

Local Coverage Determination (LCD): RAST Type Tests (L33591)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Inc.	MAC			
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

LCD Information

Document Information

LCD ID

L33591

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

RAST Type Tests

Revision Effective Date

For services performed on or after 11/07/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

N/A

Notice Period End Date

N/A

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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.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

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
- Qualitative multi-allergen screen
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.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

N/A

Bibliography

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.

Adkinson NF, Yunginger JW, Busse WW, et al *Middleton's Allergy: Principles and Practice*, 6th ed.

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

Bernstein LI, Li JT, Bernstein DI et al, *Practice Parameters for Allergy Diagnostic Testing: An Updated Practice Parameter*. March 2008;100:S1-S148.

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
11/07/2019	R5	Consistent with Change Request 10901, all coding information, National coverage provisions, and Associated Information (Documentation Requirements, Utilization Guidelines) have been removed from the LCD and placed in the related Billing and Coding Article, A56844. There has been no change in coverage with this LCD revision.	<ul style="list-style-type: none"> Revisions Due To Code Removal
01/01/2018	R4	<p>Based on the 2018 annual HCPCS update, CPT code 86008 has been added to the CPT/HCPCS section and to the Group 1 paragraph for ICD-10 Codes that support Medical Necessity and the descriptions for CPT codes 86003 and 86005 have been revised.</p> <p><i>DATE (01/01/2018): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R3	The ICD-10 range T78.01XA-T78.49XS has been broken out to remove ICD-10 codes T78.1XXA-T78.1XXS and T78.41XA-T78.41XS.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	The following ICD-10 codes have been added: T36.0X5A - T36.0X5S, T36.1X5A - T36.1X5S, T36.2X5A - T36.2X5S, T36.3X5A - T36.3X5S, T36.4X5A - T36.4X5S, T36.5X5A - T36.5X5S, T36.6X5A - T36.6X5S, T36.7X5A - T36.7X5S, T36.8X5A - T36.8X5S, T36.95XA - T36.95XS, T37.0X5A - T37.0X5S, T37.1X5A - T37.1X5S, T37.2X5A - T37.2X5S, T37.3X5A - T37.3X5S, T37.4X5A - T37.4X5S, T37.5X5A - T37.5X5S, T37.8X5A - T37.8X5S, T37.95XA - T37.95XS, T38.0X5A - T38.0X5S,	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>T38.1X5A - T38.1X5S, T38.2X5A - T38.2X5S, T38.4X5A - T38.4X5S, T38.5X5A - T38.5X5S, T38.6X5A - T38.6X5S, T38.7X5A - T38.7X5S, T38.805A - T38.805S, T38.815A - T38.815S, T38.895A - T38.895S, T38.905A - T38.905S, T38.995A - T38.995S, T39.015A - T39.015S, T39.095A - T39.095S, T39.1X5A - T39.1X5S, T39.2X5A - T39.2X5S, T39.315A - T39.315S, T39.395A - T39.395S, T39.4X5A - T39.4X5S, T39.8X5A - T39.8X5S, T39.95XA - T39.95XS, T40.0X5A - T40.0X5S, T40.2X5A - T40.2X5S, T40.3X5A - T40.3X5S, T40.4X5A - T40.4X5S, T40.5X5A - T40.5X5S, T40.605A - T40.605S, T40.695A - T40.695S, T40.7X5A - T40.7X5S, T40.905A - T40.905S, T40.995A - T40.995S, T41.0X5A - T41.0X5S, T41.1X5A - T41.1X5S, T41.295A - T41.295S, T41.3X5A - T41.3X5S, T41.5X5A - T41.5X5S, T42.0X5A - T42.0X5S, T42.1X5A - T42.1X5S, T42.2X5A - T42.2X5S, T42.3X5A - T42.3X5S, T42.4X5A - T42.4X5S, T42.5X5A - T42.5X5S, T42.6X5A - T42.6X5S, T42.75XA - T42.75XS, T42.8X5A - T42.8X5S, T43.015A - T43.015S, T43.025A - T43.025S, T43.1X5A - T43.1X5S, T43.205A - T43.205S, T43.215A - T43.215S, T43.225A - T43.225S, T43.295A - T43.295S, T43.3X5A - T43.3X5S, T43.4X5A - T43.4X5S, T43.505A - T43.505S, T43.595A - T43.595S, T43.605A - T43.605S, T43.615A - T43.615S, T43.625A - T43.625S, T43.635A - T43.635S, T43.695A - T43.695S, T43.8X5A - T43.8X5S, T43.95XA - T43.95XS, T44.0X5A - T44.0X5S, T44.1X5A - T44.1X5S, T44.2X5A - T44.2X5S, T44.3X5A - T44.3X5S, T44.4X5A - T44.4X5S, T44.5X5A - T44.5X5S, T44.6X5A - T44.6X5S, T44.7X5A - T44.7X5S, T44.8X5A - T44.8X5S, T44.905A - T44.905S, T44.995A - T44.995S, T45.0X5A - T45.0X5S, T45.1X5A - T45.1X5S, T45.2X5A - T45.2X5S, T45.3X5A - T45.3X5S, T45.4X5A - T45.4X5S, T45.515A - T45.515S, T45.525A - T45.525S, T45.605A - T45.605S, T45.615A - T45.615S, T45.625A - T45.625S, T45.695A - T45.695S, T45.7X5A - T45.7X5S, T45.8X5A - T45.8X5S, T45.95XA - T45.95XS, T46.0X5A - T46.0X5S, T46.1X5A - T46.1X5S, T46.2X5A - T46.2X5S, T46.3X5A - T46.3X5S, T46.4X5A - T46.4X5S, T46.5X5A - T46.5X5S, T46.6X5A - T46.6X5S, T46.7X5A - T46.7X5S, T46.8X5A - T46.8X5S, T46.905A - T46.905S, T46.995A - T46.995S, T47.0X5A - T47.0X5S, T47.1X5A - T47.1X5S, T47.2X5A - T47.2X5S, T47.3X5A - T47.3X5S, T47.4X5A - T47.4X5S, T47.5X5A - T47.5X5S, T47.6X5A - T47.6X5S, T47.7X5A - T47.7X5S, T47.8X5A - T47.8X5S, T47.95XA - T47.95XS, T48.0X5A - T48.0X5S, T48.1X5A - T48.1X5S, T48.205A - T48.205S, T48.295A - T48.295S, T48.3X5A - T48.3X5S, T48.4X5A - T48.4X5S, T48.5X5A - T48.5X5S, T48.6X5A - T48.6X5S, T48.905A - T48.905S, T48.995A - T48.995S, T49.0X5A - T49.0X5S, T49.1X5A - T49.1X5S, T49.2X5A - T49.2X5S, T49.3X5A - T49.3X5S, T49.4X5A - T49.4X5S, T49.5X5A - T49.5X5S, T49.6X5A - T49.6X5S, T49.7X5A - T49.7X5S, T49.8X5A - T49.8X5S, T49.95XA - T49.95XS, T50.0X5A - T50.0X5S,</p>	

