

Home IVIG Monitoring Report

March 2026

Analyses and findings within this report were calculated by Abt Global under the contract "Home Health Prospective Payment System (HH PPS) Hospice, Home Infusion Therapy (HIT), Home Intravenous Immune Globulin (IVIG) Items and Services and Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS): Analysis Support and Monitoring" (GS-00F-252CA), funded by the Centers for Medicare & Medicaid Services, Department of Health and Human Services



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Executive Summary

Coverage of items and services related to the in-home administration of intravenous immune globulin (IVIG) for the treatment of primary immunodeficiency disease (PIDD) became a permanent benefit of Medicare Part B on January 1, 2024, pursuant to Division FF, section 4134 of the Consolidated Appropriations Act, 2023. “Items and services” include infusion equipment and nursing services provided during a visit to the patient’s home.¹ Under the benefit, Medicare pays durable medical equipment (DME) suppliers a single payment per visit which is separate from the payment for the IVIG product.² Prior to January 1, 2024, the items and services for home IVIG visits were covered for beneficiaries who participated in the Medicare IVIG Demonstration, which began in October 2014.

This report provides information on the number of beneficiaries with claims that included a PIDD diagnosis (Exhibit 1), utilization of home IVIG drugs and visits (Exhibits 2 through 5), characteristics of home IVIG visit recipients (Exhibits 6 and 7), and characteristics of DME/IVIG supplier organizations (Exhibits 8 through 10). Data are presented for the first quarter (Q1) of 2023 through the second quarter (Q2) of 2025. The data for the first eight quarters in this report are from the Medicare IVIG Demonstration and the data for the final two quarters are from the permanent benefit.

From Q1 2023 through Q4 2023, home IVIG visits gradually increased from 5,007 to 5,777, with an increase in every quarter. Visits increased substantially in 2024 when the permanent benefit began and beneficiaries receiving home IVIG visits were no longer required to be enrolled in the Medicare IVIG Demonstration. Visits increased by 3,015 (52.2 percent) from Q4 2023 to Q2 2025.

Along with the increase in home IVIG visits, there was a significant increase in the number of visit supplier organizations in 2024 and then a slower increase in 2025. The number of DME suppliers providing home IVIG visits increased from 92 in Q4 2023 to 137 in Q1 2024 (a 48.9 percent increase) after ranging between 88 and 92 organizations in each quarter from Q1 2023 through Q4 2023. By Q2 2025, the number of DME suppliers providing home IVIG visits increased to 161 (an increase of 17.5 percent compared to Q1 2024).

¹ See the discussion in the CY 2024 Home Health final rule: <https://www.govinfo.gov/content/pkg/FR-2023-11-13/pdf/2023-24455.pdf>.

² For more details on payment for home IVIG visits, see the IVIG Policy Article (<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52509>).

Methodology

Data are from the CMS Chronic Conditions Warehouse Virtual Research Data Center (CCW VRDC) and include 100% of Medicare Part B DME claims with a Healthcare Common Procedure Coding System (HCPCS) code indicating either utilization of an IVIG drug or a home IVIG visit. Data also include counts of beneficiaries with an ICD-10-CM diagnosis code indicating PIDD on any Carrier or DME claim by quarter. For this report, we examine the 10 quarters of data from Q1 2023 through Q2 2025. The data for CY 2023 were extracted in January 2025, and the data for CY2024 and the first two quarters of CY 2025 were extracted in January 2026. The data for each quarter were extracted at least six months after the end of the quarter, which allows sufficient time for claims to process.³

To be eligible for the home IVIG benefit a beneficiary must be diagnosed with PIDD, must be using one of 11 drugs covered by the benefit, and the treating practitioner has determined that administration of the IVIG in the patient's home is medically appropriate. To present information on the number of beneficiaries with claims that included a PIDD diagnosis over time, we counted all beneficiaries in each quarter with a DME or Carrier claim that included one of 25 ICD-10-CM codes that indicate a PIDD diagnosis.⁴ We identified home IVIG drug prescription fills by searching for DME claim lines that included a HCPCS code for one of the 11 drugs covered by the benefit.⁵ We identified home IVIG visits by searching for DME claim lines that included the HCPCS code for items and services related to the in-home administration of IVIG (Q2052). For both prescription fills and visits, we only included claim lines with a positive payment amount.

