

Intravenous Immune Globulin (IVIg)-NCD 250.3

This article describes CMS national coverage effective on/after October 1, 2001. (Please see the NAS Local Coverage Determination for additional indications at www.noridianmedicare.com). The following diagnosis codes are still appropriate. Intravenous immune globulin (IVIg) is covered nationally for the treatment of the following biopsy-proven conditions:

- Pemphigus Vulgaris, ICD-9- CM Code: 694.4-Pemphigus
- Pemphigus Foliaceus, ICD-9-CM Code: 694.4- Pemphigus
- Bullous Pemphigoid, ICD-9-CM Code: 694.5-Pemphigoid
- Mucous Membrane Pemphigoid (a.k.a., Cicatricial Pemphigoid), ICD-9-CM Code: 694.60-Benign mucous membrane Pemphigoid; without mention of ocular involvement
- Mucous Membrane Pemphigoid (a.k.a., Cicatricial Pemphigoid), ICD-9-CM Code: 694.60-Benign mucous membrane Pemphigoid; with ocular involvement
- Epidermolysis Bullosa Acquisita, ICD-9-CM Code: 694.8-Other specified bullous dermatoses

Patient must meet at least one of the following criteria:

- Failed conventional therapy. Contractors have the discretion to define what constitutes failure of conventional therapy;
- Conventional therapy is contraindicated. Contractors have the discretion to define what constitutes contraindications to conventional therapy; or
- Have rapidly progressive disease in which a clinical response could not be affected quickly enough using conventional agents. In these situations, IVIg therapy would be given along with conventional treatment(s) and the IVIg would be used only until conventional therapy could take effect.

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

Reference: Internet Only Manuals: Medicare National Coverage Determinations Manual, Pub. 100-03, Chapter 1; Section 250.3