



Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.hhs.gov/NationalProviderStand/> on the CMS website.

MLN Matters Number: MM5428

Related Change Request (CR) #: 5428

Related CR Release Date: December 22, 2006

Effective Date: January 1, 2007

Related CR Transmittal #: R1140CP

Implementation Date: January 2, 2007

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

Note: This article was revised on February 19, 2008, to add references to 2 related articles (MM5713 and MM5741). These references have been added to the Additional Information Section at the end of this article. All other information remains unchanged.

Provider Types Affected

Physicians and hospitals that bill Medicare carriers, fiscal intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs) for Intravenous Immune Globulin (IVIG) administration

Provider Action Needed



STOP – Impact to You

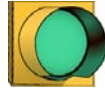
You may bill for preadministration-related services associated with Intravenous Immune Globulin (IVIG) administration (HCPCS code G0332) during calendar year 2007. The preadministration-related service must be billed on the same claim and have the same date of service, as the claim for the IVIG itself (codes J1566 and/or J1567) and the drug administration service. (See reference to MM5635 below regarding J1567)

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**CAUTION – What You Need to Know**

CR 5428, from which this article was taken, extends payment of the preadministration-related service for IVIG through CY 2007 **but only when submitted on the same claim as the IVIG and its administration.**

**GO – What You Need to Do**

Make sure that your billing staff is aware that they must include your claim for the IVIG preadministration-related services on the same claim (and with the same date of service) as the IVIG and its administration.

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. More specifically, when you administer IVIG 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 its administration via intravenous infusion.

In addition, for 2006, CMS established a temporary preadministration-related service payment, for physicians and hospital outpatient departments that administer IVIG to Medicare beneficiaries, to cover the effort required to locate and acquire adequate IVIG product and to prepare for an infusion of IVIG during this current period where there may be potential market issues. **CR 5428, from which this article was taken, announces the extension of this temporary payment for the IVIG preadministration-related service through CY 2007.**

As a reminder, here are some important details that you should know:

- The policy and billing requirements concerning the IVIG preadministration-related services payment are the same in 2007 as they were in 2006.
- 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 its administration by intravenous infusion.
- Medicare Carriers, FIs, or A/B MACs will pay for these services, that are provided in a physician office, under the physician fee schedule; and FIs or A/B MACs will pay for them under the outpatient prospective payment system (OPPS), for hospitals subject to OPPS (bill types: 12x, 13x) or under current payment methodologies for all non-OPPS hospitals (bill types: 12x, 13x, 85x).

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- You need to use HCPCS code G0332 -Preadministration-Related Services for Intravenous Infusion of Immunoglobulin, (this service is to be billed in conjunction with administration of immunoglobulin) to bill for this service.
- You can bill for this only one IVIG preadministration per patient per day of IVIG administration.
- The service must be billed on the same claim form as the IVIG product (HCPCS codes J1566 (Injection, immune globulin, intravenous, lyophilized (E.G. powder), 500 mg) and/or J1567 (Injection, immune globulin, intravenous, non-lyophilized (E.G. liquid), 500 mg), and have the same date of service as the IVIG product and a drug administration service. **(See reference to MM5635 below regarding J1567.)**
- Your claims for preadministration-related services will be returned/rejected by your FI, carrier, or A/B MAC if more than 1 unit of service of G0332 is indicated on the same claim for the same date of service. They will 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;"
 - B5-"Payment adjusted because coverage/program guidelines were not met or were exceeded;"
 - M67-"Missing other procedure codes;" and/or
 - 16-"Claim/service lacks information which is needed for adjudication."

Additional Information

You can find the official instruction, CR 5428, issued to your FI, carrier, or A/B MAC by visiting <http://www.cms.hhs.gov/Transmittals/downloads/R1140CP.pdf> on the CMS website.

Providers may also wish to review the following related articles:

- **MM5713:** "Medicare Payment for Pre-administration-Related Services Associated with Intravenous Immune Globulin (IVIG) Administration—Payment Extended through CY 2008" at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5713.pdf>;
- **MM5741:** "Correction to Revised HCPCS Codes Relating to Immune Globulin (CR 5635)" is directed toward for DME MACs only may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5741.pdf> and
- **MM5635:** "Revised HCPCS Codes Relating to Immune Globulin" at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5635.pdf> on the

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CMS website. MM5635 implemented HCPCS coding changes for Immune Globulin. On and after July 1, 2007, HCPCS code **J1567** (injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg)) will no longer be payable by Medicare. If you have any questions, please contact your carrier at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

Flu Shot Reminder

As a respected source of health care information, patients trust their doctors' recommendations. If you have Medicare patients who haven't yet received their flu shot, help protect them by recommending an annual influenza and a one time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. – And don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends.** Get Your Flu Shot. Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf>.

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