

# **LCD for Immune Globulins (L30147)**

## **Contractor Information**

### **Contractor Name**

Wisconsin Physicians Service Insurance Corporation

### **Contractor Number**

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

### **Contractor Type**

Carrier - FI - MAC

## **LCD Information**

### **LCD ID Number**

L30147

### **LCD Title**

Immune Globulins

### **Contractor's Determination Number**

INJ-012

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### **CMS National Coverage Policy**

PUB 100-2 Medicare Benefit Policy Manual Chapter 15

PUB 100-3: Medicare National Coverage Determination Manual Chapter1, Part 4 Section 250.3; PM-AB-02-093 Intravenous immune globulin for the treatment of autoimmune mucocutaneous blistering diseases

PUB 100-4 Medicare Claims Processing Manual, Chapter 17 (Change Request 3745, 4244, 5635, 5643, 5981)

### **Primary Geographic Jurisdiction**

Wisconsin

### **Oversight Region**

Region V

### **Original Determination Effective Date**

For services performed on or after 11/15/2009

### **Original Determination Ending Date**

### **Revision Effective Date**

For services performed on or after 03/01/2010

### **Revision Ending Date**

### **Indications and Limitations of Coverage and/or Medical Necessity**

Immune serums (immune globulin) provide passive immunity to infectious disease. The protection will be of rapid onset, but of short duration (1-3 months). Immune sera are obtained from pooled human plasma of either general population donors or hyperimmunized donors. It may be administered either by intravenous (IV) or intramuscular (IM) injection.

A. Intramuscular immune globulin is available in broad-spectrum form, or disease-specific hyperimmune serum.

1. Immune serum globulin intramuscular (IM) (IG, Gamma Globulin, ISG, Gamastan, Gammar, (HCPCS codes J1460-J1560) is indicated for the following conditions:

- a. Hepatitis A exposure (V01.79).
- b. Measles (Rubeola): for a susceptible patient (has not been vaccinated and has not had measles and is at high risk for complication) who has been exposed less than three days prior to treatment (ICD-9 V04.2).
- c. Rubella: for a woman in early pregnancy, who is exposed to the virus and does not have immunity. (V22.2 and V01.4; or 647.50; or 647.53)
- d. Varicella: for passive immunization in immunosuppressed patients when varicella zoster immunoglobulin is not available (V05.4).
- e. Immunoglobulin deficiency: for prevention of serious infection when circulating IgG levels are low. Prophylactic therapy, especially against infections due to encapsulated bacteria, is often effective in Bruton-type, sex-linked congenital agammaglobulinemia, agammaglobulinemia associated with thymoma and acquired agammaglobulinemia (279.00-279.06, 279.2).

2. Specific hyperimmune serum globulin includes several different disease-specific drugs.

- a. Hepatitis B serum (CPT 90371) is indicated post-exposure for transient prevention of hepatitis B infection. (V15.85)
- b. Rabies serum (CPT 90375, 90376) is indicated post-exposure for transient prevention of rabies infection when the patient has not been completely immunized with the vaccination. (V01.5)
- c. Vaccinia serum (CPT 90393) is indicated for transient prevention of or modification of aberrant infections induced by vaccinia (smallpox) vaccine, the vaccinia virus, such as eczema vaccinatum, some cases of progressive vaccinia, and possibly ocular vaccinia. (V01.4)
- d. Varicella-zoster serum (CPT 90396) is indicated for transient prevention of varicella-zoster infection in exposed, susceptible individuals who have a greater risk of complications from varicella (V01.71). Documentation in the progress notes must indicate one of the following complicating conditions to verify medical necessity:

- Personal history of leukemia or lymphoma
- HIV infection
- Current immunosuppressive therapy
- a newborn with exposure to chickenpox (the documentation must indicate why the newborn is at increased risk; e.g., if the mother was exposed within 5 days of delivery).

e. Tetanus serum (J1670) is indicated for transient protection against tetanus post-exposure to tetanus (V03.7). Documentation in the progress notes must identify the following:

- The wound is other than a clean minor wound, and the date of the injury;
- The active immunization with tetanus toxoid is unknown or uncertain; or
- The patient has received either less than 2 prior doses of tetanus toxoid; or two prior doses of tetanus toxoid, but there has been a delay of 24 hours or more between the time of injury and the initiation of tetanus prophylaxis.