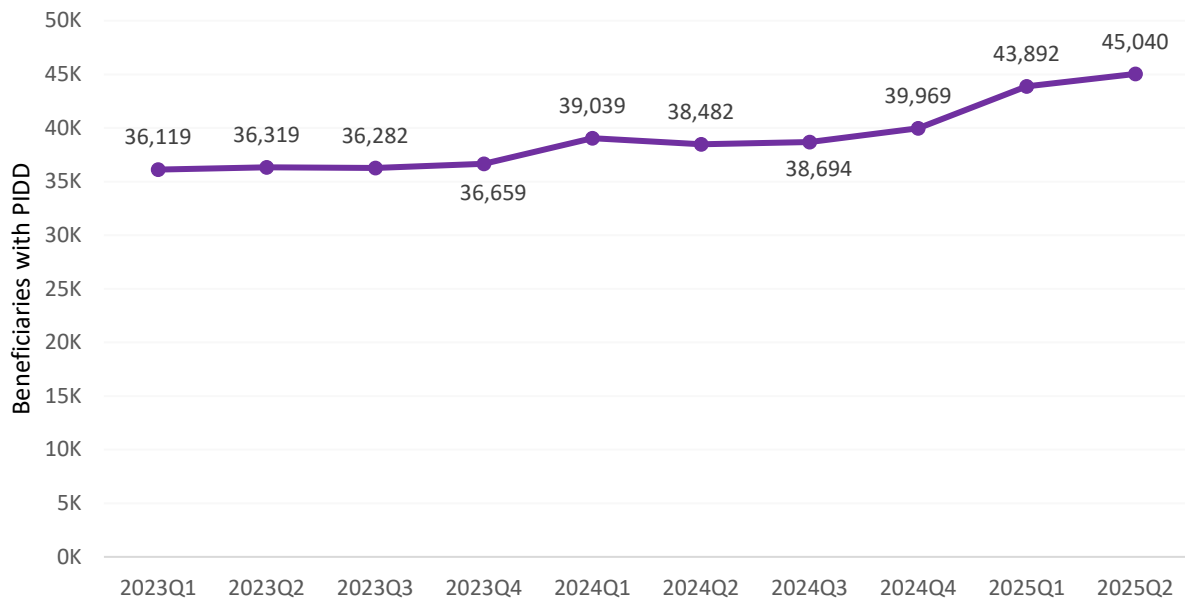
For this report, DME suppliers were identified using the National Provider Identifier (NPI), and any NPI with at least one home IVIG visit was considered a home IVIG visit supplier. Likewise, any NPI with at least one home IVIG drug fill was considered a home IVIG drug supplier. After identification, NPIs were consolidated using the NPI's organization name field on the National Plan & Provider Enumeration System (NPPES). NPIs with the same or similar organization names were grouped together into a single supplier organization.

³ The CCW White Paper: Medicare Claims Maturity reports that 95.45 percent of DME claims for services supplied in July 2010 were final and available in the CCW database within six months of the service date (<https://www2.ccwdata.org/documents/10280/19002256/medicare-claims-maturity.pdf>).

⁴ Table 3 in Pub 100-04 Medicare Claims Processing Transmittal 12437 includes the ICD-10-CM codes indicating a PIDD diagnosis. (<https://www.cms.gov/files/document/r12437cp.pdf>). Table A1 in Appendix A of this report presents the ICD-10 codes.

