

DOCUMENTATION CHECKLIST FOR INTRAVENOUS IMMUNE GLOBULIN

Policy References:

- [Intravenous Immune Globulin Local Coverage Determination \(LCD\) L33610](#)
- [Intravenous Immune Globulin Policy Article A52509](#)

Documentation References:

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

The supplier must be able to provide all of these items on request:

[Standard Written Order \(SWO\)](#)

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

[Continued Need](#)

[Continue Use](#)

[Refill Requirements](#)

Nursing notes for the administration of IVIG

Medical records from treating practitioner as noted below

Medical records should contain:

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

Beneficiary has an ICD-10 diagnosis of PIDD as defined in the Policy Article; and

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

Administration of the IVIG in the beneficiary's home is medically appropriate (based on practitioner determination)

Note: The beneficiary must be enrolled in Medicare Part B.