

## Radioallergosorbent (RAST) Type Tests Policy, Professional

### **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 use 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.

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### Application

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.**

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.

### 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 without inclusion of one of the ICD-9/ICD-10 diagnostic codes being included on the claim accurately reflecting the member's condition.

The 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.

**Codes**

ICD-10 Diagnosis Code List								
H10.10	H10.11	H10.12	H10.13	H10.411	H10.412	H10.413	H10.419	H10.45
H10.811	H10.812	H10.813	H10.819	H65.00	H65.01	H65.02	H65.03	H65.04
H65.05	H65.06	H65.07	H65.111	H65.112	H65.113	H65.114	H65.115	H65.116
H65.117	H65.119	H65.411	H65.412	H65.413	H65.419	H65.491	H65.492	H65.493
H65.499	H66.90	H66.91	H66.92	H66.93	H69.80	H69.81	H69.82	H69.83
J01.00	J01.01	J01.10	J01.11	J01.20	J01.21	J01.30	J01.31	J01.40
J01.41	J01.80	J01.81	J02.8	J02.9	J03.80	J03.81	J03.90	J03.91
J20.0	J20.1	J20.2	J20.3	J20.4	J20.5	J20.6	J20.7	J20.8
J20.9	J30.0	J30.1	J30.2	J30.5	J30.81	J30.89	J30.9	J31.0
J31.1	J31.2	J32.0	J32.1	J32.2	J32.3	J32.4	J32.8	J32.9
J33.0	J33.8	J34.3	J35.1	J35.2	J35.3	J44.0	J44.1	J44.9
J45.20	J45.21	J45.22	J45.30	J45.31	J45.32	J45.40	J45.41	J45.42
J45.50	J45.51	J45.52	J45.901	J45.902	J45.909	J45.990	J45.991	J45.998
L01.00	L01.01	L01.02	L01.03	L01.09	L01.1	L12.30	L12.31	L12.35
L13.0	L13.8	L14	L20.0	L20.81	L20.82	L20.84	L20.89	L20.9
L23.0	L23.1	L23.2	L23.3	L23.4	L23.5	L23.6	L23.81	L23.89
L23.9	L24.0	L24.1	L24.2	L24.3	L24.4	L24.5	L24.6	L24.81
L24.89	L24.9	L24.A0	L24.A1	L24.A2	L24.A9	L24.B0	L24.B1	L24.B2
L24.B3	L25.0	L25.1	L25.2	L25.3	L25.4	L25.8	L25.9	L27.0
L27.1	L27.2	L27.8	L27.9	L30.0	L30.2	L30.8	L30.9	L40.1
L49.0	L49.1	L49.2	L49.3	L49.4	L49.5	L49.6	L49.7	L49.8
L49.9	L50.0	L50.1	L50.3	L50.6	L50.8	L50.9	L51.0	L51.1
L51.2	L51.3	L51.8	L51.9	M02.211	M02.212	M02.219	M02.221	M02.222
M02.229	M02.231	M02.232	M02.239	M02.241	M02.242	M02.249	M02.251	M02.252
M02.259	M02.261	M02.262	M02.269	M02.271	M02.272	M02.279	M02.28	M02.29
R05.1	R05.2	R05.3	R05.4	R05.8	R05.9	R06.00	R06.09	R06.2
R06.3	R06.83	R06.89	R21	T36.0X5A	T36.1X5A	T36.2X5A	T36.3X5A	T36.4X5A
T36.5X5A	T36.6X5A	T36.7X5A	T36.8X5A	T36.9X5A	T37.0X5A	T37.1X5A	T37.2X5A	T37.3X5A
T37.4X5A	T37.5X5A	T37.8X5A	T37.9X5A	T38.0X5A	T38.1X5A	T38.2X5A	T38.3X5A	T38.4X5A
T38.5X5A	T38.6X5A	T38.7X5A	T38.805A	T38.815A	T38.895A	T38.905A	T38.995A	T39.015A
T39.095A	T39.1X5A	T39.2X5A	T39.315A	T39.395A	T39.4X5A	T39.8X5A	T39.95X5A	T40.0X5A
T40.2X5A	T40.3X5A	T40.415A	T40.425A	T40.495A	T40.5X5A	T40.605A	T40.695A	T40.715A
T40.725A	T40.905A	T40.995A	T41.0X5A	T41.1X5A	T41.205A	T41.295A	T41.3X5A	T41.45X5A
T41.5X5A	T42.0X5A	T42.1X5A	T42.2X5A	T42.3X5A	T42.4X5A	T42.5X5A	T42.6X5A	T42.75X5A
T42.8X5A	T43.015A	T43.025A	T43.1X5A	T43.205A	T43.215A	T43.225A	T43.295A	T43.3X5A
T43.4X5A	T43.505A	T43.595A	T43.605A	T43.615A	T43.625A	T43.635A	T43.695A	T43.8X5A
T43.95X5A	T44.0X5A	T44.1X5A	T44.2X5A	T44.3X5A	T44.4X5A	T44.5X5A	T44.6X5A	T44.7X5A
T44.8X5A	T44.905A	T44.995A	T45.0X5A	T45.1X5A	T45.2X5A	T45.3X5A	T45.4X5A	T45.515A
T45.525A	T45.605A	T45.615A	T45.625A	T45.695A	T45.7X5A	T45.8X5A	T45.95X5A	T46.0X5A
T46.1X5A	T46.2X5A	T46.3X5A	T46.4X5A	T46.5X5A	T46.6X5A	T46.7X5A	T46.8X5A	T46.905A
T46.995A	T47.0X5A	T47.1X5A	T47.2X5A	T47.3X5A	T47.4X5A	T47.5X5A	T47.6X5A	T47.7X5A
T47.8X5A	T47.95X5A	T48.0X5A	T48.1X5A	T48.205A	T48.295A	T48.3X5A	T48.4X5A	T48.5X5A
T48.6X5A	T48.905A	T48.995A	T49.0X5A	T49.1X5A	T49.2X5A	T49.3X5A	T49.4X5A	T49.5X5A
T49.6X5A	T49.7X5A	T49.8X5A	T49.95X5A	T50.0X5A	T50.1X5A	T50.2X5A	T50.3X5A	T50.4X5A
T50.5X5A	T50.6X5A	T50.7X5A	T50.8X5A	T50.905A	T50.995A	T50.A15A	T50.A25A	T50.A95A
T50.B15A	T50.B95A	T50.Z15A	T50.Z95A	T63.001A	T63.002A	T63.003A	T63.004A	T63.011A
T63.012A	T63.013A	T63.014A	T63.021A	T63.022A	T63.023A	T63.024A	T63.031A	T63.032A
T63.033A	T63.034A	T63.041A	T63.042A	T63.043A	T63.044A	T63.061A	T63.062A	T63.063A
T63.064A	T63.071A	T63.072A	T63.073A	T63.074A	T63.081A	T63.082A	T63.083A	T63.084A
T63.091A	T63.092A	T63.093A	T63.094A	T63.111A	T63.112A	T63.113A	T63.114A	T63.121A

