BlueCross BlueShield of Illinois

If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") 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. BCBSIL may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL 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 ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") 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

Enterprise Medical Policy Committee Approval Date: January 25, 2022

Plan Effective Date: May 1, 2022

Description

BCBSIL 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 lieu of skin testing for an INITIAL allergy screen. When in-vitro testing is ordered, the medical record must clearly document the indication and why it is being used instead of skin testing.
   - When skin testing is either contraindicated (see Policy Guidelines below for details), or when direct skin testing results are not consistent with the history of an anaphylactic or other severe reaction to an allergen and further treatment decisions would be impacted by confirmation of sensitivity, in the evaluation of:

- Individuals with asthma, or
- Individuals with suspected allergen-induced chronic rhinitis, or
- Individuals with suspected food allergy, or
- Individuals with suspected insect venom allergy, or
- Individuals with suspected allergy to specific drugs

2. Specific IgE in-vitro allergy testing **may be reimbursable** when:
   - Allergens chosen for testing are based on the individual's history, physical examination, and environment.
   - It is limited to 20 allergen specific antibodies per year.

3. In-vitro testing for total serum IgE **may be reimbursable** for:
   - Individuals with moderate to severe asthma being considered for Xolair therapy, or
   - Individuals suspected of allergic bronchopulmonary aspergillosis.

4. Routine re-testing for allergies to the same allergens **is not reimbursable** in the absence of a new clinical presentation.

5. The Antigen Leukocyte Antibody test (ALCAT) **is not reimbursable.**

6. In-vitro testing of allergen specific IgG or non-specific IgG, IgA, IgM, and/or IgD in the evaluation of suspected allergy **is not reimbursable.**

7. Basophil Activation flow cytometry testing (BAT) for measuring hypersensitivity to allergens **is not reimbursable**.

8. In-vitro allergen testing using bead-based epitope assays such as VeriMAP Peanut Dx and others **is not reimbursable**.

9. In-vitro testing of allergen non-specific IgE that does not identify a specific allergen using qualitative multi-allergen screen **is not reimbursable** in the evaluation of suspected allergy and for any other indication.

Policy Guidelines

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

- Patients who have certain skin conditions (for e.g., dermatographism, urticaria, cutaneous mastocytosis, atopic dermatitis, severe diffuse psoriasis)
- Patient who are taking medications that may interfere with the treatment of anaphylaxis (for e.g., Beta-blockers and Angiotensin Converting Enzyme inhibitors) or may impair skin test sensitivity (for e.g. tricyclic antidepressants, antihistamines)
- Patients who are at high risk to testing (for 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

Codes
82784, 82785, 82787, 83516, 83520, 86001, 86003, 86005, 86008, 88184, 88185, 0165U, 0178U

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Policy Update History:

5/1/2022	New policy