Medical Coverage Policy

Allergy Testing

☐ Device/Equipment  ☐ Drug  ☐ Medical  ☐ Surgery  ☒ Test  ☐ Other

Effective Date: 8/18/2008  Policy Last Updated: 8/21/2012

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

☒ Prospective review is not required.

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 food 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 food 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 code is not medically necessary:
86001

There is no specific CPT code regarding cytotoxic leukocyte testing.

Also Known As:
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
Provider Update, January 2013
References:

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


UPCC A publication of the Utah Poison Control Center for Health Professionals. Antivenom Therapy for Snakebite. UtoxUpdate;2001:3(1).


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.