Program Memorandum Intermediaries/Carriers

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

Transmittal AB-02-060 **Date: MAY 1, 2002**

CHANGE REQUEST 2149

SUBJECT: Coverage and Billing for Intravenous Immune Globulin (IVIg) for the Treatment of Autoimmune Mucocutaneous Blistering Diseases

This Program Memorandum (PM) provides institutional and carrier billing instructions, and summarizes the revision to §45-31 of the Coverage Issues Manual (CIM) regarding intravenous immune globulin for the treatment of autoimmune mucocutaneous blistering diseases. Refer to this section of the CIM for complete information regarding the policy. This PM also outlines new coverage criteria for an established drug/biologic code that contractors and the Common Working File already recognize.

Coverage

Effective for services performed on or after **October 1, 2002**, IVIg is covered for treatment of the following biopsy-proven conditions:

- Pemphigus Vulgaris, **ICD9 Code: 694.4**, Pemphigus
- Pemphigus Foliaceus, **ICD9 Code: 694.4**, Pemphigus
- Bullous Pemphigoid, **ICD9 Code: 694.5**, Pemphigoid
- Mucous Membrane Pemphigoid (a.k.a., Cicatrical Pemphigoid), **ICD9 Code: 694.6**, benign mucous membrane Pemphigoid

  -- **ICD9 Code: 694.60**; Without Mention of Ocular movement
  -- **ICD 9 Code: 694.61**; With Ocular movement

- Epidermolysis Bullosa Acquisita, **ICD9 Code: 694.8, o**ther specified bullous dermatoses

Patients must meet at least one of the following criteria:

- Failed conventional therapy. Contractors have the discretion to define what constitutes failure of conventional therapy;
- Conventional therapy is contraindicated. Contractors have the discretion to define what constitutes contraindications to conventional therapy; or
- Have rapidly progressive disease in which a clinical response could not be affected quickly enough using conventional agents. In these situations, IVIg therapy would be given along with conventional treatment(s) and the IVIg would be used only until conventional therapy could take effect.

NOTE: In addition, IVIg for the treatment of autoimmune mucocutaneous blistering disease must be used only for short-term therapy and not as a maintenance therapy. Again, contractors have the discretion to decide what constitutes short-term therapy.

Intermediary Billing Instructions

Follow the general bill review instructions in §3604 of the Medicare Intermediary Manual, Part 3. The provider bills you on Form CMS-1450, or the electronic equivalent.

Intermediary - Applicable HCPCS and CPT Codes

J1561: Injection, immune globulin intravenous, 1g.

90780: Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to 1 hour.

90781: Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; each additional hour up to 8 hours.

Intermediary - Applicable Bill Types

The applicable bill types are 13X and 85X.

Intermediary - Applicable Revenue Codes

The applicable revenue code is 636.

Intermediary - Payment Requirements

Payment is as follows:

- Hospital outpatient departments – Outpatient Prospective Payment System
- Critical access hospitals

  Method 1 and Method 2 (Technical) – Reasonable Cost
  Method 2 (Professional) – Medicare Physician Fee Schedule (MPFS)

Deductible and coinsurance apply.

Carrier Billing Instructions

Use the following HCPCS code for intravenous immune globulin for the treatment of autoimmune mucocutaneous blistering diseases:

- **J1561** Injection, immune globulin intravenous, 1 g.
- **90780**: Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to 1 hour.
- **90781**: Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; each additional hour up to 8 hours.

Carrier Payment Requirements

The HCPCS code (J1561) will be payable at 95% of the average wholesale price. Pay for administration cost of IVIg on the basis of the MPFS. Deductible and coinsurance apply.

Provider Notification

You must notify providers of this new national coverage in their next regularly scheduled bulletin, on their Web site, and in routinely scheduled training sessions.

The *effective date* for this PM is October 1, 2002.

The *implementation date* for this PM is October 1, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 1, 2003.

If you have any questions, contact the appropriate regional office. Providers and other interested parties should contact the appropriate contractor.