

November  
2023



Client Communication

## Medicare Local Coverage Determination Policy: CGS

### Coverage Policy

#### L34063 – RAST Type Tests

CPT: 86001, 86003, 86005

Revision Effective Date: 08/03/2023

#### 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.

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Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with the patient's medical record. Sonic Healthcare does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff.

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- 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.

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The ICD10 codes listed below are the top 40 diagnosis codes Sonic most commonly receives from ordering physicians for this limited-coverage test. Medicare supports provider utilization of all the diagnosis codes listed below, except those notated in bold. **If you are providing a diagnosis code that is bolded below, please submit a valid ABN form with the order.** To view the complete policy and the full list of medically supported diagnosis codes, please refer to the CMS website for guidance:

<https://www.cms.gov/medicare-coverage-database/search.aspx>

Codes	Description
<b>E55.9</b>	<b>Vitamin D deficiency, unspecified</b>
J30.89	Other allergic rhinitis
<b>D50.9</b>	<b>Iron deficiency anaemia, unspecified</b>
<b>E03.9</b>	<b>Hypothyroidism, Unspecified</b>
<b>R73.09</b>	<b>Other abnormal glucose</b>
<b>R53.83</b>	<b>Other Fatigue</b>
<b>Z01.84</b>	<b>Encounter for antibody response examination</b>
J30.1	Allergic rhinitis due to pollen
<b>Z13.220</b>	<b>Encounter for screening for lipid disorders</b>
<b>Z13.29</b>	<b>Encounter for screening for other suspected endocrine disorder</b>
<b>I10</b>	<b>Essential (primary) hypertension</b>
<b>D82.3</b>	<b>Immunodeficiency following hereditary defective response to Epstein-Barr virus</b>
<b>E71.30</b>	<b>Disorder of fatty-acid metabolism, unspecified</b>
<b>D64.9</b>	<b>Anemia, Unspecified</b>
<b>Z13.0</b>	<b>Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</b>
<b>E78.2</b>	<b>Mixed Hyperlipidemia</b>
<b>E61.2</b>	<b>Magnesium deficiency</b>
<b>E71.41</b>	<b>Primary carnitine deficiency</b>
<b>Z11.9</b>	<b>Encounter for screening for infectious and parasitic diseases, unspecified</b>
<b>B37.9</b>	<b>Candidiasis, unspecified</b>
<b>Z13.1</b>	<b>Encounter for screening for diabetes mellitus</b>
J30.9	Allergic rhinitis, unspecified
<b>E78.00</b>	<b>Pure hypercholesterolemia, unspecified</b>

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T78.40XA	Allergy, unspecified, initial encounter
<b>G72.49</b>	<b>Other inflammatory and immune myopathies, not elsewhere classified</b>
<b>E78.5</b>	<b>Hyperlipidemia, Unspecified</b>
<b>Z13.811</b>	<b>Encounter for screening for lower gastrointestinal disorder</b>
<b>E83.2</b>	<b>Disorders of zinc metabolism</b>
<b>Z91.018</b>	<b>Allergy to other foods</b>
L50.8	Other urticaria
<b>R10.9</b>	<b>Unspecified abdominal pain</b>
<b>N18.31</b>	<b>Chronic kidney disease, stage 3a</b>
<b>E72.20</b>	<b>Disorder of urea cycle metabolism, unspecified</b>
<b>Z12.5</b>	<b>Encounter for screening for malignant neoplasm of prostate</b>
<b>E83.00</b>	<b>Disorder of copper metabolism, unspecified</b>
<b>L50.9</b>	<b>Urticaria, unspecified</b>
<b>E01.8</b>	<b>Other iodine-deficiency-related thyroid disorders and allied conditions</b>
<b>Z77.120</b>	<b>Contact with and (suspected) exposure to mold (toxic)</b>
<b>J30.2</b>	<b>Other seasonal allergic rhinitis</b>
<b>R73.01</b>	<b>Impaired fasting glucose</b>

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