

Was the IVIG Demonstration Project Extended Past Dec. 31, 2020?

I received a letter from my Medicare Administrative Contractor (Noridian) stating the IVIG Demonstration Project was going to be terminated as of Dec. 31, 2020. Termination means no payments will be made to cover nursing and supplies for at-home intravenous immune globulin (IVIG) infusions. Do you have any information about whether the program was extended?

Abbie: I have good news. On Dec. 21, 2020, Congress passed the “Consolidated Appropriations Act, 2021. Division CC, Section 104 of this legislation extends the Medicare IVIG Demonstration through Dec. 31, 2023. Beneficiaries enrolled in the demonstration as of Nov. 15, 2020, will be able to continue with no re-enrollment required. Suppliers can continue to provide and will be paid for demonstration services provided to eligible and enrolled beneficiaries beginning Jan. 1, 2021. For more information, see med.noridianmedicare.com/web/ivig.

Can Mononucleosis or Epstein Barr Virus Levels Be Accurately Tested in Patients Treated with IG?

If a person is being treated with immune globulin (IG), can mononucleosis or Epstein Barr virus levels be accurately checked? My immunologist says no because of the antibodies from donors pooled to manufacture the IG, which would produce inaccurate test results.

Abbie: I spoke to Marc Riedl, MD, MS, associate professor of medicine in the division of rheumatology, allergy and immunology at the University of California, San Diego, and he said by the late teens and early 20s, more than 80 percent of the population has EBV antibodies due to past exposure/infection. Therefore, IG products manufactured from thousands of human plasma donors have EBV antibodies, which means patients receiving IG therapy will typically test positive for EBV IgG antibodies. Like many antibody-based tests, these lab results will not be accurate in patients receiving IG treatment.

Much of the confusion surrounding EBV is what type of testing indicates an active infection. Generally speaking, EBV antibodies alone do not provide conclusive evidence of active infection, but more often reflect past exposure. There are several different antibodies to EBV that can be measured, so there's some complexity to interpreting the values. But in terms of IG treatment, most of this complexity is not interpretable due to interference from the IG treatment. For IgM antibodies to EBV (which are generally not affected by IG treatment), there are additional complicating factors, including other viral infections and illnesses that can sometimes cause false positive EBV IgM results.

The most accurate way to diagnose active EBV infection is with PCR testing, which looks for EBV DNA in the blood. This is rarely necessary, but it is the most reliable way to investigate EBV infection concerns if a person is receiving IG 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. She can be reached at patientadvocate@igliving.com or (800) 843-7477 x1366.