Allergy Testing – In Vitro Testing (blood serum analysis) (82785, 86003, 86008) – LCD L36402

Indications:
Immediate hypersensitivity testing by measurement of allergen-specific serum IgE in the blood serum is useful when testing for inhalant allergens (pollens, molds, dust mites, animal danders), foods, insect stings, and other allergens such as drugs or latex, when direct skin testing is impossible due to extensive dermatitis, marked dermatographism, or in children younger than four years of age.
In vitro testing is covered when skin testing is not possible or would be unreliable; or in vitro testing is medically reasonable and necessary as determined by the physician. When in vitro testing is ordered or performed, the medical record must clearly document the indication and why it is being used instead of skin testing.
It is not covered when done in addition to a skin test for the same antigen, except in the case of suspected latex sensitivity, hymenoptera, or nut/peanut sensitivity where both the skin test and the in-vitro test may be performed. The number of tests done, choice of antigens, frequency of repetition and other coverages issues are the same as skin testing.
Testing must be based on a careful history/physical examination which suggests IgE medicated disease. Total Serum IgE is not appropriate in most general allergy testing. Instead, individual IgE tests are performed against a specific antigen.
Special clinical situations in which specific IgE immunoassays are performed against a specific antigen may be appropriate in the following situations: 1. Patients with extensive dermatitis, severe dermatographism, ichthyosis or generalized eczema that will not make direct skin testing possible. 2. Patients needing continued use of H-1 blockers (antihistamines), or in the rare patient with persistent unexplained negative histamine control. 3. Patients who cannot be safely withdrawn from medications that interfere with skin testing, such as long-acting antihistamines, tricyclic antidepressants, beta-blockers, or medications that may put the patient at undue risk if they are discontinued long enough to perform skin tests. 4. Uncooperative patients with mental or physical impairments. 5. For evaluation of cross-reactivity between insect venoms (e.g., fire ant, bee, wasp, yellow jacket, hornet). 6. As adjunctive laboratory testing for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic disease. 7. To diagnose atopy in small children. 8. Patients at increased risk for anaphylactic response from skin testing based on clinical history (e.g., when an unusual allergen is not available as a licensed skin test extract), or who have a history of a previous systemic reaction to skin testing. 9. Patients in who skin testing were equivocal/inconclusive and in vitro testing is required as a confirmatory test.
Total IgE is reasonable and necessary for follow-up of Allergic Bronchopulmonary Aspergillosis (ABPA) and to diagnosis atopy in children.
Retesting with the same antigen(s) should rarely be necessary within a three-year period. Exceptions include young children with negative skin tests, or older children and adults with negative skin tests in the face of persistent symptoms.

Limitations:
In vitro testing is covered when medically reasonable and necessary as a substitute for skin testing; it is not usually necessary in addition to skin testing. If in vitro testing is inconclusive, and contraindications for skin testing have been resolved, then skin testing may be done and is covered. The medical record must document this rationale. In vitro IgE testing will be **limited to 30 allergens/beneficiary over a 12-month period**. If more tests are performed, medical records may be requested.

Most Common Diagnoses (which meet medical necessity) *	
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
J30.89	Non-seasonal allergic rhinitis
J31.0	Chronic rhinitis
J45.40	Moderate persistent asthma
J45.50	Severe persistent asthma
J45.909	Asthma
J45.991	Cough variant asthma
K20.0	Eosinophilic esophagitis
L50.0	Allergic urticaria
L50.1	Idiopathic urticaria
L50.8	Chronic urticaria
R05.3	Chronic cough
R06.02	Shortness of breath
R09.81	Nasal congestion
R21	Rash and other nonspecific skin eruption
T78.1XXA	Adverse food reaction, initial encounter
T78.2XXA	Anaphylactic shock, initial encounter
T78.3XXA	Angioneurotic edema, initial encounter
T78.40XA	Allergy/ allergic reaction
Z91.010 through Z91.018	All food allergies

*For the full list of diagnoses that meet medical necessity see LCD Article 57473: Allergy Testing Article 57473

To see the complete coverage indication and limitations:
Allergy Testing - In Vitro Testing (blood serum analysis) L36402

The above CMS and WPS-GHA guidelines are current as of: 07/01/2025.