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Healthcare Solutions

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Noridian Healthcare Solutions, LLC

# ***INTRAVENOUS IMMUNE GLOBULIN (IVIG) DEMONSTRATION***

**Presented by  
Noridian DME Outreach and Education  
February 2022**



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- [Noridian Medicare website](https://med.noridianmedicare.com/) (https://med.noridianmedicare.com/)
- [CMS website](http://www.cms.gov/) (http://www.cms.gov/)

## *OVERVIEW*

- Medicare Intravenous Immune Globulin (IVIg) Demonstration
- Implemented to evaluate benefits of providing payment and items for services needed for in-home administration
- Treatment of primary immune deficiency disease (PIDD)
- Demonstration started on October 1, 2014

## ***APPLICATIONS***

- Applications for participation in the IVIG Demonstration be accepted until the statutory limit on funding is met or until we enroll 6,500 beneficiaries
- The demonstration is scheduled to end December 31, 2023
- The last day to apply for coverage under this demonstration is November 15, 2023

## ***ELIGIBILITY***

- Beneficiary must meet the following requirements:
  - Be covered under Medicare Fee-For-Service and enrolled in Part B, and
  - Have a diagnosis of PIDD, and
  - Not be currently covered under a home health episode of care

## ***OVERVIEW***

- Medicare will issue a Part B bundled payment for items and services necessary to administer IVIG for treatment of PIDD in the home
- No changes made to existing coverage of IVIG or subcutaneous immune globulin
- For beneficiaries that currently receive IVIG in doctor's office/infusion center and wish to receive it at home or receive subcutaneous IVIG and wish to switch to IVIG

## ***HOW BENEFICIARIES WILL APPLY***

- Completed application form which has been signed by physician and beneficiary must be submitted
- Submission of application does not guarantee that beneficiary will be accepted to participate in demonstration
- Applications will be accepted until enrollment and/or funding limits are reached

## ***HOW BENEFICIARIES WILL APPLY 2***

- Application and Application Completion Guide located at:  
<http://med.noridianmedicare.com/web/ivig/bene>

## ***SUPPLIER ELIGIBILITY***

- If supplier is currently eligible to bill Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for IVIG and meets all regulatory and statutory requirements to provide administration of IVIG:
  - Can provide items and services under this demonstration
  - No additional registration or enrollment required

## ***SUPPLIER ELIGIBILITY 2***

- **Question: Is the DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) supplier required to be certified to bill the A/B MACs in order to provide the nursing component of the Q2052-Services, Supplies and Accessories used in the Home under the Medicare IVIG Demonstration?**
- Answer: No. The DMEPOS supplier must currently be able to bill the DME MACs (enrolled and current with the National Supplier Clearinghouse) and meet all regulatory and statutory requirements. If a State requires licensure to furnish certain items or services, a DMEPOS supplier: Must be listed to provide the item or services; and may contract with a licensed individual or other entity to provide the licensed services unless expressly prohibited by State law. A supplier may not contract with an entity that is currently excluded from the Medicare program, any State health care programs, or from any other federal procurement or non-procurement programs.

## ***SUPPLIER ELIGIBILITY*** <sub>3</sub>

- **Question: Can the supplier/pharmacy contract or subcontract nursing services for the administration of the IVIG to bill the Q2052-Services, Supplies and Accessories Used in the Home under the Medicare IVIG Demonstration?**
- Answer: Yes. If a State requires licensure to furnish certain items or services, a DMEPOS supplier: Must be listed to provide the item or services; and may contract with a licensed individual or other entity to provide the licensed services unless expressly prohibited by State law. A supplier may not contract with an entity that is currently excluded from the Medicare program, any State health care programs, or from any other federal procurement or non-procurement programs.

## ***BILLING REQUIREMENTS***

- “Q” code established for services, supplies, and accessories used in home under Medicare IVIG demonstration:
  - **Q2052** – Services, supplies and accessories used in the home under Medicare Intravenous Immune Globulin (IVIG) demonstration
  - Code used with IVIG demonstration only and claims should be submitted to DME MACs

## ***BILLING REQUIREMENTS 2***

- Demonstration service code (**Q2052**) must:
  - Only be billed for beneficiaries enrolled in demonstration
  - Be billed on same claims with same place of service
    - When drug is mailed or delivered to patient prior to administration, DOS for administration of drug ( “Q2052” claim line) may be no more than 30 calendar days after DOS on drug claim line
  - Be submitted to correct DME MAC jurisdiction based on beneficiary’s address
- Demonstration covered services paid as bundle and will be subject to coinsurance and deductible in same manner as other Part B services

## ***BILLING REQUIREMENTS*** <sub>3</sub>

- Fee schedule for **Q2052**, each time IVIG is administered
  - 2022 \$384.59
  - 2021 \$381.57
  - 2020 \$374.20
  - 2019 \$366.25
- No more than one unit of **Q2052** shall be billed per claim line
  - When billing multiple administrations of IVIG on one claim, each DOS for Q2052 must be on separate line

## ***BILLING REQUIREMENTS 4***

- Immune Globulin drugs administered intravenously and payable under Medicare B Part for services rendered in home of beneficiaries with PIDD:
  - Asceniv (J1554)
  - Bivigam (J1556)
  - Flebogamma (J1572)
  - Gammagard liquid (J1569)
  - Gammaplex (J1557)
  - Gamunex, Gamunex-C/Gammaked (J1561)
  - IVIG, NOS (lyophilized) (J1566)
  - IVIG, NOS (non lyophilized) (J1599)
  - Octagam (J1568)
  - Privigen (J1459)

