Abbie  » I consulted one of our reimbursement experts who advises MG may be covered by Medicare Parts B or D, depending on the circumstances. If you receive infusions in a hospital, outpatient clinic or physician office, there is coverage under Part B, but it may be limited to exacerbations only, rather than maintenance therapy. You would need to check with the reimbursement/billing department in those facilities for their assessment. If you receive infusions at home, treatment may be covered under Part D. Typically, though, Part D only covers exacerbations as well. However, our experts have had some success in getting maintenance therapy approved on a patient-specific basis for those who have tried and failed on oral medication therapy or when oral medication therapy is contraindicated.

Question » Are IVIG Infusions Covered by Medicare to Treat Myasthenia Gravis?

I have myasthenia gravis (MG), and I have been receiving intravenous immune globulin (IVIG) infusions since 2006. My husband’s insurance has been covering treatment, but he wants to retire. I have Social Security Disability and will have to go on Medicare if he retires. According to an article in your October-November 2017 issue of IG Living, IVIG therapy is not covered by Medicare to treat MG. Is that correct?

Abbie » Our reimbursement expert points out that SCIG therapy is only performed in the home setting. The reason the insurance company requires additional testing for SCIG therapy is probably due to the fact that specialty pharmacies supplying the medication are much more proactive about obtaining approval prior to treatment. In comparison, most doctor offices don’t require prior approval before treatment. But, that doesn’t mean the payer cannot deny or even recoup payments made for these medications. If you would prefer not to have to undergo new testing, you may want to consider continuing with intravenous IG (IVIG) therapy.

Question » Why Is Additional Testing Required When Changing from IVIG to SCIG?

I have been diagnosed with common variable immunodeficiency, and my insurance company has approved immune globulin (IG) therapy in my doctor’s office. I would like to be trained to perform subcutaneous IG (SCIG) infusions at home, but my insurance company is requiring me to have a pneumonia vaccine and to wait until testing is performed again before approving it. Why does it make a difference where I get treatment? How can they approve me for treatment in the doctor’s office and not at home?

Abbie » Our reimbursement expert points out that SCIG therapy is only performed in the home setting. The reason the insurance company requires additional testing for SCIG therapy is probably due to the fact that specialty pharmacies supplying the medication are much more proactive about obtaining approval prior to treatment. In comparison, most doctor offices don’t require prior approval before treatment. But, that doesn’t mean the payer cannot deny or even recoup payments made for these medications. If you would prefer not to have to undergo new testing, you may want to consider continuing with intravenous IG (IVIG) therapy.

Have a question?  Email us at editor@IGLiving.com. Your information will remain confidential unless permission is given.  ABBIE CORNETT is the patient advocate for IG Living magazine.