

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 211	Date: October 19, 2018
	Change Request 10896

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 16, 2018. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: IVIG Demonstration: Payment Update for 2019

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to specify the payment rate for 2019 for the IVIG Demonstration.

EFFECTIVE DATE: January 1, 2019 - payment rate update for 2019

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

IMPLEMENTATION DATE: January 7, 2019 - update with January 2019 quarterly release

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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

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:

Demonstrations

Attachment - Demonstrations

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I. GENERAL INFORMATION

A. Background: The "Medicare Intravenous Immune Globulin (IVIG) Access and Strengthening Medicare and Repaying Taxpayers Act of 2012" authorized a three year demonstration under Part B of Title XVIII of the Social Security Act to evaluate the benefits of providing payment for items and services needed for the in-home administration of IVIG for the treatment of Primary Immunodeficiency Disease (PIDD). Title III, section 302 of the Disaster Tax Relief and Airport and Airway Extension Act of 2017 extended the IVIG demonstration through December 31, 2020.

Change Requests 8599 and 8724 specified the requirements for implementing this demonstration. Business Requirement (BR) 8599.15 specified the payment rate for the administration of IVIG under the demonstration for 2014 and BR 8599.15.1 provided for annual updates to this rate. CRs 9254, 9746, and 10343 established the payment rate under the demonstration for 2016, 2017, and 2018 respectively.

This CR establishes the payment rate for demonstration services rendered to eligible beneficiaries enrolled in the demonstration for services rendered in 2019. All other processes related to uploading application files and processing claims under this demonstration remain the same.

B. Policy: The payment rate for Q2052: "Services, Supplies and Accessories Used in the Home under the Medicare IVIG Demonstration" for January 1, 2019 - December 31, 2019 shall be \$366.25.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	S S S F			
10896.1	The payment rate for Q2052: "Services, Supplies, and Accessories Used in the Home under the Medicare IVIG Demonstration" for 2019 shall be \$366.25. This payment rate shall be applicable for dates of service from January 1, 2019 through December 31, 2019.				X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
10896.2	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.				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): Jody Blatt, 410-786-6921 or jody.blatt@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

