Intravenous Immune Globulin for the Treatment of Mucocutaneous Blistering Diseases (250.3)

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided.

UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its
Intravenous immune globulin (IVIg) is a blood product prepared from the pooled plasma of donors. It has been used to treat a variety of autoimmune diseases, including mucocutaneous blistering diseases. It has fewer side effects than steroids or immunosuppressive agents.

### Reimbursement Guidelines

**Indications and Limitations of Coverage:**
Effective October 1, 2002, IVIg is covered for the treatment of biopsy-proven (1) Pemphigus Vulgaris, (2) Pemphigus Foliaceus, (3) Bullous Pemphigoid, (4) Mucous Membrane Pemphigoid (a.k.a., Cicatricial Pemphigoid), and (5) Epidermolysis Bullosa Acquisita for the following patient subpopulations:

1. Patients who have failed conventional therapy. Contractors have the discretion to define what constitutes failure of conventional therapy;
2. Patients in whom conventional therapy is otherwise contraindicated. Contractors have the discretion to define what constitutes contraindications to conventional therapy; or
3. Patients with rapidly progressive disease in whom a clinical response could not be affected quickly enough using conventional agents. In such situations IVIg therapy would be given along with conventional treatment(s) and the IVIg would be used only until the conventional therapy could take effect.

In addition, IVIg for the treatment of autoimmune mucocutaneous blistering diseases must be used only for short-term therapy and not as a maintenance therapy. Contractors have the discretion to decide what constitutes short-term therapy.

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<td>J1459</td>
<td>Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg</td>
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<tr>
<td>J1561</td>
<td>Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg</td>
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<tr>
<td>J1566</td>
<td>Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg</td>
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<tr>
<td>J1568</td>
<td>Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg</td>
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<td>J1569</td>
<td>Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg</td>
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<tr>
<td>J1572</td>
<td>Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg</td>
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</table>
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References Included (but not limited to):

**CMS NCD**
NCD 250.3 Intravenous Immune Globulin for the Treatment of Mucocutaneous Blistering Diseases

**CMS LCD(s)**
Numerous LCDs

**CMS Article(s)**
Numerous Articles

**CMS Benefit Policy Manual**
Chapter 15; § 50.6 Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home

**CMS Claims Processing Manual**
Chapter 17; § 80.6 Intravenous Immune Globulin

**UnitedHealthcare Medicare Advantage Coverage Summaries**
Blood, Blood Products and Related Procedures and Drugs
Medications/Drugs (Outpatient/Part B)
Skin Treatment, Services and Procedures

**UnitedHealthcare Reimbursement Policies**
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