

## **CLINICIAN CHECKLIST FOR INTRAVENOUS IMMUNE GLOBULIN**

### **Policy References:**

- [Intravenous Immune Globulin Local Coverage Determination \(LCD\)](#)
- [Intravenous Immune Globulin Policy Article](#)

### **Documentation References:**

- [Standard Documentation Requirements for All Claims Submitted to DME MACs](#)

Nursing visits should be documented and signed

Medical records as noted below

### **Medical Documentation**

Intravenous Immune Globulin (IVIG) drug is an approved pooled plasma derivative for the treatment of primary immune deficiency disease (PIDD) and is covered when the following are met:

Beneficiary has a diagnosis of PIDD (See Coding Information section in Policy Article); and

IVIG is administered in the home by a medical professional; and

Treating practitioner has determined that administration of the IVIG in the beneficiary's home is medically appropriate.