

# CMS Manual System

## Pub 100-04 Medicare Claims Processing

Transmittal 812

Department of Health &  
Human Services (DHHS)

Centers for Medicare &  
Medicaid Services (CMS)

Date: JANUARY 13, 2006

Change Request 4244

**SUBJECT: Medicare Payment for Pre-administration-Related Services Associated With Intravenous Immune Globulin Administration**

**I. SUMMARY OF CHANGES:** Establishment of a temporary add-on payment for physicians and hospital outpatient departments that administer IVIG to Medicare beneficiaries for 2006.

### NEW/REVISED MATERIAL

**EFFECTIVE DATE: January 1, 2006**

**IMPLEMENTATION DATE: February 13, 2006**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)**

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

### III. FUNDING:

**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

### IV. ATTACHMENTS:

One-Time Notification

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – One-Time Notification

Pub. 100-04	Transmittal: 812	Date: January 13, 2006	Change Request 4244
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**SUBJECT: Medicare Payment for Preadministration-Related Services Associated With Intravenous Immune Globulin Administration**

## I. GENERAL INFORMATION

**A. Background:** Under Section 1861(s)(1) and 1861(s)(2), Medicare Part B covers intravenous immune globulin (IVIG) administered by physicians in physician offices and by hospital outpatient departments. When IVIG is administered 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 the administration of the product via intravenous infusion.

In the hospital outpatient prospective payment system final rule and the physician fee schedule final rule published in the “Federal Register” on November 10, 2005 and November 21, 2005 respectively, we announced that we would establish a temporary add-on payment for physicians and hospital outpatient departments that administer IVIG to Medicare beneficiaries for 2006. This additional payment is for the additional preadministration-related services required to locate and acquire adequate IVIG product and prepare for an infusion of IVIG during this current period where there may be potential market issues.

There will be a followup CR issued at a later date with additional business requirements and a manual instruction.

**B. Policy:** For dates of service on or after January 1, 2006 and on or before December 31, 2006, Medicare will make a separate payment to physicians and hospital outpatient departments for preadministration-related services associated with administration of IVIG. HCPCS code G0332 - Preadministration-Related Services for Intravenous Infusion of Immunoglobulin, per Infusion Encounter (this service is to be billed in conjunction with administration of immunoglobulin) will be used to bill for this service. This IVIG preadministration service can be billed by the physician or outpatient hospital providing the IVIG infusion only once per patient per day of IVIG administration. The service must be billed on the same claim form as the IVIG product (J1566 and/or J1567) and have the same date of service as the IVIG product and a drug administration service. 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 administration of the IVIG product via intravenous infusion.



Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4244.5.1	Carriers shall reject as unprocessable when more than 1 unit of service of G0332 is indicated on the same claim for the same date of service.			X						
4244.5.1.2	Contractors shall use the appropriate reason/remark code such as: N362 “The number of Days or Units of service exceeds our acceptable maximum and/or B5 “Payment adjusted because coverage/program guidelines were not met or were exceeded”	X		X						
4244.6	A claim for preadministration-related services (G0332) associated with IVIG administration is only payable if G0332, the drug (IVIG, HCPCS codes: J1566 and/or J1567), and the drug administration service are all billed on the same claim for the same date of service.	X		X						
4244.6.1	Fiscal intermediaries shall return the claim for G0332 to the provider if J1566 and/or J1567 and a drug administration service are not also billed for the same date of service on the same claim.	X								
4244.6.1.2	Carriers shall reject as unprocessable a claim for G0332 if J1566 and/or J1567 and a drug administration service are not billed for the same date of service on the same claim.			X						
4244.6.1.3	Contractors shall use the appropriate reason/remark messages such as: M67 “Missing other procedure codes” and/or 16 “Claim/service lacks information which is needed for adjudication.	X		X						
4244.7	Contractors shall not search for and adjust claims already processed unless brought to their attention.	X		X						

**III. PROVIDER EDUCATION**

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4244.8	None									

**IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS**

**A. Other Instructions: N/A**

X-Ref Requirement #	Instructions

**B. Design Considerations: N/A**

X-Ref Requirement #	Recommendation for Medicare System Requirements

**C. Interfaces: N/A**

**D. Contractor Financial Reporting /Workload Impact: N/A**

**E. Dependencies: N/A**

**F. Testing Considerations: N/A**

**V. SCHEDULE, CONTACTS, AND FUNDING**

<p><b>Effective Date*:</b> January 1, 2006</p> <p><b>Implementation Date:</b> February 13, 2006</p> <p><b>Pre-Implementation Contact(s):</b></p> <p><b>Policy Issues:</b></p>	<p><b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b></p>
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**Billing Issues:**

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410-786-5733

**Carriers:** Yvette Cousar,  
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**Post-Implementation Contact(s):** Appropriate  
regional office

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