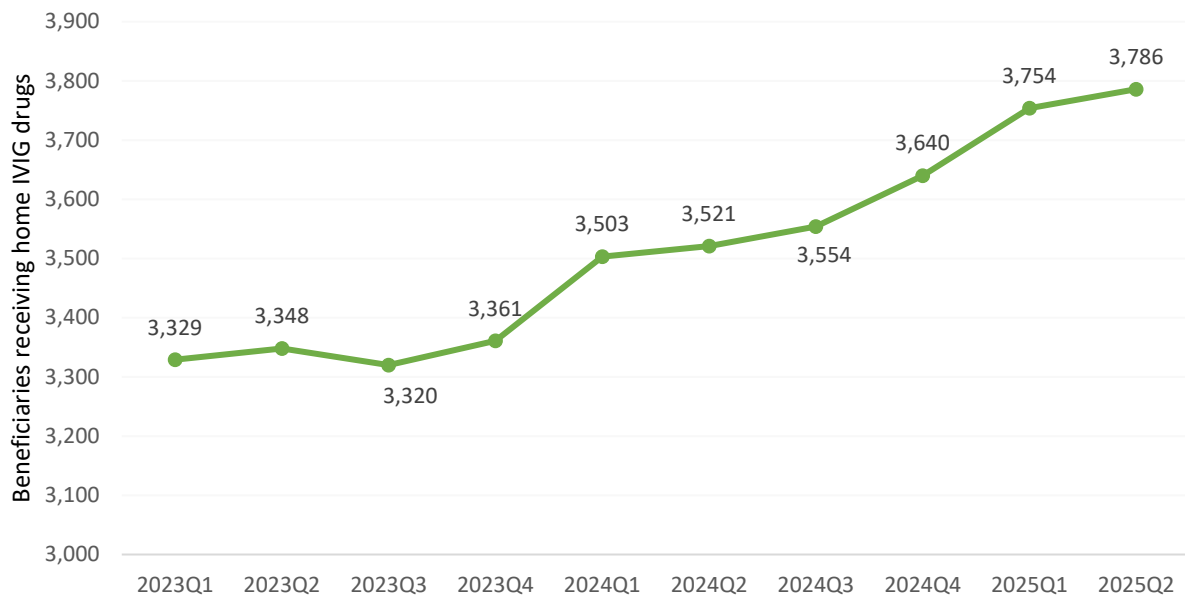
⁵ Table 2 in Pub 100-04 Medicare Claims Processing Transmittal 12437 includes the HCPCS codes for home IVIG drugs (<https://www.cms.gov/files/document/r12437cp.pdf>). Table A2 in Appendix A of this report presents the HCPCS codes.

Exhibit 1. Beneficiaries with a claim that included a diagnosis code for a primary immunodeficiency disease (PIDD) (Q1 2023 – Q2 2025)



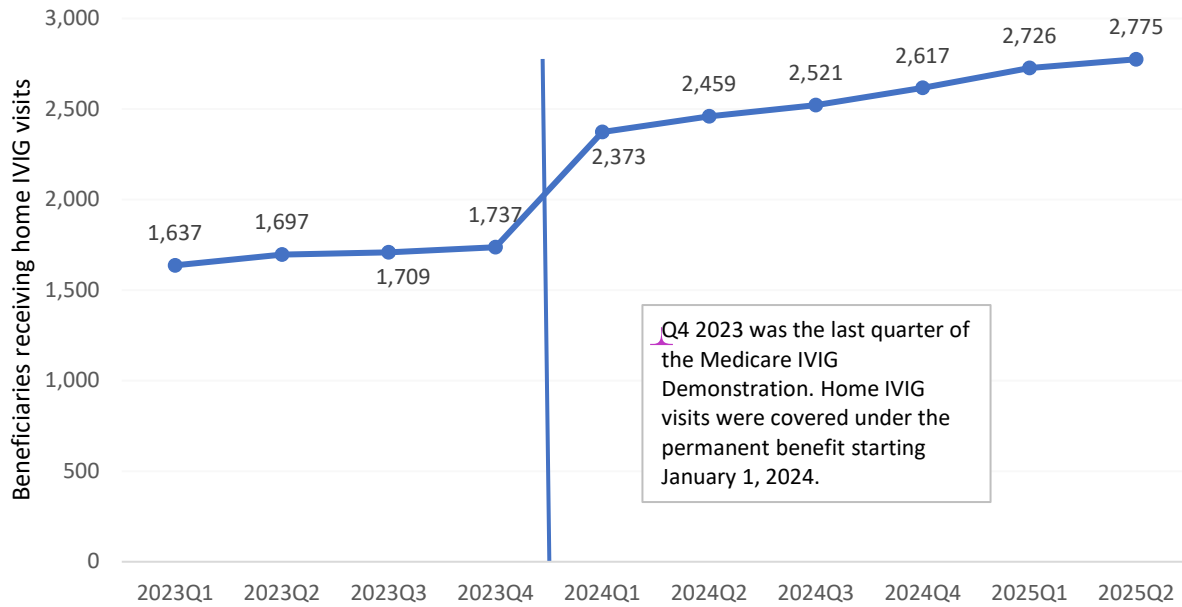
Source: Analyses of Medicare FFS Carrier and DME claims (Accessed from CCW VRDC on January 15, 2026)

Exhibit 2. Beneficiaries receiving home IVIG drugs (Q1 2023 – Q2 2025)



Source: Analyses of Medicare FFS DME claims (Accessed from CCW VRDC on January 15, 2026)

Exhibit 3. Beneficiaries receiving home IVIG visits (Q1 2023 – Q2 2025)



Source: Analyses of Medicare FFS DME claims (Accessed from CCW VRDC on January 15, 2026)

Exhibit 4. Number of home IVIG visits (Q1 2023 – Q2 2025)



Source: Analyses of Medicare FFS DME claims (Accessed from CCW VRDC on January 15, 2026)



KEY TAKEAWAYS:

The **number of beneficiaries with a claim** that included a **diagnosis code for a PIDD** (and so were potentially eligible for home IVIG visits) was **24.7% higher in Q2 2025** than in **Q1 2023**.

