
Program Memorandum Intermediaries

Department of Health and
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal A-01-89

Date: AUGUST 1, 2001

CHANGE REQUEST 1695

SUBJECT: Payment for Blood Clotting Factor Administered to Hemophilia Inpatients

This Program Memorandum (PM) revises the Intermediary Manual §3610.18, Payment for Blood Clotting Factor Administered to Hemophilia Inpatients, and the Hospital Manual §460.1. The list of ICD-9-CM diagnosis codes that must be listed on the bill for payment to be made for the blood clotting factor is being amended to include two ICD-9-CM diagnosis codes: 286.5, Hemorrhagic Disorder Due to Circulating Anticoagulants, and 286.7, Acquired Coagulation Factor Deficiency. Payment will be made for the blood clotting factor only if one of the following hemophilia ICD-9-CM diagnosis codes is listed on the bill:

- 286.0 Congenital Factor VIII Disorder;
- 286.1 Congenital Factor IX Disorder;
- 286.2 Congenital Factor XI Deficiency;
- 286.3 Congenital Deficiency of Other Clotting Factors;
- 286.4 Von Willebrand's Disease;
- 286.5 Hemorrhagic Disorder Due to Circulating Anticoagulants; and
- 286.7 Acquired Coagulation Factor Deficiency.

Claims Processing Instructions

Follow the general bill review instructions in §3604 of the Intermediary Manual, Part 3. Hospitals bill you on Form HCFA-1450 or electronic equivalent using bill type 11X.

You must install edits to ensure that payment is made for the blood clotting factor only if one of the following hemophilia ICD-9-CM diagnosis codes is reported:

- 286.0 Congenital Factor VIII Disorder;
- 286.1 Congenital Factor IX Disorder;
- 286.2 Congenital Factor XI Deficiency;
- 286.3 Congenital Deficiency of Other Clotting Factors;
- 286.4 Von Willebrand's Disease;
- 286.5 Hemorrhagic Disorder Due to Circulating Anticoagulants; and
- 286.7 Acquired Coagulation Factor Deficiency.

Whenever a provider submits a claim for blood clotting factor with any other diagnosis code, use the following messages:

MSN 16.10

Medicare does not pay for this item or service.

Medicare no paga por este articulo o servicio.

Remittance Message B22

This claim/service is denied/reduced based on the diagnosis.

The *effective date* for this PM is August 1, 2001.

The *implementation date* for this PM is October 1, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after May 31, 2002.

If you have any questions, contact Amy Gruber (410) 786-1542. If you have any questions concerning claims processing instructions, contact Nicole Atkins at (410) 786-8278.