CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1234	Date: APRIL 27, 2007
	Change Request 5466

NOTE: Transmittal 1222, dated April 20, 2007 is rescinded and replaced with Transmittal 1234, dated April 27, 2007. The implementation date was changed to October 2, 2007 and changes were made to the policy section in the business requirements. The changes are identified in Red font. All other information remains the same.

Subject: Update of HCPCS Codes for Hemophilia Clotting Factors

I. SUMMARY OF CHANGES: Indicates that hemophilia clotting factor, represented by HCPCS code J7188 is terminated effective December 31, 2006 and a new HCPCS code, J7187 is effective January 1, 2007. Also, this CR affirms instructions to providers and fiscal intermediaries (FIs) and A/B MACs for handling claims until FISS can implement the changes.

New / Revised Material
Effective Date: January 1, 2007
Implementation Date: October 2, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 1234	Date: April 27, 2007	Change Request: 5466

NOTE: Transmittal 1222, dated April 20, 2007 is rescinded and replaced with Transmittal 1234, dated April 27, 2007. The implementation date was changed to October 2, 2007 and changes were made to the policy section in the business requirements. The changes are identified in Red font. All other information remains the same.

SUBJECT: Updated HCPCS Code for Hemophilia Clotting Factor

Effective Date: January 1, 2007

Implementation Date: October 2, 2007

I.   GENERAL INFORMATION

A.   Background: One code for a hemophilia clotting factor (J7188) is terminated effective December 31, 2006, and one is added (J7187) effective January 1, 2007. Appropriate systems changes for editing hemophilia clotting factors on inpatient claims will be made by FISS in the October 2007 release.

B.   Policy: Effective January 1, 2007, providers are to use the new HCPCS code, J7187, injection, vonWillebrand factor complex, human, ristocetin cofactor, per IU VWF:RCO, rather than the terminated HCPCS code, J7188, vonWillebrand factor complex, human, per IU. During the period between January 1, 2007 and FISS implementation of hemophilia edit changes in the October 2007 release, the following are the procedures to be followed:

- Providers shall submit claims for hospital inpatient care [this includes hospitals paid under the inpatient prospective payment system (IPPS), paid under the long term care prospective payment system (LTCH PPS), paid under the inpatient rehabilitation facility prospective payment system (IRF PPS), and those paid on the basis of reasonable cost (TEFRA hospitals and critical access hospitals (CAHs), and Indian Health Service (IHS) hospital inpatient services (actually paid on a DRG basis)] omitting HCPCS code J7187 (or J7188). Claims from inpatient psychiatric facilities (IPFs) paid under IPF PPS will also need to omit HCPCS code J7187. Even though IPFs receive a comorbidity adjustment under IPF PPS based on the presence of a hemophilia diagnosis, claims containing the new HCPCS code J7187 will error out.
- 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.
- Once the provider has received PPS payment for the inpatient claim, the provider is to immediately submit an adjustment request (TOB = 117), this time including HCPCS code J7187.
- Contractors are to hook any provider initiated adjustment requests containing HCPCS J7187 with discharge dates between January 1, 2007 and September 30, 2007.
- FISS will replace HCPCS code J7188 with HCPCS code J7187 in all inpatient editing for hemophilia clotting factors with dates of service on and after January 1, 2007.
- FISS will include this coding update in its October 2007 release.
- Once FISS has been updated for this new clotting factor code, J7187, contractors are to release all held adjustment requests.

There is no impact on payment of outpatient hospital claims or on any SNF claims.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	D M E R C	R H H I	FISS	MCS	VMS	CWF	OTHER Hospital providers
								Shared-System Maintainers				
5466.1	FISS shall make the changes in their edits to terminate the old code (J7188) effective for dates of discharge December 31, 2006 and replace it with the new hemophilia clotting factor code (J7187) effective for dates of discharge on and after January 1, 2007.							X			X	
5466.2	FISS shall include these changes in the October 2007 release.							X				
5466.3	During the period January 1, 2007 through September 30, 2007 FIs and A/B MACs shall process inpatient claims (TOB 11x) containing OSCAR numbers xx0001 – xx0879, xx1300 – xx1399, xx2000 – xx2299, xx3025 – xx3099, and xx3300 – xx3399, where xx is the two digit State code, without making payment for HCPCS code J7187.	X		X								
5466.3.1	For dates of discharge on and after January 1, 2007 and prior to October 1, 2007, hospital providers shall submit claims to FIs and A/B MACs for inpatient hospital stays during which vonWillebrand's factor complex was given, omitting the line item(s) for HCPCS code J7187.	X		X								X
5466.4	FIs, A/B MACs, and FISS shall accept inpatient claims without HCPCS code J7187.	X		X				X				
5466.5	As soon as hospital providers receive the PPS payment for the affected claim, they shall immediately submit adjustment requests (TOB = 117) that include vonWillebrand's factor complex, using the new HCPCS code, J7187.	X		X								X
5466.6	FIs and A/B MACs shall use their MPP edits to	X		X								

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B MAC	D M E MAC	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers F I S S	M C S	V M S	C W F	OTHER Hospital providers
	hook and hold adjustment requests containing HCPCS code J7187 with discharge dates on and after January 1, 2007 and prior to October 1, 2007.											
5466.7	FIs and A/B MACs shall RTP any inpatient claims (TOB 11x) containing HCPCS code J7187 with discharge dates on and after January 1, 2007 and prior to October 1, 2007.	X		X								
5466.8	Once the FISS edit changes for hemophilia clotting factors provided to inpatients are in production, FIs and A/B MACs shall release the held inpatient adjustment requests containing J7187.	X		X								

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B MAC	D M E MAC	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers F I S S	M C S	V M S	C W F	OTHER
5466.9	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their	X		X								

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	provider community in billing and administering the Medicare program correctly.											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	This process should mirror that described in JSM – 07328, dated April 11, 2007.

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s): Cindy Murphy, 410-786-5733, cindy.murphy@cms.hhs.gov

Post-Implementation Contact(s): Regional Offices

VI. FUNDING

A. *For TITLE XVIII Contractors*, use only one of the following statements:
No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. *For Medicare Administrative Contractors (MAC)*, use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the

Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.