

## Immune Globulin – Site of Care

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[➔ Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Documentation Requirements</a> .....	2
<a href="#">Definitions</a> .....	2
<a href="#">Applicable Codes</a> .....	3
<a href="#">Benefit Considerations</a> .....	3
<a href="#">Clinical Evidence</a> .....	3
<a href="#">References</a> .....	4
<a href="#">Guideline History/Revision Information</a> .....	4
<a href="#">Instructions for Use</a> .....	5

Related Commercial Policies
<ul style="list-style-type: none"> <li>• <a href="#">Immune Globulin (IVIG and SCIG)</a></li> <li>• <a href="#">Skilled Care and Custodial Care Services</a></li> </ul>

### Coverage Rationale

[➔ See Benefit Considerations](#)

This guideline addresses the criteria for consideration of allowing hospital outpatient facility infusion services for intravenous [Immune Globulin](#) (IVIG) and subcutaneous Immune Globulin (SCIG) therapy. This includes hospital-based services with the following CMS/AMA Place of Service (POS) codes:

- 19 (Off Campus-Outpatient Hospital); and
- 22 (On Campus-Outpatient Hospital)

Alternative [Sites of Care](#), such as non-hospital outpatient infusion, physician office, ambulatory infusion suites, or home infusion services are well accepted places of service for medication infusion therapy. If an individual does not meet criteria for outpatient hospital facility infusion, alternative Sites of Care may be used.

Clinical use of Immune Globulin is proven and medically necessary, in accordance with the UnitedHealthcare Medical Benefit Drug Policy titled [Immune Globulin \(IVIG and SCIG\)](#).

Outpatient hospital facility-based Immune Globulin infusion is medically necessary for individuals who meet at least one of the following criteria (submission of medical records is required):

- Documentation that the individual is medically unstable for administration of Immune Globulin at the alternative Sites of Care as determined by any of the following:
    - The individual’s complex medical status or therapy requires enhanced monitoring and potential intervention above and beyond the capabilities of the office or home infusion setting; or
    - The individual’s documented history of a significant comorbidity (e.g., cardiopulmonary disorder) or fluid overload status that precludes treatment at an alternative Site of Care; or
    - Outpatient treatment in the home or office setting presents a health risk due to a clinically significant physical or cognitive impairment; or
    - Difficulty establishing and maintaining patent vascular access; or
    - To initiate, re-initiate, or change Immune Globulin products for a short duration (e.g., 4 weeks);
- or

- Documentation (e.g., infusion records, medical records) of episodes of severe or potentially life-threatening adverse events (e.g., anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure) that have not been responsive to acetaminophen, steroids, diphenhydramine, fluids, infusion rate reductions, or other pre-medications, thereby increasing risk to the individual when administration is in the home or office setting; or
- Initial infusion, change of Immune Globulin product, or re-initiation of therapy after more than 6 months; or
- Individual has immunoglobulin A (IgA) deficiency with anti-IgA antibodies; or
- Homecare or infusion provider has deemed that the individual, home caregiver, or home environment is not suitable for home infusion therapy (if the prescriber cannot infuse in the office setting).

Ongoing outpatient hospital facility-based infusion duration of therapy will be no more than 6 months to allow for reassessment of the individual's ability to receive therapy at an alternative Site of Care.

Note: If more than one of the above criteria are met, then the greatest of the applicable approval time periods will be allowed.

## Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

Medication	HCPCS Codes *	Required Clinical Information
Asceniv™ (IV)	J1599	Refer to Protocol titled <a href="#">Medical Record Requirements for Pre-Service Reviews</a> for documentation requirements. Note: Once in the <a href="#">Medical Record Requirements for Pre-Service Reviews</a> document, search for the medication name or applicable HCPCS code.
Bivigam® (IV)	J1556	
Carimune® NF (IV)	J1566	
Cutaquig® (SC)	J3590	
Cuvitru® (SC)	J1555	
Flebogamma® DIF (IV)	J1572	
Gammagard® Liquid (IV, SC)	J1569	
Gammagard® S/D (IV)	J1566	
Gammaked™ (IV, SC)	J1561	
Gammaplex® (IV)	J1557	
Gamunex®C (IV, SC)	J1561	
Hizentra® (SC)	J1559	
HyQvia® (SC)	J1575	
Octagam® (IV)	J1568	
Panzyga® (IV)	J1599	
Privigen® (IV)	J1459	
Xembify® (SC)	J1558	

\*For code descriptions, see the [Applicable Codes](#) section.

## Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

**Immune Globulin:** Immune Globulins are components of the immune system. There are several types of Immune Globulin produced by the body (e.g., IgA, IgD, IgE, IgG, IgM). This policy addresses therapeutic use Immune Globulin G (IgG) an antibody produced by the B lymphocytes. References to Immune Globulin within this guideline refer to IgG. IgG products have been referred to in multiple ways, some of which are: Immune Globulin (IG), immunoglobulin, gamma globulin, and also by its

route of administration - intravenous Immune Globulin (IVIG), Immune Globulin intravenous (IGIV), subcutaneous Immune Globulin (SCIG), Immune Globulin subcutaneous (IGSC).

