Internal Medicine Coding Alert

Update Your IVIG Codes to Avoid Swimming in Denials

Medicare still pays for immune globulin shots -- under new guidelines

If you haven't noticed the new HCPCS code changes for immune globulin injections yet, your carrier certainly has -- and it will reject claims that use the now-deleted Q series.

A new MLN Matters article, effective Jan. 1, alerts practices that CMS has extended intravenous immune globulin (IVIG) payment though 2008, but with a few slight changes.

Chief among the changes is the news that the previous IVIG codes (Q4087, Q4088, Q4091 and Q4092) have been deleted. This code series went into effect last July, so some practices may still be cutting their teeth on these Q codes. But as Medicare has been known to do before, carriers will now deny these codes for dates of service on or after Jan. 1, 2008.

"Immune globulin is now more specific by drug name," says **Toscha S. Willis, CPC,** coder with Piedmont Oncology Specialists II, PLLC, in Charlotte, N.C. Instead, you should use the following codes, Willis says:
• J1561 -- Gamunex, 500 mg, liquid
• J1562 -- Vivaglobin, 100 mg
• J1568 -- Octagam, 500 mg, liquid
• J1569 -- Gammagard, 500 mg, liquid
• J1572 -- Flebogamma, 500 mg, liquid
• J1566 was revised this year to indicate "unspecified" IVIG or Carimune.

Medicare will continue to reimburse you for G0332 (Services for intravenous infusion of immunoglobulin prior to administration [this service is to be billed in conjunction with administration of immunoglobulin]) to describe the physician's IVIG pre-administration.

"You can bill this code in addition to the infusion and drug codes," says **Tiffany Spencer, CPC,** a senior coding and billing consultant from North Carolina. "It is for obtaining the IVIG since there is such a shortage. Medicare reimburses approximately $60-$70 for the code," she says.

Don't Forget Administration Code

Your coding will be complete once you add the appropriate administration code. For the physician's work infusing these drugs, you should still report 90765 (Intravenous infusion, for therapy, prophylaxis or diagnosis [specify substance or drug]; initial, up to one hour). Add on code +90766 (... each additional hour [list separately in addition to code for primary procedure]) if the infusion lasts more than one hour.

Hidden trap: Stay away from 96413 (Chemotherapy administration, intravenous infusion technique ...) and +96415 (... each additional hour) when coding for IVIG. Those codes are intended for IV chemotherapy only.

Example: The physician administers 100 mg of Vivaglobin for a service that lasts less than an hour.

Solution: For this claim, you should report J1562, G0332 and 90765, along with the appropriate ICD-9 code.

The MLN Matters article also reminds you to bill only one IVIG pre-administration code "per patient per day of IVIG administration," and that carriers will deny claims as unprocessable if they don't include G0332 along with the drug's J code.

To read the full text of the MLN Matters article, visit the CMS Web site at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5713.pdf.