

MLN Matters Number: MM5635


Related Change Request (CR) #: 5635

Related CR Release Date: June 1, 2007

Effective Date: July 1, 2007

Related CR Transmittal #: R1261CP

Implementation Date: July 2, 2007

	<p><b>PQRI Information Available</b></p> <p>A new CMS web page dedicated to providing information on the Physician Quality Reporting Initiative (PQRI) is now available.</p> <p>On December 20, 2006, the President signed the Tax Relief and Health Care Act of 2006 (TRHCA). Section 101 under Title I authorizes the establishment of a physician quality reporting system for eligible professionals by CMS. CMS has titled the statutory program the Physician Quality Reporting Initiative. For more information, visit <a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html</a> on the CMS website.</p>
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## Revised HCPCS Codes Relating to Immune Globulin

**Note:** This article was updated on June 20, 2013, to reflect current Web addresses. This article was previously revised on February 19, 2008, to add references to 2 related articles (MM5713 and MM5741). These references have been added to the Additional Information Section at the end of this article. All other information remains unchanged.

### Provider Types Affected

Physicians, providers and suppliers who bill Medicare contractors (carriers; Fiscal Intermediaries (FI), including Regional Home Health intermediaries (RHHIs); Medicare Administrative Contractors (A/B MACs); and Durable Medical Equipment Medicare Administrative Contractors (DME MACs)) for Immune Globulin

### What You Need to Know

CR 5635, from which this article is taken, implements 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.**
- **In its place, the following HCPCS codes are payable:** Q4087 (Octagam Injection), Q4088 (Gammagard Liquid Injection), Q4091 (Flebogamma Injection), and Q4092 (Gamunex Injection);

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This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

- In addition, for services on or after July 1, 2007, two new codes are payable:
  - **Q4089 (Rhophylac injection).** Note that currently, Rhophylac® is the only product that should be billed using code Q4089. If other products under the Food and Drug Administration's (FDA) approval for Rhophylac® become available, code Q4089 would be used to bill for such products.
  - **Q4090 (HepaGam B injection).** Note that currently, HepaGam B™, when given intramuscularly, is the only product that should be billed using code Q4090. If other products under the FDA'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.
- For institutional claims, revenue code 0636 should be used for billing codes Q4087, Q4088, Q4089, Q4090, Q4091, and Q4092.
- As described in CR 5428, Medicare contractors will pay for pre-administration-related services (G0332) associated with intravenous Immune Globulin administration when Q4087, Q4088, Q4091, or Q4092 is billed in lieu of J1567.

Make sure that your billing staffs are aware of these Immune Globulin HCPCS code changes.

## Background

CR 5635, from which this article is taken, implements HCPCS Coding Changes for Immune Globulin, Effective for services on or after July 1, 2007. See Table 1, below, for details.

**Table 1**  
**HCPCS Code Changes for Immune Globulin**  
**Effective July 1, 2007**

HCPCS Code	Short Description	Long Description
<b>Status: Not Payable by Medicare on or after July 1, 2007</b>		
J1567	Immune globulin, liquid	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg
<b>Status: Payable for services on or after July 1, 2007</b>		
Q4087	Octagam Injection	Injection, immune globulin (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
Q4088	Gammagard Liquid Injection	Injection, immune globulin (Gammagard Liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg
Q4091	Flebogamma Injection	Injection, immune globulin (Flebogamma), intravenous, non-lyophilized(e.g. liquid), 500 mg

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HCPCS Code	Short Description	Long Description
Q4092	Gamunex Injection	Injection, immune globulin (Gamunex), intravenous, non-lyophilized (e.g., liquid), 500 mg
Status: New/Payable for services on or after July 1, 2007		
Q4089*	Rhophylac injection	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 iu
Q4090^	HepaGam B injection	Injection, hepatitis B immune globulin (HepaGam B), intramuscular, 0.5 ml

\*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.

^Currently, HepaGam B™, when given intramuscularly, is the only product that should be billed using code Q4090. If other products under the FDA'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.

## Additional Information

You can find the official instruction issued to your Medicare contractor about the revised HCPCS codes relating to Immune Globulin by going to CR5635, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1261CP.pdf> on the CMS website.

Payment limits for the new Q codes will be included in the July 2007 quarterly Average Sales Price payment file, which will be posted at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index.html> on the CMS website.

In addition, more information regarding the Outpatient Prospective Payment System (OPPS) and the new Q codes in the July update of OPPS Addendum A and Addendum B on the hospital outpatient website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html> 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.gov/outreach-and-education/medicare-learning-network-mln/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.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm5713.pdf>; and

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- **MM5741:** "Correction to Revised HCPCS Codes Relating to Immune Globulin (CR 5635)" is directed toward for DME MACs only may be found at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm5741.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, RHHI, A/B MAC, or DME MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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