**Site of Care:** Choice for physical location of infusion administration. Sites of Care include hospital inpatient, hospital outpatient, community office, ambulatory infusion suite, or home-based setting.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1555	Injection, immune globulin (Cuvitru), 100 mg
J1556	Injection, immune globulin (Bivigam), 500 mg
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1558	Injection, immune globulin (Xembify), 100 mg
J1559	Injection, immune globulin (Hizentra), 100 mg
J1561	Injection, immune globulin, (Gamunex, Gamunex-C/Gammaked), nonlyophilized (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, nonlyophilized (e.g., liquid), 500 mg
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
J3590	Unclassified biologics

## Benefit Considerations

This guideline applies to UnitedHealthcare Commercial plan members who have medical necessity language in their Certificate of Coverage (COC) or Summary Plan Document with benefits available for health care services if medically necessary and have been approved for the requested medication clinical use. The guideline does not apply to Medicare or Medicaid plans.

## Clinical Evidence

In a retrospective data analysis of over one thousand patients (n=1,076) with primary immunodeficiency diseases (PIDD), Wasserman et al. (2017), examined the infection rates for these patients who received IVIG in a home or hospital outpatient infusion center (HOIC). Patients were eligible for analysis if they had at least 1 inpatient or emergency room claim or at least 2 outpatient claims with a PIDD diagnosis from January 2002 and March 2013, 12 months of continuous health plan enrollment prior to index date (i.e., first IGIV infusion date), and 6 months of continuous IGIV at the same site of care after the index date. Incidences of pneumonia (bacterial or viral) and bronchitis (all types) within 7 days of IGIV infusion were retrospectively determined and compared between sites of care. Of the patients included in the analysis, 51% received IVIG in the home whereas 49% at an HOIC. The event/patient year of pneumonia was significantly lower in patients receiving IVIG at home compared to an outpatient hospital (0.102 vs. 0.216, p = 0.0071). The event/patient year of bronchitis was also significantly lower among patients infusing at home compared to an outpatient hospital (0.150 vs. 0.288, p < 0.0001). The authors concluded that PIDD patients receiving IVIG in the home experienced significantly lower rates of pneumonia and bronchitis

than those who received outpatient hospital based IVIG treatment. The lower infection rates in the home setting suggest that infection risk may be an important factor in site of care selection.

Immune globulin infusion is administered in various sites of care. The Immune Deficiency Foundation surveyed 1,030 patients on where they were treated with immune globulin. Twenty-six percent usually received infusions at a hospital outpatient department (21%) or at a hospital clinic (5%). Other sites reported included a doctor’s private office (9%) or an infusion suite (16%). The most common site was in the home (42%), most commonly administered by a nursing professional (2008).

Infusion in the home (POS 12) is well established and accepted by physicians. A survey of home infusion providers by the National Home Infusion Association reported 1.24 million therapies had been provided to approximately 829,000 patients, including 129,071 infusion therapies of specialty medications including immune globulin (Chowdary et al., 2010).

## Professional Societies

### *American Academy of Allergy Asthma and Immunology (AAAAI)*

AAAAI treatment guidelines provide several site of care options for administering immune globulin, with the appropriate option being based on the patient’s clinical condition (2020):

- Hospital inpatient physician/nurse supervised infusion
- Hospital outpatient physician/nurse supervised infusion
- Physician office-based physician/nurse supervised infusion
- Home based infusion with nurse supervision
- Home based infusion without nurse supervision

## References

American Academy of Allergy Asthma and Immunology (AAAAI). Eight guiding principles for effective use of IVIG for patients with primary immunodeficiency. December 2011.

American Academy of Allergy Asthma and Immunology (AAAAI). Guidelines for the site of care for administration of IGIV therapy. December 2011.

Centers for Medicare & Medicaid Services (CMS): Place of Service Code Set. [http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set.html](http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html). Accessed March 13, 2020.

Chowdary P, Nair D, Davies N, et al. Anaphylactic reaction with prothrombin complex concentrate in a patient with IgA deficiency and anti-IgA antibodies. *Blood Coagulation and Fibrinolysis*. 2010; 21(8):764.

Phase I: 2010 NHIA Provider Survey Comprehensive Aggregate Analysis Report. National Home Infusion Association. 2011.

Treatment Experiences and Preferences Among Patients with Primary Immunodeficiency Disease. National Survey of Patients: 2008. Immune Deficiency Foundation. May 6, 2009.

Wasserman RL, Ito D, Xiong Y, et al. Impact of site of care on infection rates among patients with primary immunodeficiency diseases receiving intravenous immunoglobulin therapy. *J Clin Immunol*. 2017; 37(2): 180–186.

## Guideline History/Revision Information

Date	Summary of Changes
08/01/2020	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>• Reformatted policy; transferred content to new template</li> </ul>
07/01/2020	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>• Added <i>Documentation Requirements</i> section</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>• Added list of applicable HCPCS codes: J1459, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1599, and J3590</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version URG-10.06</li> </ul>

## Instructions for Use

This Utilization Review Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.