Local Coverage Determination (LCD) for RAST Type Tests (L28463)

Contractor Information

Contractor Name
National Government Services, Inc. opens in new window

Contractor Number
13282

Contractor Type
MAC - Part B

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LCD Information

Document Information

LCD ID Number
L28463

LCD Title
RAST Type Tests

Contractor's Determination Number
L28463 (R6)

Primary Geographic Jurisdiction
New York - Upstate

Oversight Region
Region I

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Original Determination Effective Date
For services performed on or after 01/01/2009

Original Determination Ending Date

Revision Effective Date
For services performed on or after 10/01/2012

Revision Ending Date

CMS National Coverage Policy
Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862 (a)(1)(A) allows coverage and payment for only those services considered medically reasonable and necessary.

Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Indications and Limitations of Coverage and/or Medical Necessity

Abstract:

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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.

**Limitations:**

The following tests are considered to be not medically necessary and will be denied.

- ELISA/Act qualitative antibody testing
  This testing is used to determine in vitro reaction to various foods and relies on lymphocyte blastogenesis in response to certain food antigens.
- LMRA (Lymphocyte Mitogen Response Assays) by ELISA/Act
- IgG ELISA, indirect method (CPT code 86001)
- Qualitative multi-allergen screen (CPT code 86005)
  This is a non-specific test that does not identify a specific antigen.
- IgG and IgG subclass antibody tests for food allergy do not have clinical relevance, are not validated, lack sufficient quality control, and should not be performed.

**Other Comments:**

For claims submitted to the fiscal intermediary or Part A MAC: this coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated National Government Services to process their claims.

Bill type codes only apply to providers who bill these services to the fiscal intermediary or Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Limitation of liability and refund requirements apply when denials are anticipated, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

- 011x Hospital Inpatient (Including Medicare Part A)
- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 014x Hospital - Laboratory Services Provided to Non-patients
- 071x Clinic - Rural Health
- 073x Clinic - Freestanding
- 077x Clinic - Federally Qualified Health Center (FQHC)

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Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the fiscal intermediary or Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

0300 Laboratory - General Classification
0302 Laboratory - Immunology
0309 Laboratory - Other Laboratory
0971 Professional Fees - Laboratory

CPT/HCPCS Codes

CPT codes 86001 and 86005 are not covered services.
86001 ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN
86003 ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN
86005 ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALlerGEN SCREEN (DIPSTICK, PADDLE, OR DISK)

ICD-9 Codes that Support Medical Necessity

It is the responsibility of the provider to code to the highest level specified in the ICD-9-CM (e.g., to the fourth or fifth digit). The correct use of an ICD-9-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

The following ICD-9 Codes apply only to CPT code 86003:
477.0 ALLERGIC RHINITIS DUE TO POLLEN
477.1 ALLERGIC RHINITIS DUE TO FOOD
477.2 ALLERGIC RHINITIS, DUE TO ANIMAL (CAT) (DOG) HAIR AND DANDER
477.8 ALLERGIC RHINITIS DUE TO OTHER ALLERGEN
477.9 ALLERGIC RHINITIS CAUSE UNSPECIFIED
493.00 EXTRINSIC ASTHMA UNSPECIFIED
493.01 EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
493.02 EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
493.82 COUGH VARIANT ASTHMA
493.90 ASTHMA UNSPECIFIED
493.91 ASTHMA UNSPECIFIED TYPE WITH STATUS ASTHMATICUS
493.92 ASTHMA UNSPECIFIED WITH (ACUTE) EXACERBATION
691.8 OTHER ATOPIC DERMATITIS AND RELATED CONDITIONS
708.0 ALLERGIC URTICARIA
708.8 OTHER SPECIFIED URTICARIA
708.9 UNSPECIFIED URTICARIA
786.07 WHEEZING
989.5* TOXIC EFFECT OF VENOM
995.0 OTHER ANAPHYLACTIC REACTION
995.1 ANGIONEUROTIC EDEMA NOT ELSEWHERE CLASSIFIED
995.20 UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.22 UNSPECIFIED ADVERSE EFFECT OF ANESTHESIA
995.27 OTHER DRUG ALLERGY
995.29 UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.3 ALLERGY UNSPECIFIED NOT ELSEWHERE CLASSIFIED
995.60 ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD
995.61 ANAPHYLACTIC REACTION DUE TO PEANUTS
995.62 ANAPHYLACTIC REACTION DUE TO CRUSTACEANS
995.63 ANAPHYLACTIC REACTION DUE TO FRUITS AND VEGETABLES
995.64 ANAPHYLACTIC REACTION DUE TO TREE NUTS AND SEEDS
995.65 ANAPHYLACTIC REACTION DUE TO FISH
995.66 ANAPHYLACTIC REACTION DUE TO FOOD ADDITIVES
995.67 ANAPHYLACTIC REACTION DUE TO MILK PRODUCTS
995.68 ANAPHYLACTIC REACTION DUE TO EGGS
995.69 ANAPHYLACTIC REACTION DUE TO OTHER SPECIFIED FOOD
V15.09 PERSONAL HISTORY OF OTHER ALLERGY OTHER THAN TO MEDICINAL AGENTS
*ICD-9-CM code 989.5 should be reported for venom hypersensitivity.

