



**BlueCross BlueShield  
of Illinois**

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

## Intravenous Immunoglobulin (IVIG)

### Benefit

Intravenous immunoglobulin is in benefit if determined medically necessary by the Primary Care Physician.

### Interpretation

Immunoglobulins are protein antibodies produced by plasma cells. Mechanisms of action vary from simple replacement, such as in primary hypogammaglobulinemia to complex antibody-antigen interactions, such as in idiopathic thrombocytopenic purpura.

Intravenous immunoglobulin may be used for treatment of the following conditions:

- Primary immunodeficiency states (with gamma globulin levels below 500 mg/dl)
- Idiopathic Thrombocytopenic Purpura (ITP) in children and adults
- Kawasaki syndrome
- Chronic inflammatory demyelinating polyneuropathy
- Biopsy-proven dermatomyositis
- Bone marrow transplant recipients to prevent graft versus host disease
- Prevention of infections in members with B-Cell lymphocytic leukemia
- Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS)
- Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)
- Or such other condition determined by the PCP

This is not an all-inclusive listing.

<b>Paid by</b>	Administration in physician office	<b>IPA</b>
	Inpatient and/or Outpatient Surgical Facility Charges	<b>HMO</b>
	Outpatient Facility Charges	<b>IPA</b>
	Administration in home health setting (for homebound member and from contracted provider)	<b>HMO</b>
	Administration in home health setting (for ambulatory Member or when services are provided by a non-contracted provider)	<b>IPA</b>