

J6-NGS Rast Type Testing

CPT: 86001,86003,86008

CMS Policy for Illinois, Michigan, Minnesota, and Wisconsin

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive
ICD Codes are listed
on subsequent page(s)
of this document.

- 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.
 - 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.
 -

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov

J6 NGS – Rast Type Testing

CPT: 86001,86003,86008

CMS Policy for Illinois, Michigan, Minnesota, and Wisconsin

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

Code	Description
J30.89	Other allergic rhinitis
J30.9	Allergic rhinitis, unspecified
L50.9	Urticaria, unspecified
T78.40XA	Allergy, unspecified, initial encounter
J45.50	Severe persistent asthma, uncomplicated
J45.901	Unspecified asthma with (acute) exacerbation
J45.909	Unspecified asthma, uncomplicated
J30.1	Allergic rhinitis due to pollen
T78.3XXA	Angioneurotic edema, initial encounter
L50.8	Other urticaria
J30.2	Other seasonal allergic rhinitis
T78.40XD	Allergy, unspecified, subsequent encounter
J45.40	Moderate persistent asthma, uncomplicated
L50.0	Allergic urticaria
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
R06.2	Wheezing
T63.442A	Toxic effect of venom of bees, intentional self-harm, init
T63.441A	Toxic effect of venom of bees, accidental, init
L20.89	Other atopic dermatitis
T78.49XA	Other allergy, initial encounter

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov

Last updated:

10/17/24

Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

QuestDiagnostics.com

Quest, Quest Diagnostics, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. © 2016 Quest Diagnostics Incorporated. All rights reserved.