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MLN Matters Number: MM6268 Revised **Related Change Request (CR) #: 6268**

Related CR Release Date: October 24, 2008 **Effective Date: January 1, 2009**

Related CR Transmittal #: R394OTN **Implementation Date: April 6, 2009**

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

Note: This article was revised on April 27, 2018, to update Web addresses. All other information remains the same.

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.

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.gov/Regulations-and-Guidance/Guidance/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.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6006.pdf.

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:

   - 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.

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.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R394OTN.pdf.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html.

Document History

Date of Change	Description
April 27, 2018	This article was revised to update Web addresses.
November 5, 2008	Initial article released