

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-02 Medicare Benefit Policy</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11693</b>	<b>Date: November 9, 2022</b>
	<b>Change Request 12973</b>

**SUBJECT: International Classification of Disease (ICD-10) Code Update for Coverage of Intravenous Immune Globulin (IVIG) Treatment of Primary Immune Deficiency Diseases in the Home**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to implement a maintenance coding update of Chapter 15, Section 50.6 of the Medicare Benefit Policy Manual (BPM), Publication (Pub) 100-02, Coverage of IVIG for Treatment of Primary Immune Deficiency Diseases in the Home.

This CR will add a newly established ICD-10-CM diagnosis code applicable to this section of the BPM and remove outdated ICD-9-CM diagnosis codes. No policy related changes are included with this coding update CR. Any policy changes will continue to be effectuated separately via the current, longstanding public notice and comment rulemaking and/or National Coverage Determination (NCD) process.

**EFFECTIVE DATE: October 1, 2022**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: December 12, 2022**

**Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.**

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	15/50.6 – Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-02	Transmittal: 11693	Date: November 9, 2022	Change Request: 12973
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**SUBJECT: International Classification of Disease (ICD-10) Code Update for Coverage of Intravenous Immune Globulin (IVIG) Treatment of Primary Immune Deficiency Diseases in the Home**

**EFFECTIVE DATE: October 1, 2022**

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**IMPLEMENTATION DATE: December 12, 2022**

## I. GENERAL INFORMATION

**A. Background:** Section 642 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law No: 108-173) amended Section 1861 of the Social Security Act to extend Medicare coverage of IVIG for the treatment of primary immune deficiency diseases in the home. Chapter 15, Section 50.6 of the Medicare Benefit Policy Manual (BPM), Publication (Pub)100-02 “Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home” further describes coverage of IVIG for treatment of primary immune deficiency diseases in the home and includes a number of applicable ICD diagnosis codes. A new ICD-10-CM diagnosis code for D81.82 Activated Phosphoinositide 3-kinase Delta Syndrome (APDS) has been established, effective October 1, 2022.

**B. Policy:** This CR implements a maintenance coding update to Chapter 15, Section 50.6 of the BPM, Pub 100-02 “Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home” to add ICD-10-CM diagnosis code D81.82 to recognize that APDS is an applicable diagnosis for coverage of IVIG for the treatment of primary immune deficiency diseases in the home. This CR also implements a maintenance coding update to remove outdated ICD-9-CM diagnosis codes from the Chapter 15, Section 50.6 of the BPM, Pub 100-2. No policy-related changes are included with this coding update CR. Any policy changes will continue to be effectuated separately via the current, longstanding public notice and comment rulemaking and/or NCD process.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12973.1	Effective for claims with dates of service on or after October 1, 2022, contractors shall be aware that ICD-10-CM diagnosis code D81.82 has been added to the list of applicable diagnosis codes for coverage for IVIG for the treatment of primary immune deficiency diseases in the home in Chapter 15, Section 50.6 of the BPM, Pub 100-02.	X	X	X	X						

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12973.2	Contractors shall be aware that outdated ICD-9-CM diagnosis codes 279.04, 279.05, 279.06, 279.12, and 279.2 have been removed from Chapter 15, Section 50.6 of the BPM, Pub 100-02.	X	X	X	X						
12973.3	Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.	X	X	X	X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E	C M I	D I	I	
		A	B	H H H					M A C
12973.4	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	X	X	X				

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov , Daniel Feller, 410-786-6913 or Daniel.Feller@cms.hhs.gov , Patricia Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**

# Medicare Benefit Policy Manual

## Chapter 15 – Covered Medical and Other Health Services

### 50.6 – Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home

*(Rev.:11693, Issued:11-09-22, Effective: 10-01-22, Implementation: 12-12-22)*

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 provides coverage of intravenous immune globulin (IVIG) for the treatment of primary immune deficiency diseases in the home (ICD-10-CM codes G11.3, D80.0, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D81.0, D81.1, D81.2, D81.5, D81.6, D81.7, **D81.82**, D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, or D83.9 if only an unspecified diagnosis is necessary). The Act defines “intravenous immune globulin” as an approved pooled plasma derivative for the treatment of primary immune deficiency disease. It is covered under this benefit when the patient has a diagnosed primary immune deficiency disease, it is administered in the home of a patient with a diagnosed primary immune deficiency disease, and the physician determines that administration of the derivative in the patient’s home is medically appropriate. The benefit does not include coverage for items or services related to the administration of the derivative. For coverage of IVIG under this benefit, it is not necessary for the derivative to be administered through a piece of durable medical equipment.