CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 394	**Date: October 24, 2008**
	Change Request 6268

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 3, 2008. The Transmittal Number, date of Transmittal and all other information remain the same.

SUBJECT: New Hemophilia Clotting Factor and HCPCS Code and Terminated Hemophilia Clotting Factor HCPCS Code

I. SUMMARY OF CHANGES: Effective for claims with dates of service on or after January 1, 2009, Health Care Procedure Code System (HCPCS) code J7186 will be payable by Medicare. HCPCS code Q4096 will not be payable by Medicare for claims with dates of services after January 1, 2009.

New / Revised Material
Effective Date: January 1, 2009
Implementation Date: April 6, 2009

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted 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.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 394	Date: October 24, 2008	Change Request: 6268

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SUBJECT: New Hemophilia Clotting Factor and HCPCS Code and Terminated Hemophilia Clotting Factor HCPCS Code

Effective Date: January 1, 2009
Implementation Date: April 6, 2009

I. GENERAL INFORMATION

A. Background: Effective for claims with dates of service on or after January 1, 2009, Health Care Procedure Code System (HCPCS) code J7186 will be payable by Medicare. 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, for more information on paying for Q4096 prior to January 1, 2009.

B. Policy:

Effective for claims with dates of service on or after January 1, 2009, the following HCPCS code will be payable for 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.	Effective 01/01/09

Effective for claims with dates of service 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	Effective 04/01/08 Terminated effective 01/01/09

Appropriate systems changes for editing J7186 and Q4096 on inpatient claims will be made by FISS and CWF in the April 2009 release. Antihemophilic VIII/VWF Complex Factor (Alphanate) when billed with HCPCS code J7186 is payable on inpatient claims with dates of discharge on or after January 1, 2009. HCPCS code Q4096 is no longer payable on inpatient claims for dates of discharge on or after January 1, 2009.

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) 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, paid under the inpatient rehabilitation facility prospective payment system, and those paid on the basis of reasonable cost (TEFRA hospitals, critical access hospitals, and Indian Health Service 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.

- Once the provider has received PPS payment for the inpatient claim, the provider shall immediately submit an adjustment request (TOB = 117), this time including J7186.

- Contractors shall hook any provider initiated adjustment requests containing J7186 with discharge dates between January 1, 2009 and April 5, 2009.

- FISS and CWF shall add J7186 in all inpatient editing for hemophilia clotting factors with dates of discharge on and after January 1, 2009.

- FISS and CWF shall include this coding update in its April 2009 release.

- Once FISS and CWF have been updated for the clotting factor edits to include J7186, contractors shall release all held adjustment requests.

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

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6268.1	Contractors shall make the changes in their edits to include the new hemophilia clotting factor (J7186) effective for dates of service on or after January 1, 2009, and on claims for dates of discharge on and after January 1, 2009.						X			X	
6268.2	Contractors shall include these inpatient changes in the April 2009 release.						X			X	
6268.3	During the period of January 1, 2009 through April 5, 2009, contractors shall process inpatient claims (TOB 11x) without making payment for J7186.	X		X							

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6268.3.1	Hospital providers shall submit claims to 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 items for J7186 for dates of discharge on or after January 1, 2009, but prior to April 6, 2009.	X		X							Hospital providers
6268.4	Contractors shall accept inpatient claims without J7186 for dates of discharge on and after January 1, 2009.	X		X			X			X	
6268.5	As soon as hospital providers receive the PPS payment for the affected claim, they shall immediately submit adjustment requests (TOB = 117) including a line for J7186.	X		X							Hospital providers
6268.6	Contractors shall hook and hold adjustment requests (TOB 117) containing J7186 with discharge dates on and after January 1, 2009 and prior to April 6, 2009.	X		X							
6268.7	Contractors shall 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 6, 2009.	X		X							
6268.8	Contractors shall release the held inpatient adjustment requests (TOB 117) containing J7186 once the FISS edit changes for the hemophilia clotting factor provided to inpatients are in production.	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6268.1	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 1 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 provider community in billing and administering the Medicare program correctly.	X		X							

IV. SUPPORTING INFORMATION

Section 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:

Section B: For all other recommendations and supporting information, use this space:
CR 6006, Transmittal 1564, dated July 25, 2008 titled New Hemophilia Clotting Factor and HCPCS Code

V. CONTACTS

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VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers,* use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs),* include the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted 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.