The **number of beneficiaries** receiving **home IVIG drugs** increased by **13.7%** over the same period.

The **number of beneficiaries** receiving **home IVIG visits** and the **total number of service visits** increased by **69.5%** and **75.6%**, respectively, over the same period. **Most of the increase in home IVIG visits** occurred in **2024**.



EXHIBIT 1-4 METHODOLOGY:

Exhibit 1 shows the number of unique beneficiaries in each quarter that had a Part B DME or Carrier claim with one of 25 ICD-10-CM codes for PIDD. Exhibit 2 shows the number of unique beneficiaries in each quarter that had a Part B DME claim line with a positive payment amount and a HCPCS code for one of the 12 IVIG drugs that qualify a beneficiary for the home IVIG benefit. Exhibit 3 shows the number of unique beneficiaries that had a Part B DME claim line with a positive payment amount and the HCPCS code for items and services related to the in-home administration of IVIG (Q2052). Exhibit 4 shows the number of Part B DME claim lines with a positive payment amount and the HCPCS code for items and services related to the in-home administration of IVIG (Q2052).

Exhibit 5. Utilization of home IVIG visits by linked IVIG drug (Q3 2024 - Q2 2025)

Linked Drug	Number of visits	Share of visits
Gamunex (J1561)	8,288	24.7%
Gammagard liquid (J1569)	7,932	23.7%
Privigen (J1459)	3,899	11.6%
Panzyga (J1576)	3,299	9.8%
Gammaplex (J1557)	3,070	9.2%
Bivigam (J1556)	1,898	5.7%
Octagam (J1568)	1,765	5.3%
Asceniv (J1554)	1,360	4.1%
IVIG, NOS lyophilized (J1566)	1,227	3.7%
Alyglo (J1552)	630	1.9%
IVIG, NOS non-lyophilized (J1599)	150	0.4%
Unmatched	13	0.0%
Flebogamma (J1572)	0	0.0%
Total	33,531	100%

Source: Analyses of Medicare FFS DME claims (Accessed from CCW VRDC on January 15, 2026)



KEY TAKEAWAYS:

Almost **half** of home IVIG visits were linked to either **Gammagard** or **Gamunex**

Nearly 80% of visits were linked to one of five drugs (Gammagard, Gamunex, Privigen, Panzyga, or Gammaplex).

