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Medicare Payment for Pre-administration-Related Services Associated with Intravenous Immune Globulin (IVIG) Administration—Payment Extended through CY 2008

Key Words

MM5713, CR5713, R1338CP, Pre-administration, Globulin, IVIG

Provider Types Affected

Physicians or hospital outpatient facilities billing Medicare Carriers, Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs) for services related to the pre-administration of IVIG for Medicare beneficiaries

Key Points

- The effective date of the instruction is January 1, 2008.
- The implementation date is January 7, 2008.
- Under Section 1861(s)(1) and 1861(s)(2), Medicare Part B covers IVIG administered by physicians in physician offices and by hospital outpatient departments.
- More specifically, when providers administer IVIG to a Medicare beneficiary in the physician office or hospital outpatient department, Medicare makes separate payments to the physician or hospital for both the IVIG product itself and for its administration via intravenous infusion.
- This payment is for the additional pre-administration-related services required to locate and acquire adequate IVIG product during this current period where there may be potential market issues.

Reminders to Providers

- The policy and billing requirements concerning the IVIG pre-administration-related services payment are the same in 2008 as they were in 2007 and 2006.
- This IVIG pre-administration service payment is in addition to Medicare's payments to the physician or hospital for the IVIG product itself and for its administration by intravenous infusion.
- Medicare Carriers, FIs, or A/B MACs will pay for these services that are provided in a physician office under the physician fee schedule.

- FIs or A/B MACs will pay for them under the outpatient prospective payment system (OPPS) for **hospitals subject to OPPS (bill types: 12x, 13x)**.
- FIs or A/B MACs will pay for them under current payment methodologies **for all non-OPPS hospitals (bill types: 12x, 13x, 85x)**.
- Providers need to use Healthcare Common Procedure Coding System (HCPCS) code G0332 (Pre-administration-Related Services for IVIG) to bill for this service.
- Providers can bill for only one IVIG pre-administration per patient per day of IVIG administration.
- For services on or after January 1, 2008, the service must be billed on the same claim form as the IVIG product (HCPCS codes J1566, J1568, J1569, J1561, and/or J1572) and have the same date of service as the IVIG product and a drug administration service.

Note: The definition for J1566 is changed effective January 1, 2008. The new definition is "Injection, immune globulin, intravenous, lyophilized (e.g., powder), NOS, 500 mg."

Reason/Remark Codes

- Physicians' claims will be rejected as unprocessable and hospital claims will be returned by the provider's FI, carrier, or A/B MAC if one of the IVIG product HCPCS codes is not included with G0332 for that date of service.
- In doing so, the contractor will use one or both of the following codes:
 - M67 - "Missing other procedure codes"; and/or
 - 16 - "Claim/service lacks information which is needed for adjudication."
- Physicians' claims will be rejected as unprocessable and hospital claims will be returned for pre-administration-related services by the provider's FI, carrier, or A/B MAC if more than 1 unit of service of G0332 is indicated on the same claim for the same date of service.
- They will use the appropriate reason/remark code such as:
 - M80 - "Not covered when performed during the same session/date as a previously processed service for the patient"; and/or
 - B5 - "Payment adjusted because coverage/program guidelines were not met or were exceeded."

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5713.pdf> on the CMS website.

The official instruction (CR5713) regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R1338CP.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their Medicare Carrier, FI or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.