CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1140	**Date: DECEMBER 22, 2006**
	Change Request 5428

SUBJECT: Medicare Payment for Preadministration-Related Services Associated with IVIG Administration

I. SUMMARY OF CHANGES: Medicare Payment for Preadministration-Related Services Associated with Intravenous Immune Globulin Administration--Payment Extended through CY 2007

New / Revised Material
Effective Date: January 1, 2007
Implementation Date: January 2, 2007

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=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

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 2007 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: 1140	Date: December 22, 2006	Change Request:5428

SUBJECT: Medicare Payment for Preadministration-Related Services Associated with IVIG Administration—Payment Extended through CY 2007

Effective Date: January 1, 2007

Implementation Date: January 2, 2007

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.

For 2006, we established a temporary preadministration-related services payment for physicians and hospital outpatient departments that administer IVIG to Medicare beneficiaries. In the hospital outpatient prospective payment system final rule and the physician fee schedule final rule placed on display at the "Federal Register" on November 1, 2006, we announced that we will continue the temporary IVIG preadministration-related services payment to hospital outpatient departments and physicians that administer IVIG in 2007. This 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.

B. Policy: In 2006, Medicare made a separate payment to physicians and hospital outpatient departments for preadministration-related services associated with administration of IVIG. For 2007, Medicare will continue to make a temporary separate payment to physicians and hospital outpatient departments for preadministration-related services associated with administration of IVIG.

As outlined below, the policy and billing requirements concerning the IVIG preadministration-related services payment are the same in 2007 as 2006. HCPCS code G0332 -Preadministration-Related Services for Intravenous Infusion of Immunoglobulin, (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.

II. BUSINESS REQUIREMENTS

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5428.1	Contractors shall continue to accept claims for G0332 effective for dates of service on and after January 1, 2007.	X		X	X							
5428.1.1	Carriers and CWF shall apply type of service 1 for G0332.	X			X						X	
5428.2	Carriers shall pay for preadministration-related services (G0332) associated with IVIG administration under the physician fee schedule when performed in a physician office.	X			X							
5428.3	Fiscal intermediaries shall pay for preadministration-related services (G0332) associated with IVIG administration under the outpatient prospective payment system (OPPS), for hospitals subject to OPPS. Bill types: 12x, 13x.	X		X								
5428.4	Fiscal intermediaries shall pay for preadministration-related services (G0332) associated with IVIG administration to all non-OPPS hospitals, under current payment methodologies. Bill type: 12x, 13x, 85x.	X		X								
5428.5	Fiscal intermediaries shall return the claim to the provider when more than 1 unit of service of G0332 is indicated on the same claim for the same date of service.	X		X								
5428.5.1	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			X							
5428.5.2	Contractors shall use the appropriate reason/remark code such as: M80 - "Not covered when performed during the same session/date as a previously processed service for the patient." and/or B5 "Payment adjusted because coverage/program guidelines were not met or	X		X	X							

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	were exceeded"											
5428.6	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	X							
5428.6.1	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		X								
5428.6.2	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			X							
5428.6.3	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	X							
5428.7	Contractors shall not search for and adjust claims already processed unless brought to their attention.	X		X	X							

III. PROVIDER EDUCATION

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5428.8	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will	X		X	X							

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s):
Policy Issues:
For physicians, Kimberly Neuman, (kimberly.neuman@cms.hhs.gov) 410-786-4569
For hospital outpatient departments, Rebecca Kane, (rebecca.kane@cms.hhs.gov) 410-786-1589

Claims Processing:
For physicians, Yvette Cousar, (yvette.cousar@cms.hhs.gov) 410-786-2160
For hospitals, Cindy Murphy, (cindy.murphy@cms.hhs.gov) 410-786-5733

Post-Implementation Contact(s):

Appropriate Regional Office

VI. FUNDING

A. *For TITLE XVIII Contractors,* use only one of the following statements: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. *For Medicare Administrative Contractors (MAC),* use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.