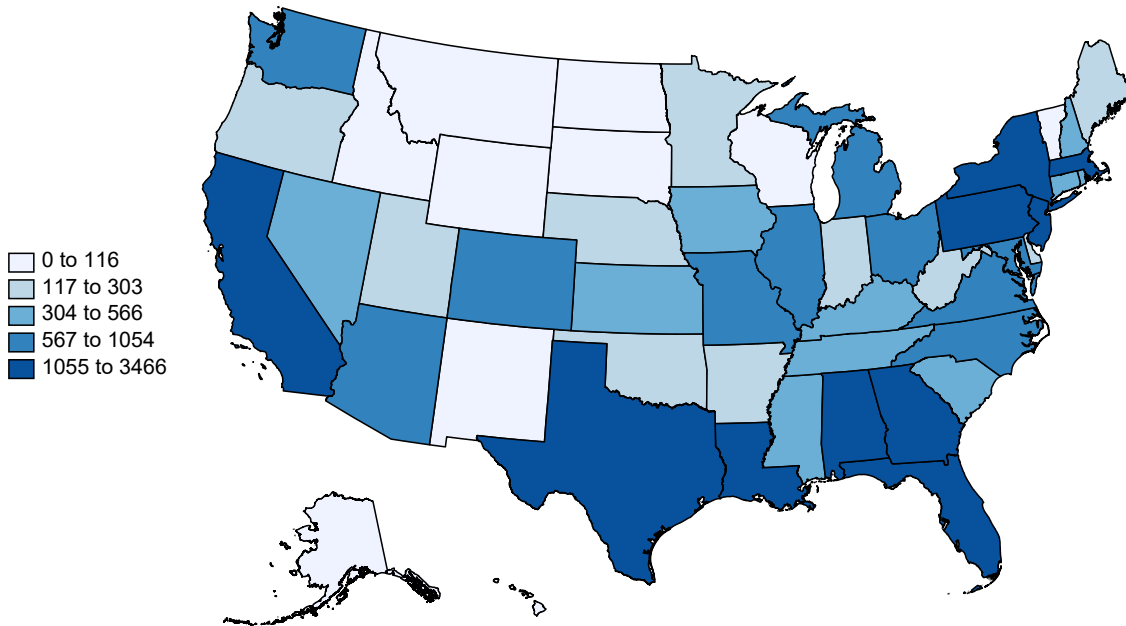


EXHIBIT 5 METHODOLOGY:

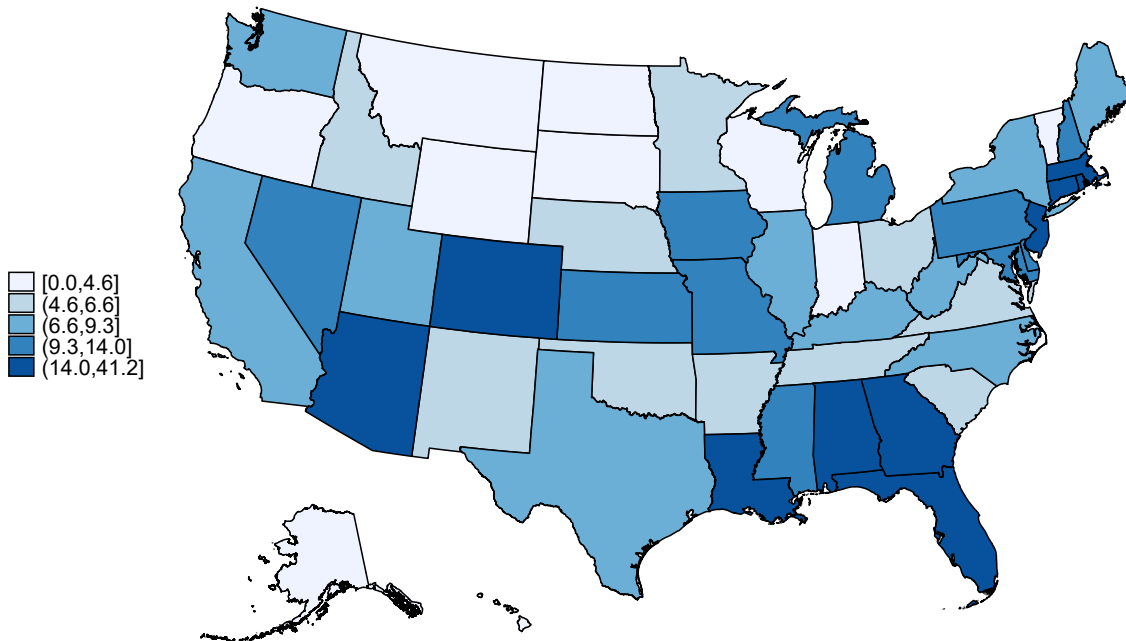
Home IVIG visits were matched to IVIG prescription fills by identifying drug-specific HCPCS codes (J-codes) on Part B DME claim lines with expense dates within 30 days of the visit expense date.

Exhibit 6. Home IVIG visits by state (Q3 2024 - Q2 2025)

Home IVIG Visits



Visits per 10,000 FFS Beneficiaries



Source: Analyses of Medicare FFS DME claims (Accessed from CCW VRDC on January 15, 2026)



KEY TAKEAWAYS:

Without adjusting for differences in Medicare FFS enrollment across states, **IVIG visits were highest** in **Alabama, California, Florida, Georgia, Massachusetts, New York, New Jersey, Pennsylvania, and Texas.**

The **number of IVIG visits per 10,000 FFS Medicare beneficiaries** was **highest** in **Alabama** and **Rhode Island** at **41.2** and **31.1 visits per 10,000 beneficiaries**, respectively. After Rhode Island, **Louisiana** had the **next highest number of IVIG visits per 10,000 FFS Medicare beneficiaries at 26.9.**



EXHIBIT 6 METHODOLOGY:

The state of a home IVIG visit was identified using the beneficiary residence state code on the DME claim. The number of FFS Medicare beneficiaries for each state was determined using the monthly enrollment for December 2024 reported on the CMS website: <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/monthly-enrollment-state>. The categories for the two maps are based on quintiles for the number of visits and for the number of visits per 10,000 FFS beneficiaries, respectively.

