

## Allergy Testing and Allergy Immunotherapy (L30471)

### Medicare Legacy Part B – Illinois, Michigan, Minnesota and Wisconsin Providers

#### Specific IgE in Vitro Test (RAST, MAST, FAST) 86003

These tests detect antigen-specific IgE antibodies in the patient's serum. They are useful when testing for inhalant allergens (pollens, molds, dust mites, animal danders), foods, insect stings, and other allergens such as drugs or latex, when direct skin testing is impossible due to extensive dermatitis, marked dermatographism, or in children younger than four years of age.

In-vitro testing is not as sensitive as skin testing, but is covered when skin testing is not possible or would be unreliable as indicated below. When in-vitro testing is ordered or performed, the medical record must clearly document the indication. In-vitro testing is covered only as a substitute for skin testing. It is not covered when done in addition to a skin test for the same antigen, except in the case of suspected latex sensitivity, hymenoptera, or nut/peanut sensitivity where both the skin test and the in-vitro test may be performed. The number of tests done; choices of antigens, frequency of repetition and other coverage issues are the same as for skin testing. Control testing is essential for proper interpretation. It is rarely necessary to test for more than 50 allergies and, if food allergy is not suspected, fewer than 30 are usually sufficient. Testing must be based on a careful history/physical examination which suggests IgE-mediated disease. If testing is inconclusive, and contraindications for skin testing have been resolved, then skin testing may be done and is covered. The medical record must document this rationale. Twelve (12) allergens per panel are used but no more than 2 panels/beneficiary over a 12-month period are allowed. The medical necessity of more tests must be submitted with the claim.

- 1.) In-vitro allergen specific IgE testing is limited to the following:
  - a. Direct skin testing (95024) is not possible due to extensive dermatitis, dermatographism, ichthyosis, generalized eczema or the necessary continued use of H-1 blockers (antihistamines), or in the rare patient with persistent unexplained negative histamine control.
  - b. Testing in patients who have been receiving long-acting antihistamines, tricyclic antidepressants, beta-blockers or medications that may put the patient at undue risk if they are discontinued.
  - c. Testing of uncooperative patients with mental or physical impairments.
  - d. The evaluation of cross-reactivity between insect venoms;
  - e. As adjunctive laboratory tests for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic diseases; and
  - f. When clinical history suggests an unusually greater risk of anaphylaxis from skin testing than usual (e.g., when an unusual allergen is not available as a licensed skin test extract).  
Twelve (12) allergens per panel are used but no more than 2 panels per beneficiary over a 12-month period are allowed. The medical necessity of more tests must be documented in the patient's record and be available to the contractor upon request.
- 2.) Total Serum IgE (82785, 83518) is covered for follow-up of bronchopulmonary aspergillosis and it may be necessary to diagnose atopy in small children.  
It is also covered in association with the drug Omalizumab, Xolair (the patient's pretreatment serum IgE level and body weight are used to determine doses and dosing frequency).  
It is not appropriate in most general allergy testing. Instead, IgE tests are performed against a specific antigen.
- 3.) Quantitative multi-allergen screen (86005) is a non-specific screen that does not identify a specific antigen. It is a screening tool and therefore not covered by Medicare.

#### 86003 Specific IgE in-Vitro Test (RAST)

117.3	ASPERGILLOSIS
691.8	OTHER ATOPIC DERMATITIS AND RELATED CONDITIONS
708.0	ALLERGIC URTICARIA
708.3	DERMATOGRAPHIC URTICARIA
989.5	TOXIC EFFECT OF VENOM
989.82	TOXIC EFFECT OF LATEX
995.0	OTHER ANAPHYLACTIC SHOCK NOT ELSEWHERE CLASSIFIED
995.60- 995.69	ANAPHYLACTIC SHOCK DUE TO UNSPECIFIED FOOD – ANAPHYLACTIC SHOCK DUE TO OTHER SPECIFIED FOOD
V67.59	OTHER FOLLOW-UP EXAMINATION