

Radioallergosorbent (RAST) Type Tests Policy

Type	Reimbursement		
Number	2011R0092A		
Approved By		Approval Date	
United HealthCare Community and State Payment Policy Committee		3/28/2011	

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community & State reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community & State’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community & State may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community & State enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community & State due to programming or other constraints; however, UnitedHealthcare Community & State strives to minimize these variations.

UnitedHealthcare Community & State may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

UnitedHealthcare Community & State uses a customized version of the Ingenix Claims Editing System known as iCES Clearinghouse (v 2.5.1) to process claims in accordance with UnitedHealthcare Community & State reimbursement policies.

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Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other health care professionals. This includes non-network authorized and percent of charge contract physicians and other health care professionals.

Policy

Overview

This policy identifies circumstances in which UnitedHealthcare Community & State will reimburse physicians or other health care professionals for radioallergosorbent (RAST) type tests as part of an allergy evaluation.

Reimbursement

UnitedHealthcare Community & State reimburses for radioallergosorbent (RAST) type tests (CPT code 86003) when one of the diagnosis codes are listed on a claim denoting allergic symptoms. UnitedHealthcare Community & State will not reimburse when the test is rendered is without inclusion of one of the ICD-9 diagnostic codes being included on the claim accurately reflecting the member's condition.

The attached procedure to diagnosis list was first derived by identifying areas of convergence across Center for Medicare and Medicaid Services (CMS) Local Coverage Determinations (LCD) and information received from various specialty societies.

Questions and Answers

Q1: How was this reimbursement methodology derived?

A1: The coding edits are based upon review of the Center for Medicare and Medicaid Service's local coverage determinations and information received from various specialty societies.

Q2: To determine reimbursement for reported CPT or HCPCS procedure codes, should ICD-9 diagnosis codes be reported at the claim level or claim line level?

A2: Report ICD-9 diagnosis codes at the claim line level of the CPT or HCPCS procedure code to be considered for reimbursement.

Codes

CPT Code Section

86003

Allergen specific IgE; quantitative or semiquantitative, each allergen

Attachments

[2011 RAST Type Tests ICD-9 Code List](#)

This list identifies diagnosis codes that should be linked with CPT codes found in the Coding section of this policy for reimbursement.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

3/28/2011	Annual renewal of policy approved
1/3/2011	Annual Policy Version Change
3/15/2010	Annual renewal of policy approved
1/4/2010	Annual Policy Version Change Only
5/18/2009	Policy List Change: Radioallergosorbent (RAST) Type Tests Code List
2/16/2009	Annual renewal of policy approved
1/5/2009	Annual Policy Version Change Only
10/1/2008	Policy List Change: Radioallergosorbent (RAST) Type Tests Code List
5/19/2008	Annual update Policy List Change: Radioallergosorbent (RAST) Type Tests Code List
12/8/2007	Policy implemented by UnitedHealthcare Community & State

2011 Radioallergosorbent (RAST) Type Tests ICD-9 Policy List	
Req'd ICD-9 Codes with CPT Code 86003	
DIAG	DESCRIPTION
054.0	Eczema herpeticum
372.05	Acute atopic conjunctivitis
372.14	Other chronic allergic conjunctivitis
372.34	Pingueculitis
381.01	Acute serous otitis media
381.03	Acute sanguinous otitis media
381.04	Acute allergic serous otitis media
381.3	Other and unspecified chronic nonsuppurative otitis media
381.81	Dysfunction of Eustachian tube
382.9	Unspecified otitis media
461.0	Acute maxillary sinusitis
461.1	Acute frontal sinusitis
461.2	Acute ethmoidal sinusitis
461.3	Acute sphenoidal sinusitis
461.8	Other acute sinusitis
462	Acute pharyngitis
463	Acute tonsillitis
466.0	Acute bronchitis
471.0	Polyp of nasal cavity
471.8	Other polyp of sinus
472.0	Chronic rhinitis
472.1	Chronic pharyngitis
472.2	Chronic nasopharyngitis
473.0	Chronic maxillary sinusitis
473.1	Chronic frontal sinusitis
473.2	Chronic ethmoidal sinusitis
473.3	Chronic sphenoidal sinusitis
473.8	Other chronic sinusitis
473.9	Unspecified sinusitis (chronic)
474.10	Hypertrophy of tonsil with adenoids
474.11	Hypertrophy of tonsils alone
474.12	Hypertrophy of adenoids alone
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
478.0	Hypertrophy of nasal turbinates
493.00	Extrinsic asthma, unspecified
493.01	Extrinsic asthma with status asthmaticus
493.02	Extrinsic asthma, with (acute) exacerbation
493.10	Intrinsic asthma, unspecified