Exhibit 2. Number and percent of beneficiaries with home IVIG visits by demographic characteristics (Q3 2024 - Q2 2025)

	Home IVIG Beneficiaries		Medicare FFS 2024*
	N	%	%
Sex			
Female	2,529	77.7%	54.2%
Male	725	22.3%	45.8%
Total	3,254	100%	100%
Age			
Age < 65	587	18.0%	10.2%
65 <= Age < 75	1,509	46.4%	47.9%
75 <= Age < 85	950	29.2%	30.0%
85 <= Age	208	6.4%	11.9%
Total	3,254	100%	100%
Dual Eligibility**			
Never Dually Eligible	2,847	87.5%	83.0%
Any Dual Eligibility	407	12.5%	17.0%
Total	3,254	100%	100%

* Contains all Medicare FFS beneficiaries from the Medicare Beneficiary Summary File (MBSF) with both Part A and Part B enrollment.

** Eligibility for both Medicare and Medicaid.

Source: Analyses of Medicare FFS Part B DME claims and the MBSF (Accessed from CCW VRDC on January 25, 2026)



KEY TAKEAWAYS:

Relative to the full population of Medicare fee-for-service (FFS) beneficiaries, home IVIG visit recipients were more likely to be **FEMALE**, and more likely to be less than 65 years old.



EXHIBIT 7 METHODOLOGY:

We obtained demographic characteristics for home IVIG service visit recipients from the Medicare Beneficiary Summary File (MBSF). We calculated age as the oldest age that a beneficiary attained during the 12-month period. Dual eligibility status for Medicare and Medicaid, which is assigned monthly in the MBSF, is assigned as never eligible versus any eligibility for the 12 months we examined. Because recipients exist over multiple quarters, the sum of recipients in this exhibit do not equal the totals in Exhibit 3.

Exhibit 3. Number of home IVIG visit supplier organizations and total number of visits by size of supplier organization (Q3 2024 - Q2 2025)

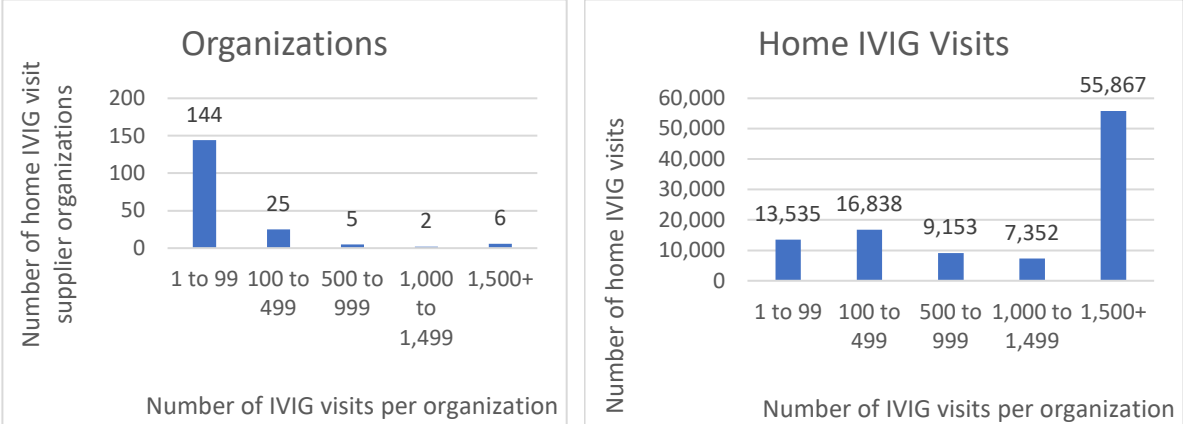


Exhibit 4. Number of home IVIG visit supplier organizations (Q1 2023 - Q2 2025)

