

# Local Coverage Article: Billing and Coding: Intravenous Immune Globulin (IVIg)-NCD 250.3 (A54643)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

## Article Information

### General Information

**Article ID**

A54643

**Original Effective Date**

11/07/2015

**Article Title**

Billing and Coding: Intravenous Immune Globulin (IVIg)-NCD 250.3

**Article Type**

Billing and Coding

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**CMS National Coverage Policy**

CMS National Coverage Determination Manual, 250.3

**Article Guidance****Article Text:****Revision Effective Date**

11/07/2015

**Revision Ending Date**

N/A

**Retirement Date**

N/A

This article describes CMS national coverage effective on/after October 1, 2001. Please see the Noridian Local Coverage Determination for additional indications.

Patient 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 give 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.

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## Coding Information

### CPT/HCPCS Codes

N/A

### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

The following diagnosis codes are appropriate. Intravenous immune globulin (IVIg) is covered nationally for the treatment of the following biopsy-proven conditions:

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
L10.0	Pemphigus vulgaris
L10.1	Pemphigus vegetans
L10.2	Pemphigus foliaceus
L10.3	Brazilian pemphigus [fogo selvagem]
L10.4	Pemphigus erythematosus
L10.5	Drug-induced pemphigus
L10.81	Paraneoplastic pemphigus

ICD-10 CODE	DESCRIPTION
L10.89	Other pemphigus
L10.9	Pemphigus, unspecified
L12.0	Bullous pemphigoid
L12.1	Cicatricial pemphigoid
L12.8	Other pemphigoid
L12.9	Pemphigoid, unspecified
L13.8	Other specified bullous disorders

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

**Other Coding Information**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/07/2015	R2	As required by CR 10901, article is converted to a formal billing and coding type article. There is no change in coverage.
11/07/2015	R1	Diagnosis L14 is deleted effective 5/20/2015 per CR 9252, dated 12/3/2015. The Part A article (A54642) is retired and Part A contract numbers are added to the Part B article.

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## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L34074 - Immune Globulin Intravenous (IVIg)

### Related National Coverage Document(s)

NCD(s)

250.3 - Intravenous Immune Globulin for the Treatment of Autoimmune Mucocutaneous Blistering Diseases

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 05/07/2020 with effective dates 11/07/2015 - N/A

Updated on 01/18/2017 with effective dates 11/07/2015 - N/A

Updated on 09/01/2015 with effective dates 11/07/2015 - N/A

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## Keywords

N/A