



Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Administered to Hemophilia Inpatients

MLN Matters Number: MM10474 **Revised**

Related Change Request (CR) Number: 10474

Related CR Release Date: May 24, 2018

Effective Date: July 1, 2018

Related CR Transmittal Number: R4062CP

Implementation Date: July 2, 2018

Note: This article was revised on May 25, 2018, to reflect the revised CR10474 issued on May 24 to correct the code description for ICD-10-CM D68.32. In the article, the code description is corrected and the CR release date, transmittal number and the Web address for accessing the CR are revised. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters® article is intended for providers who submit claims to Medicare Administration Contractors (MACs) for inpatient services to Medicare beneficiaries with hemophilia.

WHAT YOU NEED TO KNOW

Change Request (CR) 10474 provides updates to diagnosis codes required in order to allow add-on payments under the Inpatient Prospective Payment System (IPPS) for blood clotting factor administered to hemophilia inpatients. The add-on payment criteria for blood clotting factors administered to hemophilia inpatients will be updated July 1, 2018, by terminating International Classification of Diseases, Clinical Modification (ICD-CM) code D68.32, effective with that date. The list of ICD-CM codes that will continue to receive the add-on payment can be found in Section 20.7.3, of Chapter 3 of the “Medicare Claims Processing Manual”. Make sure your billing staffs are aware of this update.

BACKGROUND

The September 1, 1993, IPPS final rule (58 FR 46304) states that payment will be made for the blood clotting factor only if an ICD-CM diagnosis code for hemophilia is included on the bill.

Effective July 1, 2018, code D68.32 (Hemorrhagic disorder due to extrinsic circulating anticoagulants) is **TERMINATED**. Therefore, providers that include diagnosis code D68.32 on inpatient claims with discharge dates after July 1, 2018, will not receive the add-on payment.

ADDITIONAL INFORMATION

The official instruction, MM10474, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4062CP.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Medicare/Medicare-Contracting/FFSPProvCustSvcGen/MAC-Website-List.html>.

DOCUMENT HISTORY

Date of Change	Description
May 25, 2018	This article was revised to reflect the revised CR10474 issued on May 24 to correct the code description for ICD-10-CM D68.32. In the article, the code description is corrected and the CR release date, transmittal number and the Web address for accessing the CR are revised. All other information remains the same.
March 2, 2018	This article was revised to reflect the revised CR10474 issued on March 1. In the article, the CR release date, transmittal number and the Web address for accessing the CR are revised. All other information remains the same.
February 9, 2018	Initial article released.

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