



**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.

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