



Reimbursement Policy

Policy Number: RPLAB013

Policy Title: Allergen Testing

Approval Date: May 15, 2026

Effective Date: Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information

1. 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**.
2. 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.
3. 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**.
4. When performed on the same day as skin prick testing, specific IgE in-vitro allergy testing **is not reimbursable**.
5. In the absence of a new clinical presentation, routine re-testing for allergies to the same allergens (except where specified above) **is not reimbursable**.
6. The Antigen Leukocyte Antibody test/ALCAT **is not reimbursable**.
7. For individuals with signs or symptoms of allergies, basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD **are not reimbursable**.
8. In-vitro allergen testing using bead-based epitope assays (e.g., VeriMAP Peanut Dx) **is not reimbursable**.
9. For all situations, in-vitro testing using qualitative specific IgE multi-allergen screen that does not identify a specific allergen **is not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
82784	ASSAY IGA/IGD/IGG/IGM EACH
82785	ASSAY OF IGE
82787	IGG 1 2 3 OR 4 EACH
83516	IMMUNOASSAY NONANTIBODY
86001	ALLERGEN SPECIFIC IGG
86003	ALLG SPEC IGE CRUDE XTRC EA
86005	ALLG SPEC IGE MULTIALLG SCR
86008	ALLG SPEC IGE RECOMB EA
88184	FLOWCYTOMETRY/ TC 1 MARKER
88185	FLOWCYTOMETRY/TC ADD-ON
95004	PERCUT ALLERGY SKIN TESTS
0165U	PEANUT ALLG ASMT EPI PRB ALL
0178U	PEANUT ALLG ASMT EPI CLIN RX

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Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following changes were made to Reimbursement Information: Added new #4: "When performed on the same day as skin prick testing, specific IgE in-vitro allergy testing is not reimbursable." Added code 95004. References revised.
04/28/2025	09/05/2025; Document updated with literature review. The following changes were made to Reimbursement Information: removed #1 as it was for guidance only; removed Note 1. References revised.
09/13/2024	01/01/2025: New policy.