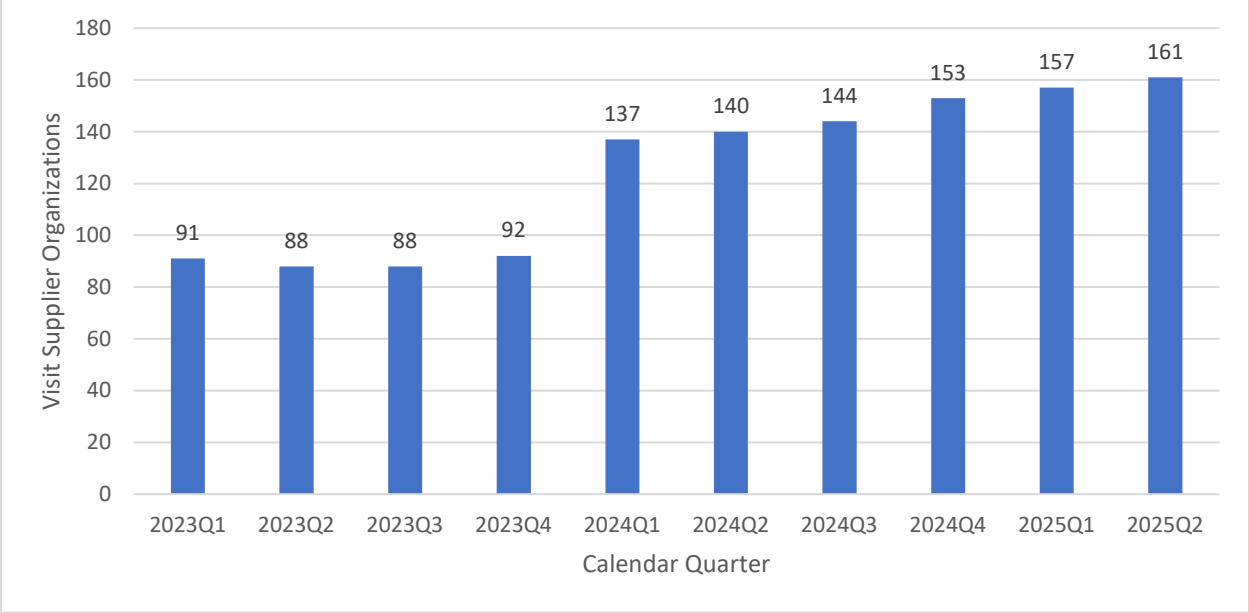
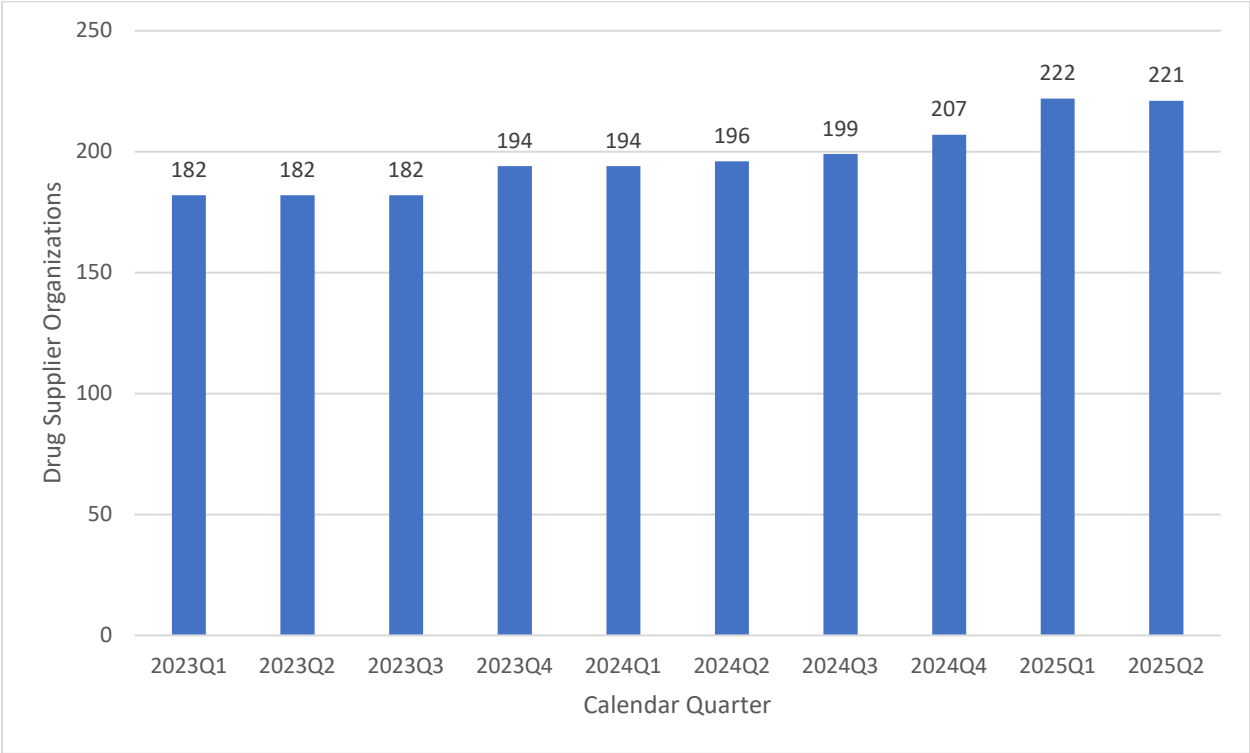