## BILLING REQUIREMENTS-EXAMPLE

- 30-day supply of J1557 shipped to beneficiary that is infused every 3 weeks

| 24. A. DATE(S) OF SERVICE |    |    |    |    |    | B.               | C.  | D. PROCEDURES, SERVICES, OR SUPPLIES<br>(Explain Unusual Circumstances) |          |  |  | E.                | F.         |    | G.            | H.               | I.        | J.                       |
|---------------------------|----|----|----|----|----|------------------|-----|---|----------|--|--|-------------------|------------|----|---------------|------------------|-----------|--------------------------|
| From                      |    | To |    |    |    | PLACE OF SERVICE | EMG | CPT/HCPCS   | MODIFIER |  |  | DIAGNOSIS POINTER | \$ CHARGES |    | DAYS OR UNITS | KPSOT Family Pay | ID. QUAL. | RENDERING PROVIDER ID. # |
| MM                        | DD | YY | MM | DD | YY |                  |     |   |          |  |  |                   |            |    |               |                  |           |                          |
| 10                        | 3  | 21 | 10 | 3  | 21 | 12               |     | J1557   |          |  |  | A                 | 190        | 00 | 4             |                  | NPI       |                          |
| 10                        | 8  | 21 | 10 | 8  | 21 | 12               |     | Q2052   |          |  |  | A                 | 381        | 57 | 1             |                  | NPI       |                          |
| 10                        | 29 | 21 | 10 | 29 | 21 | 12               |     | Q2052   |          |  |  | A                 | 381        | 57 | 1             |                  | NPI       |                          |
|                           |    |    |    |    |    |                  |     |   |          |  |  |                   |            |    |               |                  | NPI       |                          |
|                           |    |    |    |    |    |                  |     |   |          |  |  |                   |            |    |               |                  | NPI       |                          |

## BILLING REQUIREMENTS-EXAMPLE 2

- Drugs provided at time of infusion

| 24. A. DATE(S) OF SERVICE |    |    |    |    |    | B.       | C.  | D. PROCEDURES, SERVICES, OR SUPPLIES |          |  |         | E.        | F.         |    | G.     | H.    | I.             | J.        |
|---------------------------|----|----|----|----|----|----------|-----|--------------------------------------|----------|--|---------|-----------|------------|----|--------|-------|----------------|-----------|
| From                      |    |    | To |    |    | PLACE OF | EMG | (Explain Unusual Circumstances)      |          |  |         | DIAGNOSIS | \$ CHARGES |    | DAYS   | EPSDT | ID.            | RENDERING |
| MM                        | DD | YY | MM | DD | YY | SERVICE  |     | CPT/HCPCS                            | MODIFIER |  | POINTER |           |            | OR | Family | QUAL. | PROVIDER ID. # |           |
| 10                        | 3  | 21 | 10 | 3  | 21 | 12       |     | J1557                                |          |  | A       | 120       | 00         | 4  |        | NPI   |                |           |
| 10                        | 8  | 21 | 10 | 8  | 21 | 12       |     | Q2052                                |          |  | A       | 381       | 57         | 1  |        | NPI   |                |           |
| 10                        | 29 | 21 | 10 | 29 | 21 | 12       |     | J1557                                |          |  | A       | 120       | 00         | 2  |        | NPI   |                |           |
| 10                        | 29 | 21 | 10 | 29 | 21 | 12       |     | Q2052                                |          |  | A       | 381       | 57         | 1  |        | NPI   |                |           |
|                           |    |    |    |    |    |          |     |                                      |          |  |         |           |            |    |        | NPI   |                |           |

## ***COVERAGE OF IVIG***

- Important Note: Coverage of IVIG limited to certain primary immune deficiency diseases
- Covered ICD-10 diagnosis codes for IVIG listed in IVIG Local Coverage Determination (LCD)
  - Enrollment of beneficiary in IVIG demonstration does not mean that diagnosis provided by physician that signed IVIG demonstration application is covered by Medicare
    - Physician is only attesting to fact that they are treating patient, patient has primary immune deficiency disease and is candidate for home IVIG

# ***IVIG DEMONSTRATION RESOURCES***

## ■ General information

- [CMS website](http://www.cms.gov/) (http://www.cms.gov/)
- [Noridian Website](https://med.noridianmedicare.com/) (https://med.noridianmedicare.com/)

## ■ Enrollment

- IVIG Application Forms and Application Guides:

## ■ Information for Beneficiaries

(<https://med.noridianmedicare.com/web/ivig/beneficiaries>)

## ***IVIG DEMONSTRATION RESOURCES 2***

- Mailing address for beneficiary enrollment applications:

Noridian Healthcare Solutions

IVIG Demonstration

PO Box 6788

Fargo ND 58108-6788

- Overnight mailing:

Noridian Healthcare Solutions

IVIG Demonstration

900 42<sup>nd</sup> Street South

Fargo ND 58103

## ***IVIG DEMONSTRATION RESOURCES*** <sub>3</sub>

- Fax completed IVIG Demonstration applications:
  - 701-277-2428
- Beneficiary IVIG Demonstration Call Center:
  - 844-625-6284
  - 8:30 a.m. – 4 p.m. Monday-Friday CT

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