



Provider Inquiry Assistance

New Hemophilia Clotting Factor and Healthcare Common Procedure Coding System (HCPCS) Code - JA6006

Related CR Release Date : July 25, 2008

Date Job Aid Revised: August 14, 2008

Effective Date: April 1, 2008

Implementation Date: January 5, 2009

Key Words MM6006, CR6006, R1564CP, Hemophilia, HCPCS, Q4096

Contractors Affected

- Fiscal Intermediaries (FIs)
- Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected Hospital providers submitting inpatient claims to Medicare FIs and A/B MACs for services provided to Medicare beneficiaries



- Change Request (CR) 6006 announces that HCPCS code Q4096 (Injection, Von Willebrand Factor Complex, Human, Ristocetin Cofactor (not otherwise specified), per I.U. VWF:RCO VWF complex, NOS) will be payable for Medicare effective for claims with dates of service on or after April 1, 2008.
- However, appropriate systems changes for editing hemophilia clotting factors **on inpatient claims** will not be made by Medicare's FI Shared System (FISS) until January 5, 2009.
- This CR **does not impact outpatient hospital claims** or on any skilled nursing facility claims as payment is made under different methodologies. Q4096 is payable in those settings effective April 1, 2008.

During the period between April 1, 2008, and January 5, 2009, the following procedures need to be followed for inpatient claims:

Provider Needs to Know...

- **Hospital providers should submit inpatient claims** to Medicare FIs and A/B MACs for inpatient hospital stays during which Alphanate® (for the purposes of treating Von Willebrand disease) was given, **omitting the line item(s) for HCPCS Code Q4096** for dates of discharge on and after April 1, 2008, but prior to January 5, 2009. This includes hospitals paid:
 - Under the inpatient prospective payment system (IPPS), including Indian Health Service hospitals;

- Under the long-term care PPS;
- Under the inpatient rehabilitation facility PPS; and
- On the basis of reasonable cost (Tax Equity and Fiscal Responsibility Act hospitals, and critical access hospitals).
- This does not apply to claims from inpatient psychiatric facilities (IPFs) paid under IPF PPS. IPFs receive a comorbidity adjustment under IPF PPS based on the presence of a hemophilia diagnosis on the claim. IPFs should refrain from including Q4096 on their inpatient claims.

Note: Medicare contractors will return to provider any inpatient claims (Type of Bill (TOB) 11x) containing HCPCS Code Q4096 with discharge dates on and after April 1, 2008, but prior to January 5, 2009.

- Once the provider has received PPS payment for the inpatient claim, the provider should **immediately submit an adjustment request** (TOB = 117), this time **including a line for HCPCS Code Q4096**.
- **Medicare contractors will hold these provider initiated adjustment requests** containing HCPCS code Q4096 with discharge dates between April 1, 2008, and January 5, 2009.
- Once the FISS changes for Q4096 are implemented on January 5, 2009, Medicare contractors will process all held adjustment requests.

Background	<p>HCPCS code Q4096 is payable on inpatient claims effective April 1, 2008, and appropriate systems changes for editing Q4096 on inpatient claims will be made in the FISS on January 5, 2009.</p> <p>Note: For Fiscal Year 2008, the add-on payment for blood clotting factor administered to hemophilia inpatients is based on average sales price plus 6 percent and a furnishing fee. The furnishing fee is updated each calendar year.</p>
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Operational Impact	N/A
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Reference Materials	<p>The related MLN Matters article can be found at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6006.pdf on the CMS website.</p> <p>The official instruction (CR6006) regarding this change may be viewed at http://www.cms.hhs.gov/Transmittals/downloads/R1564CP.pdf on the CMS website.</p>
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