Diagnoses that Support Medical Necessity
Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity
Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity
Not applicable

General Information
Documentations Requirements
The patient’s medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Each claim must be submitted with ICD-9-CM codes that reflect the condition of the patient, and indicate the reason(s) for which the service was performed. Claims submitted without ICD-9-CM codes will be returned.

Documentation must be available to Medicare upon request.

Appendices Not applicable

Utilization Guidelines CPT code 86003 will be covered only thirty (30) times in a year. Services exceeding this parameter will be considered not medically necessary.

CPT codes 86001 and 86005 are not covered services.

Sources of Information and Basis for Decision
This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.


American College of Asthma, Allergy & Immunology (ACAAI). Practice Parameters for Allergy Diagnostic Testing. 1998.


Advisory Committee Meeting Notes Carrier Advisory Committee Meeting Date(s):

Connecticut: 09/16/2008
Indiana: 09/22/2008
Kentucky: 09/25/2008

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This coverage determination does not reflect the sole opinion of the contractor or contractor Medical Director. Although the final decision rests with the contractor, this determination is developed in consultation with representatives from Advisory Committee members and/or from various state and local provider organizations.

Start Date of Comment Period 09/02/2008

End Date of Comment Period 10/16/2008

Start Date of Notice Period 04/01/2011

Revision History Number R6

Revision History Explanation R6 (effective 10/01/2012): Annual LCD review per CMS Program Integrity Manual, Chapter 13, Section 13.4[C]. Content reviewed, and no changes required other than for minor formatting. No comment and notice periods required and none given.

08/20/2012 - In accordance with Section 911 of the Medicare Modernization Act of 2003, carrier number 00630 is removed from this LCD. Effective on this date, claims processing for Indiana Part B is performed by Wisconsin Physician Services, the Part A/Part B MAC contractor for this state.

07/23/2012 - In accordance with Section 911 of the Medicare Modernization Act of 2003, fiscal intermediary numbers 00130 and 00452 are removed from this LCD. Effective on this date, claims processing for Indiana and Michigan is performed by Wisconsin Physician Services, the Part A/Part B MAC contractor for these states.

10/17/2011 - In accordance with Section 911 of the Medicare Modernization Act of 2003, fiscal intermediary numbers 00160 and 00332 are removed from this LCD. Effective on this date, claims processing for Kentucky – Part A and Ohio – Part A is performed by CGS Administrators, LLC, the Part A/Part B MAC contractor for these states.

R5 (effective 10/01/2011): LCD revised for annual ICD-9-CM code updates for 2012. Descriptors were updated for several codes. Several minor changes are made to reflect the current CMS and National Government Services current policy formats. No comment and notice periods required and none given.

