Kansas City

PAYMENT INTEGRITY COMPLIANCE
Allergen Testing

POLICY INFORMATION			
Policy Number:	POL-PP- 259 AHS – G2031 – Allergen Testing	Original Effective Date:	7/1/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	7/1/2026

NOTICE

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: https://providers.bluekc.com/ContactUs/PaymentPolicies.

PROVIDER/ENTITY IMPACTED					
☒ PROFESSIONAL	☒ FACILITY	☐ DME	☐ AMBULATORY SURGERY	☒ LAB	☐ OTHER

LINES OF BUSINESS IMPACTED						
☒ COMMERCIAL	☒ BLUE MEDICARE ADVANTAGE	☒ ACA QHP[1]	☒ SMALL GROUP ACA	☒ JAA[2]	☒ FEP[3]	☐ DENTAL

[1] ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family [2] JAA: Joint Administrative Account [3] FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Allergic disease is characterized by inappropriate or exaggerated rated immune reactions to foreign antigens (allergens) that are generally innocuous to most people, but when introduced into a genetically-predisposed individual, elicit a hypersensitivity reaction (Hamilton, 2023). Hypersensitivity reactions can be classified into four types, two of which are associated with allergy, type I immediate immunoglobulin E (IgE) reactions and type IV T cell mediated reactions (Chang & Guarderas, 2018). Type I reactions involve the formation of IgE antibodies specific to the allergen. When the subject is re-exposed to that allergen, the allergen binds multiple IgE molecules, resulting in the release of an array of inflammatory mediators, including histamines, that precipitate the symptoms of allergic disease (Hamilton, 2023).

Allergen testing in serum is designed to detect the presence of allergen specific IgE. A positive test for allergen specific IgE confirms the presence of the antibody only. Actual reactivity must be determined by history or supervised challenge (Kowal & DuBuske, 2022). Several diagnostic procedures have been developed to elicit and assess hypersensitivity reactions including epicutaneous, intradermal, patch, bronchial, exercise, and ingestion challenge tests (Bernstein et al., 2008).

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

Specific IgE in-vitro allergy testing **may be reimbursable** in any of the following situations:

- In lieu of skin testing for an INITIAL allergy screen.
- When skin testing is contraindicated (see Note 1),
- When further treatment decisions would be impacted by confirmation of sensitivity
- in individuals for whom direct skin testing results are not consistent with history of an anaphylactic or other severe reaction to an allergen.

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.**

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.

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**.

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

The Antigen Leukocyte Antibody test/ALCAT **may not be** reimbursable

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

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

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

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)

Coding

Code	Description
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each
82785	Gammaglobulin (immunoglobulin); IgE
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method
86001	Allergen specific IgG quantitative or semiquantitative, each allergen
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction

Related Documents

Policy Number	Policy Title
AHS – G2056	Diagnosis of Idiopathic Environmental Intolerance

References and Resources

Avalon Medical Policy AHS – G2031 – Allergen Testing

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version