f. Cytomegalovirus immune globulin intravenous (human) per vial (J0850) is indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas and heart. In transplants of these organs other than kidney from CMV seropositive donors into seronegative recipients, prophylactic CMV-IGIV should be considered in combination with ganciclovir. (V42.0, V42.1, V42.6, V42.7, V42.83)

g. Hepatitis B immune globulin (HepaGam B) (J1571) intramuscular, 0.5 ml is indicated for the treatment of acute exposure to blood containing HBsAg, perinatal exposure of infants born to HBsAg positive mothers, sexual exposure to HBsAg-positive persons and household exposure to persons with acute HBV infection in the following settings (V15.85).

h. Hepatitis B immune globulin (HepaGam B) (J1573) intravenously is indicated for the prevention of Hepatitis B recurrence following a liver transplantation, in HBsAg-positive liver transplant patients (V02.61, 070.20-070.23, 070.30-070.33, 070.42).

B. Intravenous immune globulin (Sandoglobulin, Venoglobulin-I, Privigen, Gamunex, Octagam, Gammagard liquid, Flebogamma/Flebogamma DIF, Carimune) (J1459, J1561, J1566, J1568, J1569, J1572,) provides immediate antibody levels. IVIG may be indicated for the following conditions:

1. Immunodeficiency Syndrome: to include congenital agammaglobulinemia such as x-linked agammaglobulinemia, common variable hypoglobulinemia, x-linked immunodeficiency with hyper IGM, combined immunodeficiency (279.00-279.06, 279.2).

2. Primary thrombocytopenia (287.30-287.39).

3. Alloimmune thrombocytopenia, refractoriness to platelet transfusions (287.4). Routine use is not indicated. IVIG may have a role in patients with severe thrombocytopenia of documented immune basis for whom other modalities are unsuccessful or contraindicated.

4. Post-transfusion purpura (287.4). IVIG may be considered as first-line therapy in severely affected patients.

5. Lymphoid Leukemia (204.10, 204.12, 204.20, 204.22) with either hypogammaglobulinemia or recurrent bacterial infections.

6. Autoimmune hemolytic anemia (283.0). Routine use is not indicated. IVIG may have a role in patients with warm-type AIHA that does not respond to corticosteroids.

7. Immune-mediated neutropenia (288.09). Routine use is not indicated. IVIG may have a role in severe illness that does not respond to other modalities or when the latter are contraindicated.

8. Multiple Myeloma (203.00-203.02, 203.10-203.12, 203.80, 203.82). Routine use is not indicated. It may have a role in patients with stable (plateau phase) disease and high risk of recurrent infections.

9. Pediatric intractable epilepsy (345.11, 345.3, 345.61). Routine use is not indicated. IVIG may have a role in certain syndromes as a last resort, especially in patients who may be candidates for surgical resection.

10. Guillian-Barré syndrome (357.0) IVIG is recommended as an equivalent alternative to plasma exchange in children and adults.
11. Myasthenia gravis (MG) (358.00, 358.01). Routine use is not indicated. IVIG may be considered in patients with severe MG to treat acute severe decompensation when other treatments have been unsuccessful or are contraindicated.
12. Eaton-Lambert Syndrome (358.1)  
This is an immune-mediated, myasthenia-like syndrome. Treatment with IVIG is directed at decreasing the autoimmune response.
13. Polyneuropathy, chronic inflammatory demyelinating (357.81). IVIG is recommended as an equivalent alternative to plasma exchange in adults.
14. Multifocal motor neuropathy (357.9). The routine use of IVIG is not usually recommended. IVIG may be considered in patients who have progressive, symptomatic multifocal motor neuropathy that has been diagnosed on the basis of electrophysiologic findings that rule out other possible conditions that may not respond to this treatment.
15. Dermatomyositis (710.3). Routine use is not indicated. IVIG may be used for patients with severe active illness for whom other interventions have been unsuccessful or intolerable.
16. Polymyositis (710.4). Routine use is not indicated. IVIG may be used for patients with severe active illness for whom other interventions have been unsuccessful or intolerable.
17. Systemic lupus erythematosus (SLE) (710.0). Routine use is not indicated. IVIG may be used for patients with severe active SLE for whom other interventions have been unsuccessful or intolerable.
18. Systemic sclerosis dermatomyositis overlap syndrome (710.8). Routine use is not indicated. IVIG may be used for patients with severe active illness for whom other interventions have been unsuccessful or intolerable.
19. Kawasaki disease (446.1).
20. Severe Vasculitic Syndromes, systemic (polyarteritis nodosa) (446.0), Churg-Strauss Vasculitis (446.4) and livedoid vasculitis (atrophie blanche) (701.3). Evidence does not support routine use of IVIG. IVIG may be used for patients with severe active illness for whom other interventions have been unsuccessful or intolerable.
21. Toxic Epidermal Necrolysis (695.15) and Stevens-Johnson Syndrome (695.13, 695.14). Evidence does not support routine use of IVIG. It will be covered if it is refractory to conventional therapy.
22. Pemphigoid gestationis (646.83, 646.84) that is refractory to conventional therapy.
23. Pyoderma gangrenosum (686.01) that is refractory to conventional therapy.
24. Neonatal alloimmune thrombocytopenia (776.1). Routine use of IVIG is not recommended. It is recommended in severely thrombocytopenic, symptomatic neonates who are at high risk of developing intracranial hemorrhage when other interventions have been unsuccessful become intolerable or are contraindicated.
25. IVIG may be indicated for high-risk pregnant women (V23.89) who have had a history of a previously affected infant with fetal-neonatal thrombocytopenia.
26. Wiskott-Aldrich Syndrome (279.12)

