

Update to Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home

MLN Matters Number: MM11295 Related Change Request (CR) Number: 11295

Related CR Release Date: July 12, 2019 Effective Date: August 13, 2019

Related CR Transmittal Number: R259BP Implementation Date: August 13, 2019

PROVIDER TYPE AFFECTED

This MLN Matters® Article is for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors for Intravenous Immune Globulin (IVIG) services for Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR11295 informs MACs about changes which update the list of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes for the coverage of IVIG for treatment of Primary Immune Deficiency Diseases (PIDD) in the home. Make sure that your billing staffs are aware of these changes.

BACKGROUND

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 provides coverage of IVIG for the treatment of PIDD in the home. The Act defines "intravenous immune globulin" as an approved pooled plasma derivative for the treatment of PIDD. IVIG is covered under this benefit when:

- The patient has a diagnosed PIDD
- The IVIG administration takes place in the home of a patient with a diagnosed PIDD
- The physician determines that administration of the derivative in the patient's home is medically appropriate.

Effective for dates of service on or after January 1, 2004, via CR3060, the appropriate ICD-9 codes were as follows: 279.04, 279.05, 279.06, 279.12, and 279.2.

Effective for dates of service on or after October 1, 2014, via CR8605, the appropriate ICD-9 codes were converted to the following ICD-10 codes: D80.0, D80.5, D81.0, D81.1, D81.2,





D81.6, D81.7, D81.89, D81.9, D82.0, D83.0, D83.2, D83.8, or D83.9 if only an unspecified diagnosis is necessary.

Effective for dates of service on or after the implementation date of CR11295, the coverage for IVIG in home for the treatment of PIDDs is updated to include the following ICD-10-CM codes; G11.3, D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, or D83.9 if only an unspecified diagnosis is necessary.

ADDITIONAL INFORMATION

The official instruction, CR11295, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-
Guidance/Guidance/Transmittals/2019Downloads/R259BP.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
July 15, 2019	Initial article released.

Disclaimer: 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. CPT only copyright 2018 American Medical Association. All rights reserved.

Copyright © 2013-2019, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.



