Allergy Testing

CPT: 86003

CMS Policy for Florida, Puerto Rico, and U.S. Virgin Islands

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

Coverage Indications, Limitations, and/or Medical Necessity

Allergy is a form of exaggerated sensitivity or hypersensitivity to a substance that is either inhaled, ingested, injected, or comes in contact with the skin or eye. The term allergy is used to describe situations where hypersensitivity results from heightened or altered reactivity of the immune system in response to external substances. Allergic or hypersensitivity disorders may be manifested by generalized systemic reactions as well as localized reactions in any part of the body. The reactions may be acute, subacute, or chronic, immediate or delayed, and may be caused by a variety of offending agents; pollen, molds, mites, dust, feathers, animal fur or dander, venoms, foods, drugs, etc.

Allergy testing is performed to determine a patient's immunologic sensitivity or reaction to particular allergens for the purpose of identifying the cause of the allergic state, and is based on findings during a complete medical and immunologic history and appropriate physical exam obtained by face-to-face contact with the patient.

Indications

Allergy testing can be broadly subdivided into two methodologies:

A. In vivo testing (skin tests): this testing correlates the performance and evaluation of selective cutaneous and mucous membrane tests with the patient's history, physician examination, and other observations.

- Percutaneous testing (scratch, puncture, prick) and intracutaneous (intradermal) testing are used to evaluate immunoglobulin E (IgE) mediated hypersensitivity to inhalants, foods, hymenoptera (e.g., bee venom), drugs and/or chemicals.
- Patch testing to used to differentiate allergic contact dermatitis (ACD) and irritant contact dermatitis (ICD).
- Photo patch testing is used to evaluate unique allergies resulting from light exposure.
- Photo testing is skin irradiation with a specific range of ultraviolet light. Phots tests are performed for the evaluation of photosensitivity disorders.

B. In vitro testing (blood serum analysis): immediate hypersensitivity testing by measurement of allergen-specific serum IgE (CPT code 86003). Special clinical situations in which specific IgE immunoassays may be appropriate include the following:

- Patients with severe dermatographism, ichthyosis or generalized eczema.
- Patients who cannot be safely withdrawn from medications that interfere with skin testing (such as long-acting antihistamines, tricyclic antidepressants).
- Uncooperative patients with mental or physical impairments.
- Evaluation of cross-reactivity between insect venoms (e.g., fire ant, bee, wasp, yellow jacket, hornet).
- As adjunctive laboratory testing for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic diseases.
- Patients at increased risk for anaphylactic response from skin testing based on clinical history (e.g., when an unusual allergen is not available as a licensed skin test extract), or who have a history of a previous systemic reaction to skin testing.
- Patients in whom skin testing was equivocal/inconclusive and in vitro testing is required as a confirmatory test.

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Limitations

In vitro allergy testing is not covered for the following, because it is considered not medically reasonable and necessary:
Patients with no contraindications to skin testing, patients being treated successfully for allergies, patients with mild symptoms, patients who have had negative skin testing for the allergy in question.

In vitro testing is covered when medically reasonable and necessary as a substitute for skin testing; it is not usually necessary in addition to skin testing.

Qualitative multi-allergen screen (CPT code 86005) is a non-specific screening test that does not identify a specific antigen, and is not covered.

The use of sublingual, intracutaneous, and subcutaneous provocative and neutralization testing and neutralization therapy for food allergies are excluded from Medicare coverage because available evidence does not show that these tests and therapies are effective (CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Section 110.11).

Allergen-specific IgG and IgG subclasses measured by using immunoabsorption assays and IgG and IgG subclass antibody tests for food allergy/delayed food allergic symptoms or intolerance to specific foods (eg., CPT code 86001) are considered experimental and investigational, as there is insufficient evidence in the published peer-reviewed scientific literature to support the diagnostic value of these tests.

The following tests are considered experimental and investigational for allergy testing as they have not been proven to be effective. These tests are not appropriate for the evaluation and/or management of IgE-mediated allergic reactions.