27. Anemia due to pure red cell aplasia (284.81, 284.89)

28. Human Immunodeficiency Virus (HIV) infection (042)

IVIg will be covered for patients infected with HIV to reduce significant bacterial infection when all of the following coverage indicators are present: a) age less than 13 years old; b) evidence of either qualitative or quantitative humoral immunologic defects and c) current bacterial infections, despite appropriate antimicrobial prophylaxis. Dosage Guidelines: 400 mg/kg body weight given every 28 days.

29. Autoimmune mucocutaneous blistering disease is covered by a National Coverage Determination (See PUB 100-3: Medicare National Coverage Determination Manual Chapter1, Part 4 Section 250.3)

30. Stiff-man syndrome (333.91) IVIG may be used for patients with severe active illness for whom other interventions have been unsuccessful or intolerable.

### Coding Information

#### Bill Type Codes:

**Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.**

#### Revenue Codes:

**Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.**

#### CPT/HCPCS Codes

90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE
90375	RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/ OR SUBCUTANEOUS USE
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE
90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE

96365 INTRAVENOUS INFUSION, FOR THERAPY,  
PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR  
DRUG); INITIAL, UP TO 1 HOUR

96366 INTRAVENOUS INFUSION, FOR THERAPY,  
PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR  
DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN  
ADDITION TO CODE FOR PRIMARY PROCEDURE)

96372 THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC  
INJECTION (SPECIFY SUBSTANCE OR DRUG);  
SUBCUTANEOUS OR INTRAMUSCULAR

J0850 INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN  
INTRAVENOUS (HUMAN), PER VIAL

J1459 INJECTION, IMMUNE GLOBULIN (PRIVIGEN),  
INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500  
MG

J1460 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC

J1470 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC

J1480 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC

J1490 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC

J1500 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC

J1510 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC

J1520 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC

J1530 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC

J1540 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC

J1550 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10  
CC

J1560 INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR,  
OVER 10 CC

J1561 INJECTION, IMMUNE GLOBULIN, (GAMUNEX),  
INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500  
MG

J1566 INJECTION, IMMUNE GLOBULIN, INTRAVENOUS,  
LYOPHILIZED (E.G. POWDER), NOT OTHERWISE  
SPECIFIED, 500 MG

J1568 INJECTION, IMMUNE GLOBULIN, (OCTAGAM),  
INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500  
MG

J1569 INJECTION, IMMUNE GLOBULIN, (GAMMAGARD  
LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G.  
LIQUID), 500 MG

J1571 INJECTION, HEPATITIS B IMMUNE GLOBULIN  
(HEPAGAM B), INTRAMUSCULAR, 0.5 ML

J1572 INJECTION, IMMUNE GLOBULIN,  
(FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS,  
NON-LYOPHILIZED (E.G. LIQUID), 500 MG

J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS

### ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

Note: 357.9 should be used to indicate multifocal motor neuropathy

042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
070.20 - 070.23	VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA - CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITH HEPATITIS DELTA
070.30 - 070.33	VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA - CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITH HEPATITIS DELTA
070.42	HEPATITIS DELTA WITHOUT ACTIVE HEPATITIS B DISEASE WITH HEPATIC COMA HEPATITIS DELTA WITH HEPATITIS B CARRIER STATE
203.00 - 203.80	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - OTHER IMMUNOPROLIFERATIVE NEOPLASMS, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.82	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE
204.10	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.12	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
204.20	SUBACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.22	SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
279.00 - 279.06	HYPOGAMMAGLOBULINEMIA UNSPECIFIED - COMMON VARIABLE IMMUNODEFICIENCY
279.12	WISKOTT-ALDRICH SYNDROME
279.2	COMBINED IMMUNITY DEFICIENCY
283.0	AUTOIMMUNE HEMOLYTIC ANEMIAS
284.81	RED CELL APLASIA (ACQUIRED) (ADULT) (WITH THYMOMA)
284.89	OTHER SPECIFIED APLASTIC ANEMIAS
287.30 - 287.39	PRIMARY THROMBOCYTOPENIA, UNSPECIFIED - OTHER PRIMARY THROMBOCYTOPENIA
287.4	SECONDARY THROMBOCYTOPENIA