R4 (Effective 04/01/2011): Annual LCD review per CMS Program Integrity Manual, Chapter 13, Section 13.4[C]. The entire policy was reviewed: The “CMS National Coverage Policy” section and references throughout the text have been updated to reflect the CMS Online Manual System. A number of minor changes are made to reflect the current CMS and National Government Services current policy formats. No comment and notice periods required and none given.

05/16/2011 - In accordance with Section 911 of the Medicare Modernization Act of 2003, fiscal intermediary number 00453 is removed from this LCD. Effective on this date, claims processing for Virginia and West Virginia is performed by Palmetto Government Benefits Administration, the Part A/Part B MAC contractor for these states.

04/30/2011 - In accordance with Section 911 of the Medicare Modernization Act of 2003, carrier number 00660 is removed from this LCD. Effective on this date, claims processing for Kentucky is performed by Cigna Government Services, the Part A/Part B MAC contractor for this state.

R3 (effective 04/01/2010): Based on Change Request (CR) 6338, the TOB for FQHCs changed from 73X to 77X after 04/01/2010. No comment and notice periods required and none given.

R2 (effective 09/01/2009) – Clarification added: “CPT codes 86001 and 86005 are not covered services.” Minor template made to reflect current template language.
05/15/2009 - In accordance with Section 911 of the Medicare Modernization Act of 2003, fiscal intermediary numbers 00180 and 00181 were removed from this LCD as the claims processing for Maine and Massachusetts was transitioned to NHIC, the Part A/Part B MAC contractor in these states.

06/05/2009 - In accordance with Section 911 of the Medicare Modernization Act of 2003, fiscal intermediary number 00270 was removed from this LCD as the claims processing for New Hampshire and Vermont was transitioned to NHIC, the Part A/Part B MAC contractor in these states.

R1 (effective 07/01/2009) Source – External (reconsideration) ICD-9-CM code V15.09 will be added to the list of ICD-9 Codes that Support Medical Necessity. The bibliography has been updated. Minor changes made to reflect current template language. No comment and notice period required and none given.

3/7/2010 - The description for Bill Type Code 73 was changed

8/1/2010 - The description for Bill Type Code 11 was changed
8/1/2010 - The description for Bill Type Code 12 was changed
8/1/2010 - The description for Bill Type Code 13 was changed
8/1/2010 - The description for Bill Type Code 14 was changed
8/1/2010 - The description for Bill Type Code 71 was changed
8/1/2010 - The description for Bill Type Code 73 was changed
8/1/2010 - The description for Bill Type Code 85 was changed

8/1/2010 - The description for Revenue code 0300 was changed
8/1/2010 - The description for Revenue code 0302 was changed
8/1/2010 - The description for Revenue code 0309 was changed
8/1/2010 - The description for Revenue code 0971 was changed

08/27/2011 - This policy was updated by the ICD-9 2011-2012 Annual Update.

Reason for Change Maintenance (annual review with new changes, formatting, etc.)

Related Documents
Article(s)
A48005 - RAST Type Tests – Supplemental Instructions Article opens in new window

LCD Attachments
RAST Type Tests opens in new window (a comment and response document) (PDF - 137 KB )

All Versions
Updated on 09/21/2012 with effective dates 10/01/2012 - N/A
Updated on 07/31/2012 with effective dates 08/20/2012 - 09/30/2012
Updated on 07/12/2012 with effective dates 07/23/2012 - 08/19/2012
Updated on 09/29/2011 with effective dates 10/01/2011 - 10/16/2011
Updated on 09/14/2011 with effective dates 10/01/2011 - N/A
Updated on 08/27/2011 with effective dates 05/16/2011 - 09/30/2011
Updated on 05/05/2011 with effective dates 05/16/2011 - N/A
Updated on 04/11/2011 with effective dates 04/30/2011 - 09/30/2011
Updated on 03/16/2011 with effective dates 04/01/2011 - 04/29/2011
Updated on 08/01/2010 with effective dates 04/01/2010 - 03/31/2011
Updated on 08/01/2010 with effective dates 04/01/2010 - N/A
Updated on 03/25/2010 with effective dates 04/01/2010 - N/A

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