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>T50.1X5A - T50.1X5S, T50.2X5A - T50.2X5S, T50.3X5A - T50.3X5S, T50.4X5A - T50.4X5S, T50.5X5A - T50.5X5S, T50.6X5A - T50.6X5S, T50.7X5A - T50.7X5S, T50.8X5A - T50.8X5S, T50.A15A - T50.A15S, T50.A25A - T50.A25S, T50.A95A - T50.A95S, T50.B15A - T50.B15S, T50.B95A - T50.B95S, T50.Z15A - T50.Z15S, T50.Z95A - T50.Z95S, T50.905A - T50.905S, T50.995A - T50.995S, T63.011A - T63.044S, T63.061A - T63.093S, T63.094D, T63.094S, T63.111A - T63.124S, T63.191A - T63.194S, T63.2X1A - T63.2X4S, T63.311A - T63.334S, T63.391A - T63.394S, T63.411A - T63.483S, T63.484D, T63.484S, T63.511A - T63.514S, T63.591A - T63.594S, T63.611A - T63.634S, T63.691A - T63.693S, T63.694D, T63.694S, T63.711A - T63.714S, T63.791A - T63.793S, T63.794D, T63.794S, T63.811A - T63.834S, T63.891A - T63.894S, T78.00XA - T78.00XS, T78.01XD, T78.01XS, T78.02XD, T78.02XS, T78.03XD, T78.03XS, T78.04XD, T78.04XS, T78.05XD, T78.05XS, T78.06XD, T78.06XS, T78.07XD, T78.07XS, T78.08XD, T78.08XS, T78.09XD, T78.09XS, T78.2XXD, T78.2XXS, T78.3XXD, T78.3XXS, T78.40XD, T78.40XS, T78.49XD, T78.49XS. T88.6XXA - T88.6XXS.</p> <p>The following ICD-10 codes have been removed: T63.91XA - T63.94XA and T88.59XA.</p>	
10/01/2015	R1	Add Bill type codes	<ul style="list-style-type: none"> Other

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A56844 - Billing and Coding: RAST Type Tests

Related National Coverage Documents

N/A

Public Version(s)

Updated on 11/01/2019 with effective dates 11/07/2019 - N/A

Updated on 12/20/2017 with effective dates 01/01/2018 - 11/06/2019

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Keywords

N/A