288.09	OTHER NEUTROPENIA
333.91	STIFF-MAN SYNDROME
345.11	GENERALIZED CONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY
345.3	GRAND MAL STATUS EPILEPTIC
345.61	INFANTILE SPASMS WITH INTRACTABLE EPILEPSY
357.0	ACUTE INFECTIVE POLYNEURITIS
357.81	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS
357.9	UNSPECIFIED INFLAMMATORY AND TOXIC NEUROPATHIES
358.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION
358.01	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION
358.1	MYASTHENIC SYNDROMES IN DISEASES CLASSIFIED ELSEWHERE
446.0	POLYARTERITIS NODOSA
446.1	ACUTE FEBRILE MUCOCUTANEOUS LYMPH NODE SYNDROME (MCLS)
446.4	WEGENER'S GRANULOMATOSIS
646.83	OTHER SPECIFIED ANTEPARTUM COMPLICATIONS
646.84	OTHER SPECIFIED POSTPARTUM COMPLICATIONS
647.50	RUBELLA OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
647.53	ANTEPARTUM RUBELLA
686.01	PYODERMA GANGRENOSUM
695.13 - 695.15	STEVENS-JOHNSON SYNDROME - TOXIC EPIDERMAL NECROLYSIS
701.3	STRIAE ATROPHICAE
710.0	SYSTEMIC LUPUS ERYTHEMATOSUS
710.3	DERMATOMYOSITIS
710.4	POLYMYOSITIS
710.8	OTHER SPECIFIED DIFFUSE DISEASES OF CONNECTIVE TISSUE
776.1	TRANSIENT NEONATAL THROMBOCYTOPENIA
V01.4	CONTACT WITH OR EXPOSURE TO RUBELLA
V01.5	CONTACT WITH OR EXPOSURE TO RABIES
V01.71	CONTACT OR EXPOSURE TO VARICELLA
V01.79	CONTACT OR EXPOSURE TO OTHER VIRAL DISEASES
V02.61	CARRIER OR SUSPECTED CARRIER OF HEPATITIS B

V03.7	NEED FOR PROPHYLACTIC VACCINATION WITH TETANUS TOXOID ALONE
V04.2	NEED FOR PROPHYLACTIC VACCINATION AND INOCULATION AGAINST MEASLES ALONE
V05.4	NEED FOR PROPHYLACTIC VACCINATION AND INOCULATION AGAINST VARICELLA
V15.85	PERSONAL HISTORY OF CONTACT WITH AND (SUSPECTED) EXPOSURE TO POTENTIALLY HAZARDOUS BODY FLUIDS
V22.2	PREGNANT STATE INCIDENTAL
V23.89	SUPERVISION OF OTHER HIGH-RISK PREGNANCY
V42.0	KIDNEY REPLACED BY TRANSPLANT
V42.1	HEART REPLACED BY TRANSPLANT
V42.6	LUNG REPLACED BY TRANSPLANT
V42.7	LIVER REPLACED BY TRANSPLANT
V42.83	PANCREAS REPLACED BY TRANSPLANT

### **Diagnoses that Support Medical Necessity**

### **ICD-9 Codes that DO NOT Support Medical Necessity**

### **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

### **Diagnoses that DO NOT Support Medical Necessity**

## **General Information**

### **Documentation Requirements**

Medical records must include the indications to support using IVIG. For those indications stating routine use is not indicated, the medical record must document the interventions that were unsuccessful or the reason they were not tolerated.

Documentation must support objective response for continued coverage. Medical Records must be made available to the Carrier upon request.

### **Appendices**

## Utilization Guidelines

### Sources of Information and Basis for Decision

Sources of Information and Basis for Decision

Drug Facts and Comparisons (2003)

Jeffrey P Callen, MD and Joseph L Jorizzo, MD "Skin Signs of Systemic Disease", Best Practice of Medicine. March 2000.

