesis in response to certain food antigens.
- LMRA (Lymphocyte Mitogen Response Assays) by ELISA/Act
- IgG ELISA, indirect method (CPT code 86001)
- Qualitative multi-allergen screen (CPT code 86005)
This is a non-specific test that does not identify a specific antigen.
- IgG and IgG subclass antibody tests for food allergy do not have clinical relevance, are not validated, lack sufficient quality control, and should not be performed.

Other Comments:

For claims submitted to the Part A MAC: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CIGNA Government Services to process their claims.

Bill type codes only apply to providers who bill these services to the Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Limitation of liability and refund requirements apply when denials are anticipated, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For dates of service on or after April 1, 2010, bill type 77X should be used to report FQHC services.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x	Hospital Inpatient (Including Medicare Part A)
012x	Hospital Inpatient (Medicare Part B only)

013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier of Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

0300	Laboratory - General Classification
0302	Laboratory - Immunology
0309	Laboratory - Other Laboratory
0971	Professional Fees - Laboratory

CPT/HCPCS Codes

GroupName

CPT codes 86001 and 86005 are not covered services.

86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN
86005	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK, PADDLE, OR DISK)

ICD-9 Codes that Support Medical Necessity

It is the responsibility of the provider to code to the highest level specified in the *ICD-9-CM* (e.g., to the fourth or fifth digit). The correct use of an *ICD-9-CM* code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

The following *ICD-9* Codes apply only to CPT code 86003:

477.0	ALLERGIC RHINITIS DUE TO POLLEN
477.1	ALLERGIC RHINITIS DUE TO FOOD
477.2	ALLERGIC RHINITIS, DUE TO ANIMAL (CAT) (DOG) HAIR AND DANDER
477.8	ALLERGIC RHINITIS DUE TO OTHER ALLERGEN
477.9	ALLERGIC RHINITIS CAUSE UNSPECIFIED
493.00	EXTRINSIC ASTHMA UNSPECIFIED
493.01	EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
493.02	EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
493.82	COUGH VARIANT ASTHMA
493.90	ASTHMA UNSPECIFIED
493.91	ASTHMA UNSPECIFIED TYPE WITH STATUS ASTHMATICUS
493.92	ASTHMA UNSPECIFIED WITH (ACUTE) EXACERBATION
691.8	OTHER ATOPIC DERMATITIS AND RELATED CONDITIONS
708.0	ALLERGIC URTICARIA

708.8	OTHER SPECIFIED URTICARIA
708.9	UNSPECIFIED URTICARIA
786.07	WHEEZING
989.5*	TOXIC EFFECT OF VENOM
995.0	OTHER ANAPHYLACTIC SHOCK NOT ELSEWHERE CLASSIFIED
995.1	ANGIONEUROTIC EDEMA NOT ELSEWHERE CLASSIFIED
995.20	UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.22	UNSPECIFIED ADVERSE EFFECT OF ANESTHESIA
995.27	OTHER DRUG ALLERGY
995.29	UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.3	ALLERGY UNSPECIFIED NOT ELSEWHERE CLASSIFIED
995.60	ANAPHYLACTIC SHOCK DUE TO UNSPECIFIED FOOD
995.61	ANAPHYLACTIC SHOCK DUE TO PEANUTS
995.62	ANAPHYLACTIC SHOCK DUE TO CRUSTACEANS
995.63	ANAPHYLACTIC SHOCK DUE TO FRUITS AND VEGETABLES
995.64	ANAPHYLACTIC SHOCK DUE TO TREE NUTS AND SEEDS
995.65	ANAPHYLACTIC SHOCK DUE TO FISH
995.66	ANAPHYLACTIC SHOCK DUE TO FOOD ADDITIVES
995.67	ANAPHYLACTIC SHOCK DUE TO MILK PRODUCTS
995.68	ANAPHYLACTIC SHOCK DUE TO EGGS
995.69	ANAPHYLACTIC SHOCK DUE TO OTHER SPECIFIED FOOD
V15.09	PERSONAL HISTORY OF OTHER ALLERGY OTHER THAN TO MEDICINAL AGENTS

*ICD-9-CM code 989.5 should be reported for venom hypersensitivity

Diagnoses that Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not applicable

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General Information

Documentations Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Each claim must be submitted with ICD-9-CM codes that reflect the condition of the patient, and indicate the reason(s) for which the service was performed. Claims submitted without ICD-9-CM codes will be returned.

Documentation must be available to Medicare upon request.

Appendices Not applicable

Utilization Guidelines CPT code 86003 will be covered only thirty (30) times in a year. Services exceeding this parameter will be considered not medically necessary.

CPT codes 86001 and 86005 are not covered services.

Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. CIGNA Government Services is not responsible for the continuing viability of Web site addresses listed below.

Adkinson NF, Yunginger JW, Busse WW, et al *Middleton's Allergy: Principles and Practice*, 6th ed.

American College of Asthma, Allergy & Immunology (ACAAI). *Practice Parameters for Allergy Diagnostic Testing*. 1998.

Bernstein LI, Li JT, Bernstein DI et al, *Practice Parameters for Allergy Diagnostic Testing: An Updated Practice Parameter*. March 2008;100:S1-S148.

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

Revision History Number R1

Revision History Explanation Revision#:R1

Revision Effective date: 06/18/11

Revision Explanation: Added MAC Part B Contractor # 15202 to all MAC Part B Contractor # 15102 LCDs. Contractor 15202 will be part of the Jurisdiction 15 MAC Contract as of June 18, 2011.

This LCD was converted from L28463 for Jurisdiction 15 A/B MAC on 04/30/2011.

All prior notes were retained with the previous carriers version that has been archived in the Medicare Coverage Database.

Reason for Change

Last Reviewed On Date 01/01/2011

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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All Versions

Updated on 05/06/2011 with effective dates 06/18/2011 - N/A

[Updated on 05/05/2011 with effective dates 06/18/2011 - N/A](#)

[Updated on 02/10/2011 with effective dates 04/30/2011 - N/A](#)

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