



News Flash - **Your Medicare Payments Could Be Reduced If The Internal Revenue Service (IRS) Needs To Collect Overdue Taxes That You Owe** - The Taxpayer Relief Act of 1997, Section 1024, authorizes the IRS to reduce certain federal payments, including Medicare payments, to allow collection of overdue taxes. Should you owe such taxes and your payments are reduced, your remittance advice will reflect a provider level adjustment code (PLB) of "WU" in the PLB03-1 data field. For more information, please see MLN Matters Article #MM6125 available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6125.pdf> on the CMS website.

MLN Matters Number: MM6268

Related Change Request (CR) #: 6268

Related CR Release Date: October 24, 2008

Effective Date: January 1, 2009

Related CR Transmittal #: R3940TN

Implementation Date: April 6, 2009

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

Provider Types Affected

Hospital providers submitting claims to Medicare Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs) for inpatient services provided to Medicare beneficiaries

Provider Action Needed

This article is based on Change Request (CR) 6268 which announces that, effective for inpatient claims with dates of discharge on or after January 1, 2009, Healthcare Common Procedure Coding System (HCPCS) code J7186 **will be payable** by Medicare. HCPCS code Q4096 **will not be payable** by Medicare for claims with dates of discharge on or after January 1, 2009.

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This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

Change Request (CR) 6268 instructs that Healthcare Common Procedure Coding System (HCPCS) code J7186 will be payable by Medicare for inpatient claims with dates of discharge on or after January 1, 2009, and HCPCS code Q4096 will not be payable by Medicare for claims with dates of services after January 1, 2009. See CR 6006, transmittal 1564, dated July 25, 2008, titled, "New Hemophilia Clotting Factor and HCPCS Code", at

<http://www.cms.hhs.gov/Transmittals/downloads/R1564CP.pdf> on the Center for Medicare & Medicaid Services (CMS) website for more information, regarding payment for Q4096, prior to January 1, 2009. An MLN Matters article related to that transmittal is also available at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6006.pdf> on the CMS website.

Effective for inpatient claims with dates of discharge on or after January 1, 2009, **the following HCPCS code will be payable** by Medicare:

HCPCS	Short Descriptor	Long Description	Effective Dates
J7186	Antihemophilic VIII/VWF comp	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, (HUMAN), PER FACTOR VIII I.U.	January 1, 2009

Effective for inpatient claims with dates of discharge on or after January 1, 2009, **the following HCPCS code will no longer be payable** by Medicare:

HCPCS	Short Descriptor	Long Description	Effective Dates
Q4096	VWF complex, not Humate-P (NOS)	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO VWF complex, NOS	April 1, 2008 (Terminated effective January 1, 2009)

Appropriate systems changes for editing J7186 and Q4096 on inpatient claims will be made by the Fiscal Intermediary Standard System (FISS) and the Common Working File (CWF) in the April 2009 release.

During the period between January 1, 2009, and April 5, 2009 (date of the FISS and CWF implementation of the hemophilia inpatient edit changes in the April 2009 release), CR 6268 instructs that the following procedures are to be followed for inpatient claims:

1. Providers will submit claims for hospital inpatient care, omitting J7186. This includes the following hospitals:

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- Hospitals paid under the inpatient prospective payment system (IPPS);
- Hospitals paid under the long term care hospital prospective payment system (LTCH PPS);
- Hospitals paid under the inpatient rehabilitation facility prospective payment system (IRF PPS); and
- Hospitals paid on the basis of reasonable cost (TEFRA hospitals, critical access hospitals (CAHs), and
- Indian Health Service (IHS) hospital inpatient services (actually paid on a DRG basis)] omitting J7186.

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 J7186 on their inpatient claims.

2. Once the provider has received PPS payment for the inpatient claim, the provider will immediately submit an adjustment request (Type of Bill (TOB) = 117), this time including J7186.
3. Medicare contractors will hook and hold any provider initiated adjustment requests containing J7186 with discharge dates between January 1, 2009, and April 5, 2009.
4. Medicare contractors will return to provider (RTP) any initial inpatient claims (TOB 11x) containing J7186 with discharge dates on or after January 1, 2009 but prior to April 1, 2009.
5. Once FISS and CWF have been updated for the clotting factor edits to include J7186, Medicare contractors will release all held adjustment requests.

Note: There is no impact on outpatient hospital claims or on any Skilled Nursing Facility (SNF) claims as payment is made under different methodologies. J7186 is payable in those settings effective January 1, 2009.

Implementation

The implementation date is April 6, 2009.

Additional Information

The official instruction, CR 6268, issued to your FI and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R394OTN.pdf> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at

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<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>
on the CMS website.

News Flash - "Flu season is here! Medicare patients give many reasons for not getting their annual flu shot, including—"It causes the flu"; "I don't need it"; "It has side effects"; "It's not effective"; "I didn't think about it"; "I don't like needles!" The fact is that every year in the United States, on average, about 36,000 people die from influenza. Greater than 90 percent of these deaths occur in individuals 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk with your Medicare patients about the importance of getting an annual flu shot--and don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. **Get Your Flu Shot – Not the Flu. Remember** - Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza virus vaccine and its administration as well as related educational resources for health care professionals and their staff, see http://www.cms.hhs.gov/MLNProducts/Downloads/flu_products.pdf on the CMS website. To download the Medicare Part B Immunization Billing quick reference chart, go to http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf on the CMS website. A copy of this quick reference chart can be ordered, free of charge, by going to the MLN Products web page and clicking on "MLN Product Ordering Page" in the Related Links Inside CMS section of the web page.

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