



Related MLN Matters Article #: MM5741

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### *Correction to Revised Healthcare Common Procedure Coding System (HCPCS) Codes Relating to Immune Globulin (Change Request (CR) 5635)*

#### Key Words

MM5741, CR5741, R1350CP, HCPCS, Immune, Globulin, CR5635, MM5635

#### Provider Types Affected

Suppliers who bill Medicare Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for Immune Globulin

#### Key Points

- The effective date of the instruction is July 1, 2007.
- The implementation date is November 5, 2007.
- CR5741 corrects CR5635 to show that it applies to suppliers billing DME MACs.
- CR5635 revised HCPCS codes relating to immune globulin.
- Basically, CR5741 restates the requirements of CR5635 that apply to suppliers billing Medicare DME MACs.
- CR5741 announces that on and after July 1, 2007:
  - Code J1567 (injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg) is **no longer payable by Medicare**.
  - It is being replaced by the following codes, which are effective for payment on July 1, 2007:
    - **Q4087** (Octagam Injection),
    - **Q4088** (Gammagard Liquid Injection),
    - **Q4091** (Flebogamma Injection), and
    - **Q4092** (Gamunex Injection).

- In addition, two new codes are payable for services on or after July 1, 2007:
  - **Q4089** (Rhophylac injection). Note that Currently, Rhophylac® is the only product that should be billed using code Q4089. If other products under the FDA approval for Rhophylac® become available, code Q4089 would be used to bill for such products.
  - **Q4090** (HepaGam B injection). **Note:** Currently HepaGam B™, when given intramuscularly, is the only product that should be billed using code Q4090. If other products under the Food and Drug Administration's approval for HepaGam B™ IM become available, code Q4090 would be used to bill for such products. HepaGam B™ when given intravenously should be billed using an appropriate Not Otherwise Classified code in the absence of a specific HCPCS code.
- As described in CR5428, Medicare contractors will pay for preadministration-related services (G0332) associated with Intravenous Immune Globulin (IVIG) administration when Q4087, Q4088, Q4091, or Q4092 is billed in lieu of J1567.
- Table 1 in MLN Matters article MM5741 displays these codes and their descriptions.

## Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5741.pdf> on the CMS website.

The official instruction (CR5741) regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R1350CP.pdf> on the CMS website.

Providers may also wish to review the following related articles:

- **MM5428:** "Medicare Payment for Pre-administration-Related Services Associated with IVIG Administration—Payment Extended through CY 2007" at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5428.pdf>;
- **MM5713:** "Medicare Payment for Pre-administration-Related Services Associated with Intravenous Immune Globulin (IVIG) Administration—Payment Extended through CY 2008" at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5713.pdf> and
- **MM5635:** "Revised HCPCS Codes Relating to Immune Globulin" at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5635.pdf> on the CMS website. MM5635 implemented HCPCS coding changes for Immune Globulin. On and after July 1, 2007, HCPCS code **J1567** (injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg)) will no longer be payable by Medicare.