

CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100-20 One Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 436	Date: FEBRUARY 6, 2009
	Change Request 6354

SUBJECT: Re-design of FISS Edits for Hemophilia Clotting Factors on Inpatient Claims

I. SUMMARY OF CHANGES: Currently the edits for hemophilia clotting factors on inpatient claims are hard coded in FISS based on a table. The HCPCS committee is assigning new HCPCS for clotting factors more frequently than annually and CMS can not afford to hold claims 6 to 9 months until FISS can implement changes in the HCPCS for clotting factors. The intent of this Change Request is to shift the update function from FISS to the claims processing contractor, thus eliminating the lead time for implementing new HCPCS codes for clotting factors. Effective for claims with dates of service on or after July 1, 2009, claims processing contractors shall update the hemophilia indicator for new clotting factors.

New / Revised Material

Effective Date: July 1, 2009

Implementation Date: July 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/revise 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:

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: 436	Date: February 6, 2009	Change Request: 6354
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SUBJECT: Re-design of FISS Edits for Hemophilia Clotting Factors on Inpatient Claims

Effective Date: July 1, 2009

Implementation Date: July 6, 2009

I. GENERAL INFORMATION

A. Background: Effective for claims with dates of service on or after July 1, 2009 claims processing contractors shall update the hemophilia indicator for new clotting factors. Currently the edits for hemophilia clotting factors on inpatient claims are hard coded in FISS based on a table. The HCPCS committee is assigning new HCPCS for clotting factors more frequently than annually and CMS can not afford to hold claims 6 to 9 months until FISS can implement changes in the HCPCS codes for clotting factors. The intent of this Change Request is to shift the update function for new hemophilia clotting factors from FISS to the claims processing contractor, thus eliminating the lead time for implementing new HCPCS codes for clotting factors.

B. Policy: The FIs and Part A MACs will update the hemophilia indicator with new HCPCS codes for hemophilia clotting factors using the Part B drug pricing files (ASP) that are issued quarterly by CMS.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D E M A C	F I M A C	C A R R I E R	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C M W F		
6354.1	FISS shall terminate Reason Codes 32245 and 31591 for dates of service on and after July 1, 2009.						X				
6354.2	FISS shall modify the HCPCS load process.						X				
6354.3	FISS shall create an indicator on their files to identify all the hemophilia clotting factors.						X				
6354.4	FISS shall add the hemophilia indicator created in BR 6354.3 for all current hemophilia clotting factors.						X				
6354.5	FIs and MACs shall add the hemophilia indicator created in 6354.3 for new clotting factors.	X		X							
6354.6	CWF shall delete edit 51#G									X	
6354.7	Contractors (FIs, MACs and the FISS maintainers) shall use the Part B drug pricing file to identify the valid clotting factors.	X		X			X				
6354.7.1	Any NOS hemophilia clotting factor shall be developed by local contractors (FIs or Part A MACs) for an	X		X							

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	appropriate price.										
6354.8	FISS shall calculate the hemophilia clotting factor add-on payment by multiplying the number of units by the payment amount for the HCPCS code when all conditions are met: <ul style="list-style-type: none"> • 11x TOB; • Diagnosis code 286.0, 286.1, 286.2, 286.3; 286.4, 286.5 or 286.7 is on claim; • HCPCS with hemophilia indicator; • Must be a PPS provider; and • Revenue Code 0636. 						X				
6354.9	FISS shall ensure that financial will recognize the add-on payment for the hemophilia clotting factor HCPCS codes.						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None										

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:
3728	There will be a CR developed to change record layout for Part B Drug Pricing File (ASP) that goes to the data centers only.

Section B: for all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Diana Motsiopoulos at diana.motsiopoulos@cms.hhs.gov or Cindy Murphy at cindy.murphy@cms.hhs.gov

Post-Implementation Contact(s): CMS Regional Offices

VI. FUNDING

Section A: Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHs):

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

Section B: 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.