



Local Coverage Determination (LCD): RAST Type Tests (L30524)

Contractor Information

Contractor Name

Novitas
Solutions, Inc.

Contract Number

12502

Contract Type

A and B
MAC

LCD Information

Document Information

LCD ID

L30524

Jurisdiction

Pennsylvania

LCD Title

RAST Type Tests

Original Effective Date

For services performed on or after 03/10/2010

Revision Effective Date

For services performed on or after 09/01/2014

Retirement Date

N/A

Notice Period Start Date

01/20/2010

Notice Period End Date

N/A

Revision Ending Date

N/A

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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.

Coverage Guidance

Coverage Indications, Limitations, 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.

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.

11x	Hospital Inpatient (Including Medicare Part A)
12x	Hospital Inpatient (Medicare Part B only)
13x	Hospital Outpatient
14x	Hospital - Laboratory Services Provided to Non-patients
71x	Clinic - Rural Health
73x	Clinic - Freestanding
83x	Ambulatory Surgery Center
85x	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

Group 1 Paragraph	
Italicized and/or quoted material is excerpted from the American Medical Association, <i>Current Procedural Terminology (CPT)</i> codes.	
Group 1 Codes	
86001	Allergen specific igg
86003	Allergen specific IgE
86005	Allergen specific IgE

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph : 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:

Group 1 Codes	
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	ANGIOEDEMA 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.

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.

General Information

Associated 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

N/A

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*.

Sources of Information and Basis for Decision

Contractor is not responsible for the continued viability of websites listed.

Bernstein I, Li J, Bernstein D et al. Allergy Diagnostic Testing: An Updated Practice Parameter. *Annals of Allergy, Asthma & Immunology* 2008;100(3):S1-S148 Accessed on 09/10/2009 through website-www.jcaai.org

Other Contractor(s)' Policies

Novitas Solutions Contractor Medical Directors

Revision History Information

Revision History

Revision Number	Effective Date	Explanation	Reason for Change
R3	09/01/2014	This revision updates the Novitas Solutions MAC numerical jurisdictional designation to the new MAC Lettered jurisdiction designation(s). No other changes were made to this LCD.	

Link to this LCD on the MCD:

Looking for more detail? View this policy at the CMS Medicare Coverage Database (MCD) for your state by choosing the appropriate link:

[Pennsylvania](#) | [Maryland](#) | [Delaware](#) | [District of Columbia](#) | [New Jersey](#)

Associated Documents

Attachments

N/A

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Keywords

N/A