Definition: Allergy testing is performed to determine immunologic sensitivity or reactivity to allergens for the purpose of identifying the cause of an allergic response. Most patients that demonstrate allergy symptoms in the presence of an allergen have allergen-specific immunoglobulin E (IgE), a type of antibody, in their blood. Thus, most allergy tests look for the presence of allergen-specific IgE. In vitro tests are conducted in test tubes or otherwise outside of the living body (e.g., serum testing), while in vivo tests take place in or on the body (e.g., prick skin testing or intradermal skin testing).

Medical Necessity:

I. In vitro tests:

A. Allergen specific immunoglobulin G (quantitative or semiquantitative): Based upon our findings, the Company has determined that allergen specific immunoglobulin G (IgG) and/or IgG subclass (e.g., IgG4) antibody testing has not demonstrated equivalence or superiority to currently accepted standard diagnostic techniques (e.g., IgE allergy testing). The Company considers allergen specific IgG quantitative or semiquantitative testing (CPT Codes 86001 and 82787 [when used for IgG4 testing]) investigational and not eligible for reimbursement.
B. **Total serum immunoglobulin testing:** The Company considers total serum immunoglobulin testing (i.e., IgA, IgD, IgG, IgM) (CPT Code 82784) for allergy testing to be **investigational** and **not** eligible for reimbursement.

C. **Allergen specific immunoglobulin E (quantitative or semiquantitative):** Please see *MCG Care Guideline A-0149, Quantitative Allergen-Specific IgE Antibody Assays* for medical necessity criteria (CPT Codes 86003, 86008).

D. **Multi-allergen specific immunoglobulin E (qualitative):** Based upon our findings, the Company has determined that multi-allergen specific immunoglobulin E (IgE) qualitative testing has not demonstrated equivalence or superiority to currently accepted standard diagnostic techniques. The Company considers multi-allergen specific IgE qualitative testing (CPT Code 86005) **investigational** and **not** eligible for reimbursement.

II. **In vivo tests:**

A. **Percutaneous tests (scratch, puncture, prick) or intracutaneous (intradermal) tests:** Please see *MCG Care Guideline A-0148, Percutaneous and Intracutaneous Allergy Testing* for medical necessity criteria (CPT Codes 95004, 95017, 95018, 95024, 95027, 95028).

B. **Skin patch and photo patch testing:** Please see *MCG Care Guideline A-0147, Patch or Application Testing* for medical necessity criteria (CPT Codes 95044, 95052).

C. **Photo testing:** The Company considers photo testing (CPT Code 95056) medically necessary and eligible for reimbursement providing that the following medical criterion is met:

- History and physical examination suggest that an association between allergic symptoms and allergen exposure and diagnosis requires confirmation to verify patient production of allergen specific IgE antibodies;

**AND**

*At least one* of the following clinical conditions is present:

- Disorders of porphyrin metabolism
- Allergic rhinitis
- Other atopic dermatitis and related conditions
- Contact dermatitis and other eczema
- Other specified erythematous conditions
- Unspecified erythematous condition
- Unspecified pruritic disorder
- Other specified disorders of sweat glands
D. Mucous membrane tests: The Company considers ophthalmic mucous membrane tests, such as Lacrytest (CPT Codes 95060) and nasal mucous membrane tests, also known as nasal challenge or provocation tests (CPT Code 95065) not medically necessary and not eligible for reimbursement.

E. Inhalation bronchial challenge test: The Company considers inhalation bronchial challenge testing (CPT Codes 95070 and 95071) medically necessary and eligible for reimbursement providing that the following medical criterion is met:

- History and physical examination suggest an association between allergic symptoms and allergen exposure and diagnosis requires confirmation to verify patient production of allergen specific IgE antibodies;

AND

At least one of the following clinical conditions is present:

- Other chronic allergic conjunctivitis
- Acute allergic serous otitis media
  - mucoid otitis media
  - sanguinous otitis media
- Chronic serous otitis media, simple or unspecified
- Other and unspecified chronic nonsuppurative otitis media
- Nonsuppurative otitis media, not specified as acute or chronic
- Eustachian salpingitis
- Nasal polyps
- Chronic rhinitis
- Chronic tonsillitis and adenoiditis
- Hypertrophy of tonsils and adenoids
- Allergic rhinitis
- Asthma
- Other atopic dermatitis and related conditions
- Dermatitis due to substances taken internally
- Allergic urticaria
- Idiopathic urticaria
- Other specified urticaria
- Urticaria, unspecified
- Rash and other nonspecific skin eruption
- Wheezing
- Cough
- Toxic effect of venom
  - other substances, chiefly nonmedicinal as to source
• Other anaphylactic shock
• Angioneurotic edema
• Other and unspecified adverse effect of drug, medicinal and biological substance
• Allergy, unspecified
• Anaphylactic shock due to adverse food reaction

