If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of TX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. Blue Cross and Blue Shield of TX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Allergen Testing

Policy Number: CPCPLAB013

Version 1.0

Approval Date: Sept. 13, 2024

Plan Effective Date: Jan. 1, 2025 (Blue Cross and Blue Shield of Texas Only)

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Description

The plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. Specific IgE in-vitro allergy testing **may be reimbursable** in **any** of the following situations**:**
   a) In lieu of skin testing for an INITIAL allergy screen.
   b) When skin testing is contraindicated (see **Note 1**),
   c) When further treatment decisions would be impacted by confirmation of sensitivity in individuals for whom direct skin testing results are not consistent with the history of an anaphylactic or other severe reaction to an allergen.

2. When limited to allergens chosen for testing based on an individual's history, physical examination, and environment, specific IgE in-vitro allergy testing (up to 20 allergen specific antibodies per year) **may be reimbursable**.

3. In-vitro testing for total serum IgE **may be reimbursable** in **any** of the following situations:
   - For individuals with moderate to severe asthma,
   - For Individuals with signs or symptoms of allergic bronchopulmonary aspergillosis.

4. To monitor for allergy resolution in children and adolescents with an initial positive food allergen result(s), annual re-testing for the same food allergen(s) **may be reimbursable**.

5. In the absence of a new clinical presentation, routine re-testing for allergies to the same allergens (except where specified above) **is not reimbursable.**

6. The Antigen Leukocyte Antibody test/ALCAT **is not reimbursable.**

7. For individuals with signs or symptoms of allergies, basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD **are not reimbursable.**

8. In-vitro allergen testing using bead-based epitope assays (e.g., VeriMAP Peanut Dx) **is not reimbursable**.

9. For all situations, in-vitro testing using qualitative specific IgE multi-allergen screen that does not identify a specific allergen **is not reimbursable**.

NOTES:

Note 1: Skin testing is **contraindicated** in the following situations:

- Patients who have certain skin conditions (e.g., dermatographism, urticaria, cutaneous mastocytosis, atopic dermatitis, severe diffuse psoriasis).
- Patient who are taking medications that may interfere with the treatment of anaphylaxis (e.g., Beta-blockers and Angiotensin Converting Enzyme inhibitors) or may impair skin test sensitivity (e.g., tricyclic antidepressants, antihistamines).
- Patients who are at high risk to testing (e.g., poorly controlled asthma, clinical history of severe reaction to minute amounts of allergen, cardiac arrhythmia, unstable angina).
- Patients who have experienced an anaphylactic event within the past one month.
- Uncooperative patients (e.g., small children, individuals with mental or physical impairments).

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82784, 82785, 82787, 83516, 86001, 86003, 86005, 86008, 88184, 88185, 0165U, 0178U

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
09/13/2024	01/01/2025: New policy.