Exhibit 10. Number of home IVIG drug supplier organizations (Q1 2023 - Q2 2025)





KEY TAKEAWAYS:

Five DME supplier organizations **supplied 51.7% of home IVIG visits during the 12 months ending June 30, 2025.**

Ten supplier organizations **supplied 70.1% of visits in that 12-month period.**

Of the **182 organizations** that supplied visits during the **12 months ending June 30, 2025**, **144** supplied fewer than 100 visits.

The number of **DME suppliers** providing **home IVIG visits** increased

FROM **Q4 2023** **TO** **Q1 2024**
92 visits **137 visits**
after remaining between 88 and 92 organizations for each quarter from **Q1 2023** through **Q4 2023**

The number of **organizations** providing **home IVIG drugs** increased

FROM **Q3 2023** **TO** **Q4 2023**
182 **194**



EXHIBIT 8-10 METHODOLOGY:

DME suppliers were identified using the National Provider Identifier (NPI), and any NPI with at least one home IVIG visit was considered a home IVIG visit supplier. Likewise, any NPI with at least one home IVIG drug fill was considered a home IVIG drug supplier. After identification, NPIs were consolidated using the NPI's organization name field on the National Plan & Provider Enumeration System (NPPES). NPIs with the same or similar organization names were grouped together into a single supplier organization. For Exhibit 8, we identified 370 NPIs that provided home IVIG visits in the 12 months ending June 30, 2024, and we combined these NPIs into 182 different organizations. For Exhibit 9, we identified 395 NPIs that provided home IVIG visits in the 30-month period from Q1 2023 through Q2 2025, and we combined these NPIs into 194 different organizations. For Exhibit 10, we identified 508 NPIs that provided home IVIG drugs in the 30-month period from Q1 2023 through Q2 2025, and we combined these NPIs into 279 different organizations.

Appendix A: PIDD ICD-10 Codes and IVIG HCPCS Codes

Table A1: PIDD ICD-10-CM Codes (as of February 2026)

Code	Description
D80.0	Hereditary hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
G11.3	Cerebellar ataxia with defective DNA repair

Table A1: HCPCS Codes for Home IVIG Drugs

Code	Description
J1459	Privigen, Non-Lyophilized (E.G., Liquid), 500 Mg
J1552	Alyglo, 500 MG
J1554	Asceniv, 500 Mg
J1556	Bivigam, 500 Mg
J1557	Gammaplex, Non-Lyophilized (E.G., Liquid), 500 Mg
J1561	Gamunex-C/Gammaked, Non-Lyophilized (E.G., Liquid), 500 Mg
J1566	Lyophilized (E.G., Powder), Not Otherwise Specified, 500 Mg
J1568	Octagam, Non-Lyophilized (E.G., Liquid), 500 Mg
J1569	Gammagard Liquid, Non-Lyophilized, (E.G., Liquid), 500 Mg
J1572	Flebogamma/Flebogamma Dif, Non-Lyophilized (E.G., Liquid), 500 Mg
J1576*	Panzyga, Non-Lyophilized (E.G., Liquid), 500 Mg
J1599	Non-Lyophilized (E.G., Liquid), Not Otherwise Specified, 500 Mg

* Claims for Panzyga for dates of service from January 1, 2021 to June 30, 2023 were submitted using the HCPCS code J1599. Beginning July 1, 2023, claims for Panzyga used the HCPCS code J1576. Beginning January 1, 2025, Alyglo (HCPCS code J1552) was added as a qualifying drug.