F. Ingestion challenge test: The Company considers ingestion (oral) challenge tests (CPT Codes 95076 and 95079) medically necessary and eligible for reimbursement providing that the following medical criteria are met:

• History and physical examination suggest an association between allergic symptoms and allergen exposure (e.g., food, drug) and diagnosis requires confirmation to verify patient production of allergen specific IgE antibodies; and
• Presumed allergen cannot be easily or safely avoided;

AND

At least one of the following clinical conditions is present:

• Other chronic allergic conjunctivitis
• Acute allergic serous otitis media
• mucoid otitis media
• sanguinous otitis media
• Other and unspecified chronic nonsuppurative otitis media
• Nonsuppurative otitis media, not specified as acute or chronic
• Eustachian salpingitis
• Nasal polyps
• Chronic rhinitis
• Chronic tonsillitis and adenoiditis
• Hypertrophy of tonsils and adenoids
• Allergic rhinitis
• Asthma
• Other atopic dermatitis and related conditions
• Dermatitis due to substances taken internally
• Allergic urticaria
• Idiopathic urticaria
• Other specified urticaria
• Urticaria, unspecified
• Rash and other nonspecific skin eruption
• Wheezing
Cough
Toxic effect of venom
other substances, chiefly nonmedicinal as to source
Other anaphylactic shock
Angioneurotic edema
Other and unspecified adverse effect of drug, medicinal and biological
substance
Allergy, unspecified
Anaphylactic shock due to adverse food reaction

The Company considers any of the following allergy testing methods investigational and not eligible for reimbursement:

- Leukocyte histamine release test (CPT Code 86343); or
- Rebuck skin window test; or
- Passive transfer or P-X (Prausnitz-Kustner test); or
- Cytotoxic food testing; or
- Antigen Leukocyte Cellular Antibody (ALCAT) testing.

The Company considers allergy testing investigational and not eligible for reimbursement for any of the following:

- Newsprint; or
- Tobacco smoke; or
- Dandelion; or
- Orris root; or
- Phenol; or
- Alcohol; or
- Sugar; or
- Yeast; or
- Grain mill dust; or
- Soybean dust, unless repeated, necessary exposure exists (e.g., food processing plant); or
- Honeysuckle; or
- Fiberglass; or
- Green tea; or
- Chalk.

**Frequency limitations:** The Company limits the frequency of allergy sensitivity tests to **80** within a 365-day time period. The number of tests performed should be judicious and dependent upon the history, physical findings, and clinical judgment. Each individual will not necessarily receive the same tests or same number of allergy tests. Once a diagnosis of a specific allergen has been established, allergy testing is not recommended to be performed yearly, except in cases where clinically indicated. Providers who perform an unusually high number of tests, either per visit or cumulatively in a given
year, will be monitored. Medical record documentation to clinically support additional testing must be made available upon request.

**Documentation Requirements:**

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

CPT Codes 82784, 82787, 86001, 86005, and 86343 are considered investigational and not eligible for reimbursement.

CPT Codes 95060 and 95065 are considered not medically necessary and not eligible for reimbursement.

**NOTE:** After reviewing the relevant documentation, the Company reserves the right to apply this policy to the procedure performed regardless of how the procedure was coded by the Provider.
Sources of Information:

- Centers for Medicare & Medicaid Services.
  - RAST Type Tests (L33591). Local Coverage Determination. Revision effective November 7, 2019.
  - RAST Type Tests (L34063). Local Coverage Determination. Revision effective December 5, 2019.
- Cox L, Williams B, Sicherer S, et al; American College of Allergy, Asthma and Immunology Test Task Force, American Academy of Allergy, Asthma and Immunology Specific IgE Test Task Force. (2008). Pearls and pitfalls of allergy diagnostic testing: report from the American College of Allergy, Asthma and Immunology/American
Medical Policy


Medical Policy

- UpToDate.com
  - Romano A. (November 26, 2019). Immediate cephalosporin hypersensitivity: Allergy evaluation, skin testing, and cross-reactivity with other beta-lactam antibiotics.
  - Spergel JM. (May 4, 2019). Allergy testing in eosinophilic esophagitis.
  - Stokes J, Casale TB. (February 19, 2019). The relationship between IgE and allergic disease.