Medical Coverage Policy



Allergy Testing

Device/Equip	ment 🗌 Drug 🖂	Medical 🗌 Surgery	Test Other
Effective Date:	2/18/8	Policy Last Updated:	11/1/2011

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

POLICY

Description:

Food allergies are defined as an inappropriate or exaggerated reaction of the immune system to a food. This policy refers only to allergy tests listed as not medically necessary due to insufficient evidence in published, peer-reviewed literature to support use, and may not be all-inclusive.

Antigen leukocyte cellular antibody (ALCAT) automated food test:

The ALCAT automated food test is a whole blood automated assay that measures blood cell reactions to food, chemical, and microbiological allergens. Specific antigens are individually incubated into samples of whole blood and an electronic counter is used to measure the change in the number and size of white blood cells. Positive test results are theorized to correlate with specific allergen sensitivities.

Cytotoxic leukocyte test:

The cytotoxic leukocyte test (also known as Bryan's Test, leukocytotoxicity test, leukocytic food allergy test, cytotoxic test, metabolic intolerance test, or sensitivity testing) involves adding a food allergen to a blood sample. The sample is then examined under a microscope at various intervals to verify if the white blood cells (leukocytes) have changed shape or were destroyed. The theory is that any change in the blood cells is a sign of allergy to the particular food.

Cytotoxic leukocyte testing has not been approved by the Food and Drug Administration.

Electrodermal testing:

Electrodermal testing (also known as electro-acupuncture or VEGA test) measures changes in skin resistance when exposed to a food or inhaled allergen. A slight change in the electrical impedance of the skin is thought to indicate the presence of an allergy.

Food Immune Complex Assay (FICA):

The food immune complex assay test checks for food attached to antibodies in the blood. Results are unproven as they do not always correlate with a disease.

IgG/IgG4 antibody tests:

The IgG/IgG4 tests a finger blood sample to determine IgG responses to 30 different foods. Responses are listed by severity from borderline to severe.

Provocative Food Testing:

A diluted sample of the suspected food allergen is placed under the tongue or injected under the skin. Reactions to the test dose are observed to look for the appearance of symptoms that corresponded to the patient's original complaint. If symptoms appear, a larger dose is administered in the belief that the reaction may be neutralized.

Medical Criteria:

The tests listed below are considered not medically necessary as there is insufficient evidence in published, peer-reviewed literature to support use:

- Antigen leukocyte cellular antibody (ALCAT) automated food test
- Cytotoxic leukocyte test
- Electrodermal testing
- Food Immune Complex Assay (FICA)
- IgG/IgG4 antibody tests
- Provocative Food Testing

Policy Guidelines:

The tests listed in this policy are considered **not medically necessary** as there is insufficient evidence in published, peer-reviewed literature to support use.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate, subscriber agreements, or benefit booklet for applicable "Not Medically Necessary Services."

Codes:

The following codes are **not medically necessary**: **86001 95012**

There is no specific CPT code regarding cytotoxic leukocyte testing.

Also Known As:

Applied kinesiology, Bryan's Test Cytotoxic test Desensitization Intracutaneous Progressive Dilution Food Test (IPDFT) Leukocytotoxicity test Leukocytic food allergy test Metabolic intolerance test NuTron testing Provocation-neutralization tests Pulse Test Sensitivity testing Sublingual testing

Related Topics:

Not applicable.

Published:

Policy Update, April 2006 Policy Update, May 2007 Policy Update, April 2008 Provider Update, June 2009 Provider Update, February 2011 Provider Update, January 2012

References:

American Academy of Allergy Asthma Immunology. AAAAI Work Group Report: Current Approach to the Diagnosis and Management of Adverse Reactions to Foods. October 2003. Last retrieved on 9/27/11: http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Para meters/Adverse-reactions-to-foods-DM-2003.pdf.

American College of Allergy Asthma Immunology. Last retrieved on 9/27/11: http://acaai.org/.

Cytotoxicity Testing (Bryan's Test). American Academy of Allergy, Asthma and Immunology Position Statement. Last retrieved on 9/27/11: http://web.archive.org/web/19970510224735/www.aaaai.org/profinfo/publicat/position/ps08.html.

The Food Allergy and Anaphylaxis Network. Last retrieved on 9/27/11: http://www.foodallergy.org/.

US Department of Health and Human Services US Food and Drug Administration. CPG Sec. 370.100 Cytotoxic Testing for Allergic Diseases. Last retrieved on 9/27/11: http://www.fda.gov/ICECI/ComplianceManuals/CompliancePolicyGuidanceManual/ucm123806.htm.

U.S. Department of Health & Human Services. Medicare National Coverage Determinations Manual. (Rev. 102, 07-02-09). Last retrieved on 9/27/11: http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part2.pdf.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.