- Antigen leukocyte cellular antibody (ALCAT) automated food allergy testing, Applied kinesiology or Nambudripad's allergy elimination test (NAET (i.e., muscle strength testing or measurement after allergen ingestion), Candidiasis test, Chemical analysis of body tissues (e.g., hair), Chlorinated pesticides (serum), Complement (total or components), C-reactive protein, Cytokine and cytokine receptor assay, Cytotoxic testing for food, environmental or clinical ecological allergy testing (Bryans Test, ACT), Electrodermal testing or electro-acupuncture, ELISA/Act qualitative antibody testing, Food immune complex assay (FICA), Ingestion challenge food testing for diagnosing rheumatoid arthritis, depression, or respiratory disorders not associated with anaphylaxis or similar systemic reactions, Immune complex assay, Iridology, Leukocyte histamine release test (LHRT)/basophil histamine release test, Lymphocytes (B or T subsets), Lymphocyte function assay, Lymphocyte Response Assay (LRA) by ELISA/ACT and Lymphocyte Mitogen Response Assays (LMRA) by ELISA/Act, Mediator release test (MRT), Testing for multiple chemical sensitivity syndrome (a.k.a., idiopathic environmental intolerance (IEI), clinical ecological illness, clinical ecology, environmental illness, chemical AIDS, environmental/chemical hypersensitivity disease, total allergy syndrome, cerebral allergy, 20th century disease)
- Testing of specific Immunoglobulin (IgG) (e.g., by Radioallergosorbent (RAST) or Enzyme-linked immunosorbent assay (ELISA), Testing of total serum IgG, immunoglobulin A (IgA) and immunoglobulin M (IgM), Prausnitz-Kustner or P-K testing - passive cutaneous transfer test, Pulse test (pulse response test, reaginic pulse test), Rebuck skin window test, Sage Complement Antigen Test Measurements of total IgE levels (CPT code 82785-Gammaglobulin[immunoglobulin]; IgE) are not appropriate in most general allergy testing which is performed to determine a patient's immunologic sensitivity or reaction to particular allergens for the purpose of identifying the cause of the allergic state. It would not be expected that total serum IgE levels would be billed unless evidence exists for allergic bronchopulmonary Asperigillosis (ABPA), select immunodeficiencies, such as the syndrome of hyper-IgE, eczematous dermatitis, atopic dermatitis in children and recurrent pyogenic infections, or in the evaluation for omalizumab therapy. Serial, repeat testing of total IgE will be subject to medical review

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Utilization Guidelines

- It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.
- It would not be expected that all patients would receive the same tests or the same number of sensitivity tests. The number of tests performed must be judicious and related to the history, physical findings and clinical judgment specific to each individual patient.
- In vitro testing is covered when medically reasonable and necessary as a substitute for skin testing; it is not usually necessary in addition to skin testing.
- It would not be expected that more than twenty (20) units be reported for percutaneous testing per year for food sensitivity (CPT code 95004).
- It would not be expected that more than forty (40) units be reported for intracutaneous (intradermal) testing (CPT code 95024) per year for a patient.
- It would not be expected that more than forty (40) units be reported for intracutaneous (intradermal), sequential and incremental testing (CPT code 95027) per year for a patient.
- When photo patch test(s) (CPT code 95052) are performed (same antigen/same session) with patch or application test(s) (CPT code 95044), only the photo patch tests should be reported.
- In the event photo tests (CPT code 95056) are performed with patch or application test(s) (CPT code 95044), only the photo tests should be reported.

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**
Note—Bolded diagnoses below have the highest utilization

Code	Description
J30.1	**Allergic rhinitis due to pollen**
J30.2	Other seasonal allergic rhinitis
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
J30.89	**Other allergic rhinitis**
J45.30	Mild persistent asthma, uncomplicated
J45.40	Moderate persistent asthma, uncomplicated
J45.998	Other asthma
L27.2	**Dermatitis due to ingested food**
L50.0	Allergic urticaria
L50.3	Dermatographic urticaria

Visit **QuestDiagnostics.com/MLCP** to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov ►

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