

ALCAT Test for Food and Chemical Allergies

Also known as	<div><div>1. Allergen test</div><div>2. Antigen Leukocyte Cellular Antibody test</div><div>3. Chemical allergy test</div><div>4. Food allergy test</div><div>5. Microbiological allergy test</div></div>				
Description	Antigen Leukocyte Cellular Antibody (ALCAT) test is a blood test that measures blood cell reactions to food, chemical, and microbiological allergens.				
See also	<div>Similar, related, or easily confused documents.</div> <div><div>• Cytotoxic Testing for Allergy Diagnosis - A blood test for food allergies using cytotoxic testing. A patient’s white blood cells are applied to slides coated with specific food allergens.</div></div>				
Table of Contents	<div>The following topics are included in this document:</div> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>12.12.23</td><td>Updated to new template.</td></tr></table>	Date	Description	12.12.23	Updated to new template.
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Commercial

Introduction	This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.				
Benefits (all except MMP)	Not proven, not covered.				
Mayo Medical Plan (MMP)	Not proven, not covered.				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>12.12.23</td><td>Updated to new template.</td></tr></table>	Date	Description	12.12.23	Updated to new template.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Not proven, not covered.Follows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Not proven, not covered.</p> <ul style="list-style-type: none">Medica is the only payer.				
Cost (Prime)	<p>Not proven, not covered.</p> <ul style="list-style-type: none">Follows Medicare guidelines.				
Med Advantage	<p>Not proven, not covered.</p> <ul style="list-style-type: none">Medica is the only payer.				
Med Supp (Select, Signature)	<p>Not proven, not covered.</p> <ul style="list-style-type: none">Follows Medicare guidelines.Medicare supplement.Medicare is the primary payer.				
Medicaid	Not proven, not covered.				
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Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.	
Benefits	Not proven, not covered.	
Document history	The document history for the past 12 months is outlined below.	
	Date	Description
	12.12.23	Updated to new template.