Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
The ALCAT Test is investigative and unproven, and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related Medica Coverage Policy, Cytotoxic Testing for Allergy Diagnosis.
Note: This policy is no longer scheduled for routine review of the scientific literature.

Description
The ALCAT Test is a whole blood automated assay that measures blood cell reactions to food, chemical, and microbiological allergens by using the electronic principle of particle counting and sizing employed by hematology analyzers.

The ALCAT Test is performed at American Medical Testing Laboratories. Blood is withdrawn from the patient and sent for testing. Portions of whole blood are individually incubated with specific allergens, re-suspended, and inserted into an autoanalyzer. The injected samples pass by an aperture that electronically reads the number and size of the cells. A graph displaying the results is printed for each sample tested. ALCAT Test-positive results are theorized to correlate with specific allergen sensitivities. In the case of food allergens, a recommended allergen-free elimination diet is also provided.

FDA Approval
The ALCAT Test has not been granted FDA approval.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.
Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
83516 - Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method

Original Effective Date: 12/1/2003

Re-Review Date(s):
6/27/2006
6/12/2009
7/18/2012
7/15/2015
7/15/2018
2/10/2020 – administrative update; formatting