2011 Radioallergosorbent (RAST) Type Tests ICD-9 Policy List	
Req'd ICD-9 Codes with CPT Code 86003	
DIAG	DESCRIPTION
493.11	Intrinsic asthma with status asthmaticus
493.12	Intrinsic asthma, with (acute) exacerbation
493.20	Chronic obstructive asthma, unspecified
493.21	Chronic obstructive asthma with status asthmaticus
493.22	Chronic obstructive asthma, with (acute) exacerbation
493.81	Exercise induced bronchospasm
493.82	Cough variant asthma
493.90	Asthma, unspecified, unspecified
493.91	Unspecified asthma, with status asthmaticus
493.92	Asthma, unspecified, with (acute) exacerbation
684	Impetigo
691.8	Other atopic dermatitis and related conditions
692.0	Contact dermatitis and other eczema due to detergents
692.1	Contact dermatitis and other eczema due to oils and greases
692.2	Contact dermatitis and other eczema due to solvents
692.3	Contact dermatitis and other eczema due to drugs and medicines in contact with skin
692.4	Contact dermatitis and other eczema due to other chemical products
692.5	Contact dermatitis and other eczema due to food in contact with skin
692.81	Dermatitis due to cosmetics
692.83	Dermatitis due to metals
692.84	Contact dermatitis and other eczema due to animal (cat) (dog) dander
692.89	Contact dermatitis and other eczema due to other specified agent
692.9	Contact dermatitis and other eczema, due to unspecified cause
693.0	Dermatitis due to drugs and medicines taken internally
693.1	Dermatitis due to food taken internally
693.8	Dermatitis due to other specified substances taken internally
693.9	Dermatitis due to unspecified substance taken internally
694.0	Dermatitis herpetiformis
694.3	Impetigo herpetiformis
694.8	Other specified bullous dermatosis
695.10	Erythema multiforme, unspecified
695.11	Erythema multiforme minor
695.12	Erythema multiforme major
695.13	Stevens-Johnson syndrome
695.14	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
695.15	Toxic epidermal necrolysis
695.19	Other erythema multiforme
695.50	Exfoliation due to erythematous condition involving less than 10 percent of body surface

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DIAG	DESCRIPTION
695.51	Exfoliation due to erythematous condition involving 10-19 percent of body surface
695.52	Exfoliation due to erythematous condition involving 20-29 percent of body surface
695.53	Exfoliation due to erythematous condition involving 30-39 percent of body surface
695.54	Exfoliation due to erythematous condition involving 40-49 percent of body surface
695.55	Exfoliation due to erythematous condition involving 50-59 percent of body surface
695.56	Exfoliation due to erythematous condition involving 60-69 percent of body surface
695.57	Exfoliation due to erythematous condition involving 70-79 percent of body surface
695.58	Exfoliation due to erythematous condition involving 80-89 percent of body surface
695.59	Exfoliation due to erythematous condition involving 90 percent or more of body surface
708.0	Allergic urticaria
708.1	Idiopathic urticaria
708.3	Dermatographic urticaria
708.8	Other specified urticaria
708.9	Unspecified urticaria
782.1	Rash and other nonspecific skin eruption
786.07	Wheezing
786.09	Other dyspnea and respiratory abnormalities
786.2	Cough
989.5	Toxic effect of venom
989.82	Toxic effect of latex
995.0	Other anaphylactic shock not elsewhere classified
995.1	Angioneurotic edema not elsewhere classified
995.20	Unspecified adverse effect of unspecified drug, medicinal and biological substance
995.21	Arthus phenomenon
995.22	Unspecified adverse effect of anesthesia
995.23	Unspecified adverse effect of insulin
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 shock due to unspecified food
995.61	Anaphylactic shock due to peanuts
995.62	Anaphylactic shock due to crustaceans
995.63	Anaphylactic shock due to fruits and vegetables
995.64	Anaphylactic shock due to tree nuts and seeds

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Req'd ICD-9 Codes with CPT Code 86003	
DIAG	DESCRIPTION
995.65	Anaphylactic shock due to fish
995.66	Anaphylactic shock due to food additives
995.67	Anaphylactic shock due to milk products
995.68	Anaphylactic shock due to eggs
995.69	Anaphylactic shock due to other specified food
999.0	Generalized vaccinia as complication of medical care, not elsewhere classified
999.4	Anaphylactic shock due to serum, not elsewhere classified
999.5	Other serum reaction, not elsewhere classified
V14.0	Personal history of allergy to penicillin
V14.1	Personal history of allergy to other antibiotic agent
V14.2	Personal history of allergy to sulfonamides
V14.3	Personal history of allergy to other anti-infective agent
V14.4	Personal history of allergy to anesthetic agent
V14.5	Personal history of allergy to narcotic agent
V14.6	Personal history of allergy to analgesic agent
V14.7	Personal history of allergy to serum or vaccine
V14.8	Personal history of allergy to other specified medicinal agents
V15.06	Personal history of allergy to insects
V15.07	Personal history of allergy to latex
V15.08	Personal history of allergy to radiographic dye
V72.60	Laboratory examination
V72.61	Antibody response examination
V726.2	Laboratory examination ordered as part of a routine general medical examination
V726.3	Pre-procedural laboratory examination
V726.9	Other laboratory examination