
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 74

Date: JANUARY 23, 2004

CHANGE REQUEST 3060

I. SUMMARY OF CHANGES: The Medicare Prescription Drug, Improvement, and Modernization Act of 2003, as of January 1, 2004, covers intravenous immune globulin in the home for the treatment of primary immune deficiency diseases.

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2004

***IMPLEMENTATION DATE: April 5, 2004**

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.

II. CHANGES IN MANUAL INSTRUCTIONS:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Chapter 17/Table of Contents
N	Chapter 17/Section 80.6/Intravenous Immune Globulin

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Business Requirements

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SUBJECT: Intravenous Immune Globulin

I. GENERAL INFORMATION

A. Background:

The “Medicare Prescription Drug, Improvement, and Modernization Act of 2003” (MMA), as of January 1, 2004, covers intravenous immune globulin for the treatment of primary immune deficiency diseases in the home.

B. Policy:

Beginning January 1, 2004, Medicare pays for intravenous immune globulin administered in the home. (See the Medicare Benefit Policy Manual, Chapter 15 for coverage requirements.) Contractors pay for the drug, but not the items or services related to the administration of the drug when administered in the home, if deemed medically appropriate.

Contractors may pay any entity licensed in the State to furnish intravenous immune globulin. Payment will be furnished to the entity with the authority to furnish the drug. Beneficiaries are ineligible to receive payment for the drug.

Pharmacies and hospitals dispensing intravenous immune globulin would bill the DMERC. Home Health Agencies dispensing intravenous immune globulin would bill the RHHI. Physicians furnishing intravenous immune globulin for the refilling of an external pump for home infusion would bill the DMERC.

C. Provider Education:

Intermediaries and carriers shall inform affected providers by posting either a summary or relevant portions of this document on their Web site within two weeks. Also, intermediaries and carriers shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers that information about submission of Medicare contractors’ self-administered drug exclusion lists is available on their Web site.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3060.1	Medicare provides coverage of intravenous immune globulin in the home for the treatment of primary immune deficiency diseases.	DMERCs/RHHIs
3060.2	Contractors may pay any entity licensed in the State to furnish intravenous immune globulin.	DMERCs/RHHIs
3060.3	Beneficiaries are ineligible to receive payment for intravenous immune globulin.	DMERCs/RHHIs
3060.4	Coverage is for dates of service on or after January 1, 2004.	DMERCs/RHHIs
3060.5	Pharmacies and outpatient hospitals dispensing intravenous immune globulin would bill the DMERC.	DMERCs
3060.6	Home Health Agencies dispensing intravenous immune globulin would bill the RHHI.	RHHIs
3060.7	Physicians furnishing intravenous immune globulin for the refilling of an external pump for home infusion would bill the DMERC.	DMERCs
3060.8	The appropriate HCPCs are J1563 and J1564	DMERCs/RHHIs
3060.9	The appropriate ICD-9 codes are as follows: 279.04, 279.05, 279.06, 279.12, and 279.2	DMERCs/RHHIs
3060.10	The payment rate for IVIG is based on the MMA drug pricing file (formerly known as the Single Drug Pricer file).	DMERCs/RHHIs
3060.11	The applicable bill type is 34x	RHHIs
3060.12	Contractors shall inform affected providers by posting either a summary or relevant portions of this document on the Web site within two weeks. Also, contractors shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers that information about the submission of Medicare contractors' self-administered drug exclusions lists is available on their Web site.	DMERCs/RHHIs

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
	N/A

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
	N/A

C. Interfaces: N/A

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

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: January 1, 2004</p> <p>Implementation Date: April 5, 2004</p> <p>Pre-Implementation Contact(s): Appropriate Regional Office</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>These instructions should be implemented within your current operating budget</p>
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Medicare Claims Processing Manual

Chapter 17 - Drugs and Biologicals

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80.6 – Intravenous Immune Globulin

(Rev. 74, 01-23-04)

Beginning for dates of service on or after January 1, 2004, Medicare pays for intravenous immune globulin administered in the home. (See the Medicare Benefit Policy Manual, Chapter 15 for coverage requirements.) Contractors pay for the drug, but not the items or services related to the administration of the drug when administered in the home, if deemed medically appropriate.

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The appropriate ICD-9 codes are as follows: 279.04, 279.05, 279.06, 279.12, and 279.2. The appropriate HCPCs codes are J1563 and J1564.