

LCD L30524 - RAST Type Tests [Print](#)

Contractor Information

Contractor Name: Highmark Medicare Services, Inc.	Contractor Number(s): 12102, 12202, 12302, 12501, 12301, 12201, 12401, 12402, 12101, 12502, 12901	Contractor Type: MAC Part A & B
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LCD Information

Document Information

LCD ID Number L30524	Primary Geographic Jurisdiction Pennsylvania, Maryland, District of Columbia, New Jersey, Delaware
LCD Title RAST Type Tests	Oversight Region Central Office
Contractor's Determination Number L30524	Original Determination Effective Date For services performed on or after 03/10/2010
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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Indications and Limitations of Coverage and/or Medical Necessity

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

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.

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.

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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
083x	Ambulatory Surgery Center
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.

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

CPT/HCPCS Codes

Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT) codes*.

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 provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-9-CM 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 REACTION
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 REACTION DUE TO UNSPECIFIED FOOD
995.61	ANAPHYLACTIC REACTION DUE TO PEANUTS
995.62	ANAPHYLACTIC REACTION DUE TO CRUSTACEANS
995.63	ANAPHYLACTIC REACTION DUE TO FRUITS AND VEGETABLES
995.64	ANAPHYLACTIC REACTION DUE TO TREE NUTS AND SEEDS
995.65	ANAPHYLACTIC REACTION DUE TO FISH
995.66	ANAPHYLACTIC REACTION DUE TO FOOD ADDITIVES
995.67	ANAPHYLACTIC REACTION DUE TO MILK PRODUCTS
995.68	ANAPHYLACTIC REACTION DUE TO EGGS

995.69	ANAPHYLACTIC REACTION 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

Conditions that are listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

ICD-9 Codes that DO NOT Support Medical Necessity

All those not listed under the "ICD-9 Codes that Support Medical Necessity" section of this policy.

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

Diagnoses that DO NOT Support Medical Necessity

Conditions that are not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

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Other Information

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient.
3. The submitted medical record should support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code should describe the service performed.

Appendices

Not Applicable

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

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

Claims for RAST, FAST, ELISA, or multiple antigen simultaneous testing for specific IgE should be processed under CPT code 86003.