

## Payment Policy | Food Allergy Testing



**EFFECTIVE DATE:** 02|18|2008

**POLICY LAST UPDATED:** 12|16|2014

### OVERVIEW

Allergy testing generally involves having a skin or blood test to find out what substance, or allergen, may trigger an allergic response in a person.

This policy addresses blood tests for food allergies which BCBSRI considers to be not medically necessary.

### PRIOR AUTHORIZATION

Not applicable.

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial

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

- Cytotoxic leukocyte test
- IgG food antibody tests - e.g., by RAST or ELISA testing
- RAST (Radioallergosorbent Test) Type Tests
- ELISA (enzyme-linked immunosorbent assay) antibody testing

### MEDICAL CRITERIA

Not applicable.

### BACKGROUND

Allergy blood tests look for substances in the blood called antibodies. Blood tests are not as sensitive as skin tests but are often used for people who are not able to have skin tests. The most common type of blood test used is the enzyme-linked immunosorbent assay (ELISA, EIA). It measures the blood level of a type of antibody (called immunoglobulin E, or IgE) that the body may make in response to certain allergens. IgE levels are often higher in people who have allergies or asthma. Other lab testing methods, such as radioallergosorbent testing (RAST) or an immunoassay capture test (ImmunoCAP, UniCAP, or Pharmacia CAP), may be used to provide more information.

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.

#### 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.

#### IgG food antibody tests:

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

#### RAST (Radioallergosorbent Test) Type Tests

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.

### **COVERAGE**

#### **BlueCHiP for Medicare and Commercial**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

### **CODING**

#### **BlueCHiP for Medicare and Commercial**

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

**86001**

For allergy tests with no specific CPT code, claims should be filed using an unlisted code.

### **RELATED POLICIES**

Not applicable.

### **PUBLISHED**

Provider Update	Mar	2015
Provider Update	Jan	2013
Provider Update	Jan	2012
Provider Update	Feb	2011
Provider Update	Jun	2009
Policy Update	Apr	2008
Policy Update	May	2007

### **REFERENCES**

1. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD): RAST Type Tests (L28463)
2. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) for Cytotoxic Food Tests (110.13)
3. 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%20Parameters/Adverse-reactions-to-foods-DM-2003.pdf>.
4. American College of Allergy Asthma Immunology. Last retrieved on 9/27/11: <http://acaai.org/>.

5. 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>.
6. Goto CS, Feng SY. Crotalidae Polyvalent Immune Fab for the Treatment of Pediatric Crotaline Envenomation. *Pediatric Emergency Care*; 25(4); April 2009:273-282.
7. Graft DF. Hymenoptera venom immunotherapy: Efficacy, indications, and mechanism of action. *UptoDate*:6/4/12.
8. The Food Allergy and Anaphylaxis Network. Last retrieved on 9/27/11:  
<http://www.foodallergy.org/>.
9. UPCC A publication of the Utah Poison Control Center for Health Professionals. Antivenom Therapy for Snakebite. *UtoxUpdate*;2001:3(1).
10. 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>.
11. 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](http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part2.pdf).

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