



MEDICAL POLICY

Date Reviewed: 02/25/00, 02/22/02, 06/13/05, 09/22/06, 04/20/07, 02/15/08, 01/23/09, 02/05/10, 01/14/11

Subject: Allergy Testing

Description: Allergy testing involves the performance and evaluation of various types of skin (percutaneous, intradermal) and blood tests. Allergy testing is performed to determine which allergens (inhalant, food, insect, drug) are responsible for causing a specific reaction. Testing is useful for quantifying the degree of a reaction and determining appropriate treatment.

Indications of Coverage:

Up to *fifty (50)* patch tests (95044) are considered medically necessary for evaluation of contact dermatitis (inflammation of the skin due to topical agents such as lotions and makeup).

Fifty (50) geographically and/or symptom appropriate percutaneous (scratch, prick) tests (95004, 95010) are considered medically necessary for evaluation of allergic reactions if a one month trial of prescription or over-the-counter medications has been ineffective in treating the allergic symptoms.

Following inconclusive percutaneous testing, *fifty (50)* intradermal tests (95015, 95024) are considered medically necessary for further evaluation.

A single radioallergosorbent (RAST) test (86001, 86003, 86005) is considered medically necessary for evaluation of a latex allergy or specific drug allergy.

Up to thirty (30) RAST tests (86001, 86003, 86005) are considered medically necessary (except for latex or drug allergy, where only one test may be required) for testing of specific allergens (each allergen must be tested singly) for any of the following:

Patients less than three years old (for inhalant allergies).

A documented contraindication to skin testing (for example, widespread eczema, negative histamine control, the inability to discontinue medications which would affect the results of skin testing such as antihistamines, tricyclic antidepressants, and beta blockers)

Documented past anaphylactic reaction

For individuals with an unusually greater risk of anaphylaxis (as documented in the medical record) from skin testing than usual due to a history of a previous significant reaction to the allergen being tested (for example, when an unusual allergen is not available as a licensed skin test extract)

For individuals with a documented history of venom-induced systemic reactions (for example, anaphylaxis) who are being tested for stinging insect allergies. (The RAST testing may be performed in conjunction with skin testing for the same allergen. Due to significant inconsistencies with both skin and serum-specific tests, it has been recommended that both tests be performed.)

Gammaglobulin (IgA, IgG, IgE, IgM) testing (82784, 82785, 82787) is considered medically necessary for the evaluation of allergies when any of the following are present:

Severe eczema and dermatographism

Bronchopulmonary aspergillosis

Hyper IgE syndrome

Immune deficiency diseases

Bronchial challenge testing (94060, 94070, 95070, 95071) is appropriate for evaluation of allergen-induced asthma.

Oral challenge testing (95075) is considered medically necessary for evaluation of the following conditions:

Drug allergy evaluation

Food allergy testing when there is a documented contraindication to skin testing OR in cases where there are physical findings suggestive of sensitivity, but skin testing is negative or uncertain

When skin testing is not available and the patient's condition requires immediate testing

To confirm loss of sensitivity to the allergen prior to allowing patient to ingest the allergen. (For example, when evaluating whether a patient can resume consuming a food item that they were once allergic to).

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Intradermal testing performed without prior percutaneous testing is considered not medically necessary.

More than *fifty (50)* percutaneous tests or more than *fifty (50)* intradermal tests are considered not medically necessary.

Routine re-testing without a documented significant change in the patient's symptoms or environment is considered not medically necessary.

The following tests are considered experimental or investigative as there is insufficient peer-reviewed literature documenting the effectiveness of these tests:

End point titration (95027, 95028), serial dilution testing, titration testing, Rinkel method testing

Sublingual testing (oral testing using allergen drops)

Applied Kinesiology (allergy testing through muscle relaxation)

Electrodermal testing (measurement of electromagnetic energy along the body's meridians)

Cytotoxicity testing

Urine autoinjection

Provocative and neutralization testing (95078), whether performed subcutaneously or sublingually

Conjunctival challenge testing (95060)

Lymphocyte transformation testing (86353)

ELISA/ACT testing

IgG RAST

Exhaled nitric oxide

Documentation required:

Office notes

Test results

Rationale: Allergy tests are performed to identify or exclude the presence of IgE-mediated hypersensitivity and to identify the allergen(s) causing the symptoms. Numerous methods for identifying the allergens have been used. The usefulness of several of these tests has not been evaluated in controlled clinical trials.

Skin testing is the most common form of allergy testing, and percutaneous and intradermal tests are the most widely used skin tests. Percutaneous testing is considered the most specific test for identifying an allergen. The Joint Task Force of Allergy, Asthma, and Immunology recommends percutaneous testing as the primary test for the diagnosis of allergies. Intradermal testing is usually employed when the percutaneous tests are negative in an individual with a history of allergic response to a specific allergen. Intradermal tests are more sensitive but less specific than percutaneous tests for most allergens. Routine repeat skin testing is not indicated in the absence of a change in symptoms or a change in the allergens the individual is exposed to (for example, a change in residence to a different region of the country). Titration testing is a variation of intradermal testing that uses increasing doses of antigen to determine the level at which a reaction occurs. Patch testing is primarily used to assess allergic contact dermatitis, a condition of the skin.

Oral challenge testing is used to identify allergens in food products and drugs. Skin tests are usually tried first, followed by oral challenge testing when skin testing is unclear or when the results of the skin test are negative, but the patient has a history of a significant response to a specific food product. Sublingual food allergy testing is an unproven testing method. Bronchial challenge testing is used to identify and manage individuals with asthma and to document airway response to specific drugs (for example, methacholine or histamine).

Another form of titration testing, provocation and neutralization testing, has been used to test for allergies to foods, inhalants, drugs, and other chemicals. It has also been used for preventing symptoms brought on by specific allergens. The effectiveness of this testing and treatment has not been established.

Electrodermal testing has been proposed as a form of allergy testing, but there is no literature demonstrating the effectiveness of this technique. Applied kinesiology involves testing for allergies by measuring the individual's muscle movements. There is no literature demonstrating the effectiveness of this technique.

Analysis of exhaled nitric oxide has been used to evaluate and monitor inflammation in individuals with asthma. Studies have shown higher nitric oxide levels in individuals with asthma, especially during periods of exacerbation. Other studies have been undertaken to document that the test can identify those individuals with allergic asthma and those who are more likely to respond to therapy. However, there is insufficient literature supporting the effectiveness of this test and further studies have been recommended.

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Approved by the Medical Director