ICD-10 Diagnosis Code List								
T63.122A	T63.123A	T63.124A	T63.191A	T63.192A	T63.193A	T63.194A	T63.2X1A	T63.2X2A
T63.2X3A	T63.2X4A	T63.301A	T63.302A	T63.303A	T63.304A	T63.311A	T63.312A	T63.313A
T63.314A	T63.321A	T63.322A	T63.323A	T63.324A	T63.331A	T63.332A	T63.333A	T63.334A
T63.391A	T63.392A	T63.393A	T63.394A	T63.411A	T63.412A	T63.413A	T63.414A	T63.421A
T63.422A	T63.423A	T63.424A	T63.431A	T63.432A	T63.433A	T63.434A	T63.441A	T63.442A
T63.443A	T63.444A	T63.451A	T63.452A	T63.453A	T63.454A	T63.461A	T63.462A	T63.463A
T63.464A	T63.481A	T63.482A	T63.483A	T63.484A	T63.511A	T63.512A	T63.513A	T63.514A
T63.591A	T63.592A	T63.593A	T63.594A	T63.611A	T63.612A	T63.613A	T63.614A	T63.621A
T63.622A	T63.623A	T63.624A	T63.631A	T63.632A	T63.633A	T63.634A	T63.691A	T63.692A
T63.693A	T63.694A	T63.711A	T63.712A	T63.713A	T63.714A	T63.791A	T63.792A	T63.793A
T63.794A	T63.811A	T63.812A	T63.813A	T63.814A	T63.821A	T63.822A	T63.823A	T63.824A
T63.831A	T63.832A	T63.833A	T63.834A	T63.891A	T63.892A	T63.893A	T63.894A	T63.91XA
T63.92XA	T63.93XA	T63.94XA	T65.811A	T65.812A	T65.813A	T65.814A	T78.00XA	T78.01XA
T78.02XA	T78.03XA	T78.04XA	T78.05XA	T78.06XA	T78.07XA	T78.08XA	T78.09XA	T78.2XXA
T78.3XXA	T78.40XA	T78.41XA	T78.49XA	T80.51XA	T80.52XA	T80.59XA	T80.61XA	T80.62XA
T80.69XA	T88.1XXA	T88.59XA	T88.6XXA	Z00.00	Z01.812	Z01.84	Z01.89	Z88.0
Z88.1	Z88.2	Z88.3	Z88.4	Z88.5	Z88.6	Z88.7	Z88.8	Z91.030
Z91.038	Z91.040	Z91.041						

### State Exceptions

<b>Kansas</b>	Kansas is excluded from this policy based on state requirements
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### Questions and Answers

<b>1</b>	<p><b>Q:</b> How was this reimbursement methodology derived?</p> <p><b>A:</b> 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>
<b>2</b>	<p><b>Q:</b> 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><b>A:</b> 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>

### 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

<b>9/26/2021</b>	Policy Version Change Codes section: Added section and Updated ICD-10 Diagnosis Codes
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<b>5/16/2021</b>	Policy Version Change Attachments Section: Removed attachment(s) and converted to table(s) Updated ICD-10 Diagnosis List
<b>10/11/2020</b>	Policy Version Change Attachment Section: Updated ICD-10 Diagnosis Listing attachment
<b>10/2/2020</b>	Annual Policy Version change History Section: Entries prior to 10/1/2018 archived
<b>10/04/2019</b>	Annual Policy Version change Attachment Section: Updated ICD-10 Diagnosis Listing attachment History Section: Entries prior to 1/1/2016 archived
<b>1/1/2019</b>	Policy Version change Policy Name: added "Professional"
<b>11/14/2018</b>	Annual Approval Date updated
<b>12/8/2007</b>	Policy implemented by UnitedHealthcare Community & State