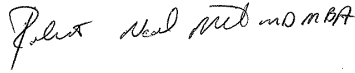


Origination Date: 6/03	Revision Date(s): 5/04, 4/05, 5/06, 5/07, 5/08, 12/09, 3/11
Developed By: Medical Criteria Committee	



Approved: Neal Mills MD, MBA **Date:** 3/15/2011

Description:

The RAST (Radioallergosorbent test) is a laboratory test performed on blood to measure the levels of allergy antibody, or IgE, produced when blood is mixed with a series of allergens in a laboratory. IgE antibodies are present in the blood only if there is true allergic reaction. The RAST is a method of demonstrating allergic reactions and should only be performed on patients who cannot undergo skin testing or when skin test results are uncertain.

Criteria:

RAST, MAST, PRIST, RIST, FAST, VAST, ELISA, ImmunoCap (or other modifications of RAST) will be covered to plan limitations when percutaneous testing of IgE-mediated allergies cannot be done for inhaled or food allergies due to **ONE** of the following conditions:

1. Children under the age of 5; or
2. Pregnant women; or
3. Patients with severe dermatographism or widespread skin disease (i.e., psoriasis, generalized eczema, widespread dermatitis, etc.); or
4. Inability to discontinue medications (i.e., antihistamines, tricyclic antidepressants) that impair skin test sensitivity; or
5. Clinical history suggests significant risk of anaphylaxis from skin testing; or
6. Results of direct skin testing are inconclusive; or
7. Uncooperative patient with mental or physical impairments
8. Use of specific IgE immunoassays as an adjunctive testing for presence of disease such as Allergic bronchopulmonary aspergillosis and other parasitic diseases.
9. To determine cross-reactivity between insect venoms as an alternative to skin testing

Note: ODS will not cover IgG RAST allergy testing as there is no evidence that IgG antibodies are responsible for delayed allergic symptoms or intolerance to foods. (CPT 86001)

Information to be Submitted with Pre-Authorization Request:

1. History and physical from treating physician
2. Results of prior allergy testing

Applicable CPT/HCPC Codes:

Note: list may not be all inclusive

86003	Allergen specific IgE; quantitative or semiquantitative, each allergen
86005	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle or disk)

Not Covered:

86001	Allergen specific IgG quantitative or semiquantitative, each allergen
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- Blaiss M. Best practice of medicine-allergic reactions. Patient guide. March 2002.
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