CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1338	**Date: SEPTEMBER 21, 2007**
	Change Request 5713

NOTE: This instruction is being re-communicated. The attached instruction was previously communicated as sensitive. This instruction is no longer sensitive and may be posted to the Intranet/Internet.

Subject: Medicare Payment for Preadministration-Related Services Associated with IVIG Administration—Payment Extended through CY 2008

I. SUMMARY OF CHANGES: 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. For services on or after January 1, 2008, The service must be billed on the same claim form as the IVIG product (J1566, J1568, J1569, J1561 and/or J1572) 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.

New / Revised Material
Effective Date: January 1, 2008
Implementation Date: January 7, 2008

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
R	17/80.6/Intravenous Immune Globulin

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:
Manual Instruction
Recurring Update Notification
**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

NOTE: This instruction is being re-communicated. The attached instruction was previously communicated as sensitive. This instruction is no longer sensitive and may be posted to the Intranet/Internet.

Pub. 100-04	Transmittal: 1338	Date: September 21, 2007	Change Request: 5713

SUBJECT: Medicare Payment for Preadministration-Related Services Associated with IVIG Administration—Payment Extended through CY 2008

Effective Date: January 1, 2008

Implementation Date: January 7, 2008

I. GENERAL INFORMATION

A. Background: Under Section 1861(s)(1) and 1861(s)(2) of the Social Security Act, 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. We will extend this payment through CY 2008. 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 and 2007, Medicare made a separate payment to physicians and hospital outpatient departments for preadministration-related services associated with administration of IVIG. For 2008, 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 2008 as 2006 and 2007. 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. For services on or after January 1, 2008, The service must be billed on the same claim form as the IVIG product (J1566, J1568, J1569, J1561 and/or J1572) and have the same date of service as the IVIG product and a drug administration service. Note: The definition for J1566 is changed effective Jan 1, 2008. The new definition will be: Injection, immune globulin, intravenous, lyophilized (e.g., powder), NOS, 500 MG. 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 TABLE

"Shall" denotes a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DME RC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5713.1	Contractors shall continue to accept claims for G0332 effective for dates of service on and after January 1, 2008.	X		X	X							
5713.1.1	Carriers and CWF shall apply type of service 1 for G0332.	X			X						X	
5713.2	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							
5713.3	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								
5713.4	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								
5713.5	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								
5713.5.1	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							
5713.5.2	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 were exceeded"	X			X							
5713.6	Effective for dates of service on or after	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	
	January 1, 2008, a claim for preadministration-related services (G0332) associated with IVIG administration is only payable if G0332, the drug (IVIG, HCPCS codes: J1566, J1568, J1569, J1561 and/or J1572), and the drug administration service are all billed on the same claim for the same date of service.											
5713.6.1	Effective for dates of service on or after January 1, 2008, fiscal intermediaries shall return the claim for G0332 to the provider if J1566, J1568, J1569, J1561 and/or J1572 and a drug administration service are not also billed for the same date of service on the same claim.	X		X								
5713.6.2	Effective for dates of service on or after January 1, 2008, carriers shall reject as unprocessable a claim for G0332 if J1566, J1568, J1569, J1561 and/or J1572 and a drug administration service are not billed for the same date of service on the same claim.	X			X							
5713.6.3	Effective January 1, 2008 the definition of J1566 has been revised.	X		X	X							
5713.7	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							
5713.8	Contractors shall not search for and adjust claims already processed unless brought to their attention.	X		X	X							

III. PROVIDER EDUCATION TABLE

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	

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	
5713.9	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 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.	X		X	X							

IV. SUPPORTING INFORMATION

A. Recommendations and supporting information associated with listed requirements: N/A
"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s):
Policy Issues:
For physicians, James Menas, (james.menas@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, Sherry Murray, (sherry.murray@cms.hhs.gov) 410-786-6145

Post-Implementation Contact(s):

Appropriate Regional Office

VI. FUNDING

A. ***For TITLE XVIII Contractors*****:** No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. ***For Medicare Administrative Contractors (MAC)*****:**

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.

80.6 – Intravenous Immune Globulin (IVIG)

(Rev. 1338: Issued: 09-21-07; Effective: 01-01-08; Implementation: 01-07-08)

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.

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 *for home use* would bill the DME MAC. *If the beneficiary is receiving treatment in an outpatient hospital, the bill must be sent to the FI or A/B MAC. If the beneficiary is receiving treatment in a physician's office, the bill must be sent to the carrier or A/B MAC.* 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 DME MAC.

Effective January 1, 2006, Medicare makes an additional payment once per day per beneficiary for preadministration-related services whenever a beneficiary receives intravenous immune globulin.