CytoGam Cytomegalovirus Immune Globulin Intravenous (Human) (CMV-IGIV) package Insert

Other Medicare Carrier's Policies

Abel, Elizabeth A. M.D., Jean-Claude Bystry, M.D. "Vesiculobullous Diseases" July 2003 Update

Dermatology: IX Vesiculobullous Diseases: 1-10

Branch DW, Porter TF, Paidas MJ, Belfort MA, Gonik B. "Obstetric uses of intravenous immunoglobulin: successes, failures, and promises". J of Allergy Clin Immunol. 2001 OCT; 108 (4Suppl): S133-8

Bussel, JB "Alloimmune thrombocytopenia in the fetus and newborn" Semin Thromb Hemost. 2001 Jun; 27(3): 245-252

Blanchette VS, Johnson J, Rand M "The management of alloimmune neonatal thrombocytopenia" Balillieres Best Prac Res Clin Haematol. 2000 Sep; 13

Fischer M, Fiedler E, Marsch WC, Wohlrab J "Antitumour Necrosis Factor-alpha Antibodies (Infliximab) in the treatment of a Patient with Toxic Epidermal Necrolysis. British Journal of Dermatology. 2002; 146(4): 707-708

Diehl LF, Ketchum LH, "Autoimmune disease and chronic lymphocytic leukemia: autoimmune hemolytic anemia, pure red cell aplasia, and autoimmune thrombocytopenia. Semin Oncol, 1998 Feb; 25(1): 80-97

Jackson, Mark J "Pyoderma Gangrenosum" <http://www.emedicine.com/DERM/topic367htm>

Klein, Peter A "Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis"

<http://www.emedicine.com/DERM/topic405htm>

Kreuter, A, MD, Gambichler, T MD, et al. "Pulsed intravenous immunoglobulin therapy in livedoid vasculitis: An open trial evaluating 9 consecutive patients". Journal of American Academic Dermatology, Volume 51, Number 4, October 2004.

Linardaki GD, Boki DA, Fertakis A, Tzioufas AG. "Pure red cell aplasia as presentation of systemic lupus erythematosus: antibodies to erythropoietin". Scand J Rheumatol. 1999; 28(3): 189-91

Rutter A, MD and Luger T, MD "High-dose intravenous immunoglobulins: An approach to treat severe immune-mediated and autoimmune diseases of the skin. J of Am ACAD DERMATOL June 2001:1010-1024

Silver RM, Porter TF, Branch, Esplin MS, Scott JR. "Neonatal alloimmune thrombocytopenia: antenatal management. Am J Obstet Gynecol. 2000May; 182(5): 1233-8

Merck Manual of Geriatrics, CH.54 Muscular Disorders

### Advisory Committee Meeting Notes

Meeting Date:

Wisconsin 05/15/2009

Illinois 05/13/2009

Michigan 05/06/2009

Minnesota 05/21/2009

J5 MAC 06/04/2009

Open LCD Meeting 04/15/09

**Start Date of Comment Period**

06/04/2009

**End Date of Comment Period**

07/20/2009

**Start Date of Notice Period**

03/01/2010

**Revision History Number**

x

**Revision History Explanation**

04/03/2009 Approved

06/30/2009 The contractor number 05392 will no longer be valid as of 8/1/2009 as it will be joining with the W MO number.

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

09/08/2009 Sent to approved due to ICD-9 2008-2009 Annual Update.

09/22/2009 Added verbiage to Indications and Limitations, CPT/HCPCS codes and 357.9 to ICD-9.

10/22/09 Clarifications: ICD-9 446.4 added to list of covered ICD-9 codes and J1670 added to the list of CPT/HCPC's code listing (both were listed under the indications and limitations section of the LCD). ICD-9 code 284.89 added to indication 27 (was listed under covered ICD-9 codes section).

11/19/2009 Released to final

02/05/10 -ICD-9 codes 042, 070.20-070.23, 070.30-070.33, and 686.01 added to the ICD-9 table. Codes were listed under indication section. No change to coverage.

03/01/10- Reconsideration request –added coverage for stiff man syndrome (333.91) to section B CPT Codes J1459, J1561, J1566, J1568, J1569, J1572 and added Documentation must support objective response for continued coverage under documentation section.

**Reason for Change****Last Reviewed On Date**

09/01/2009

**Related Documents**

This LCD has no Related Documents.

## **LCD Attachments**

There are no attachments for this LCD.

## **All Versions**

Updated on 02/12/2010 with effective dates 03/01/2010 - N/A

Updated on 02/05/2010 with effective dates 11/15/2009 - 02/28/2010

Updated on 11/19/2009 with effective dates 11/15/2009 - N/A