

Radioallergosorbent (RAST) Type Tests Policy					
Policy Number	2017R0092B	Annual Approval Date	11/09/2016	Approved By	Payment Policy Oversight Committee

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT^{®*}), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

UnitedHealthcare Community Plan uses a customized version of the Optum Claims Editing System known as iCES Clearinghouse to process claims in accordance with UnitedHealthcare Community Plan reimbursement policies.

*CPT[®] is a registered trademark of the American Medical Association

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Application
<p>This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid and Medicare products.</p> <p>This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.</p> <p>Payment Policies for Medicare & Retirement and Employer & Individual please use this link. Medicare & Retirement Policies are listed under Medicare Advantage Reimbursement Policies. Employer & Individual is listed under Reimbursement Policies-Commercial.</p>

Policy

Overview

This policy identifies circumstances in which UnitedHealthcare Community Plan will reimburse physicians or other health care professionals for radioallergosorbent (RAST) type tests as part of an allergy evaluation.

Reimbursement Guidelines

UnitedHealthcare Community Plan reimburses for radioallergosorbent (RAST) type tests (**CPT code 86003**) when one of the diagnosis codes are listed on a claim denoting allergic symptoms. UnitedHealthcare Community Plan will not reimburse when the test is rendered is without inclusion of one of the ICD-9/ICD-10 diagnostic codes being included on the claim accurately reflecting the member's condition.

The attached procedure to diagnosis list was first derived by identifying areas of convergence across Center for Medicare and Medicaid Services (CMS) Local Coverage Determinations (LCD) and information received from various specialty societies.

State Exceptions

Kansas	Kansas is excluded from this policy based on state requirements
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Questions and Answers


1	<p>Q: How was this reimbursement methodology derived?</p> <p>A: The coding edits are based upon review of the Center for Medicare and Medicaid Service's local coverage determinations and information received from various specialty societies.</p>
2	<p>Q: To determine reimbursement for reported CPT or HCPCS procedure codes, should ICD-9/ICD-10 diagnosis codes be reported at the claim level or claim line level?</p> <p>A: Report ICD-9/ICD-10 diagnosis codes at the claim line level of the CPT or HCPCS procedure code to be considered for reimbursement.</p>

Codes

CPT code section

86003	Allergen specific IgE; quantitative or semiquantitative, each allergen
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Attachments: Please right-click on the icon to open the file.

 ICD-10 Diagnosis Code Listing	<p>This list identifies ICD-10 diagnosis codes that should be linked with CPT codes found in the Coding section of this policy for reimbursement</p>
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Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

1/8/2017	Annual Approval Date updated
1/1/2017	Annual Version Change History Section: Entries prior to 1/1/15 archived
1/1/2016	Annual Policy Version Change Annual Approval Date updated History Section: Entries prior to 1/1/2014 archived
1/1/2015	Annual Version Change History Section: Entries prior to 1/1/13 archived
1/27/2014	Annual renewal of policy approved by United HealthCare Community & State Payment Policy Committee
1/1/2014	Annual Version Change
12/8/2007	Policy implemented by UnitedHealthcare Community & State

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