# Lymphocyte Immune Globulin, Anti-Thymocyte Globulin (Equine) (NCD 260.7)

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>260.7</th>
<th>Approved By</th>
<th>UnitedHealthcare Medicare Reimbursement Policy Committee</th>
<th>Current Approval Date</th>
<th>10/08/2014</th>
</tr>
</thead>
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## 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, 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...
Lymphocyte Immune Globulin, Anti-Thymocyte Globulin (Equine) (NCD 260.7)

The lymphocyte immune globulin preparations are biologic drugs not previously approved or licensed for use in the management of renal allograft rejection. A number of other lymphocyte immune globulin products of equine, lapine, and murine origin are currently under investigation for their potential usefulness in controlling allograft rejections in human transplantation. These biologic drugs are viewed as adjunctive to traditional immunosuppressive products such as steroids and anti-metabolic drugs. At present, lymphocyte immune globulin preparations are not recommended to replace conventional immunosuppressive drugs, but to supplement them and to be used as alternatives to elevated or accelerated dosing with conventional immunosuppressive agents.

Reimbursement Guidelines

The FDA has approved one lymphocyte immune globulin preparation for marketing, lymphocyte immune globulin, anti-thymocyte globulin (equine). This drug is indicated for the management of allograft rejection episodes in renal transplantation. It is covered under Medicare when used for this purpose. Other forms of lymphocyte globulin preparation which the FDA approves for this indication in the future may be covered under Medicare.

CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J7504</td>
<td>Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg</td>
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Modifiers

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>EY</td>
<td>No physician or other licensed health care provider order for this item or service</td>
</tr>
<tr>
<td>KX</td>
<td>Requirements specified in the medical policy have been met</td>
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References Included (but not limited to):

- **CMS NCD**
  - NCD 260.7 Lymphocyte Immune Globulin, Anti-Thymocyte Globulin (Equine)
- **CMS LCD(s)**
  - Numerous LCDs
- **CMS Benefit Policy Manual**
  - Chapter 15; § 50 Drugs and Biologicals
Lymphocyte Immune Globulin, Anti-Thymocyte Globulin (Equine) (NCD 260.7)

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

**UnitedHealthcare Medicare Advantage Coverage Summaries**
Blood, Blood Products and Related Procedures and Drugs

**UnitedHealthcare Reimbursement Policies**
KX Modifier

**Others**
FDA ATGAM Package Insert, FDA Website

### History

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>10/08/2014</td>
<td>Annual Review for MRP Committee presentation and approval</td>
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<tr>
<td>09/11/2013</td>
<td>Administrative updates</td>
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