



News Flash - The April 2008 version of the Sole Community Hospital Fact Sheet, which provides information about Sole Community Hospital classification and payments, is now available in downloadable format from the Centers for Medicare & Medicaid Services Medicare Learning Network at <http://www.cms.hhs.gov/MLNProducts/downloads/2007sch.pdf> on the Centers for Medicare & Medicaid Services website. It is also available in print format. To place your order for a print copy, visit <http://www.cms.hhs.gov/mlnqeninfo/>, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

MLN Matters Number: MM6006 **Revised**

Related Change Request (CR) #: 6006

Related CR Release Date: July 25, 2008

Effective Date: April 1, 2008

Related CR Transmittal #: R1564CP

Implementation Date: January 5, 2009

New Hemophilia Clotting Factor and HCPCS Code

Note: This article was revised on July 28, 2008, to reflect changes made to CR 6006, which CMS revised on July 25, 2008. The CR release date, transmittal number, and the Web address for accessing CR 6006 were revised. All other information remains the same.

Provider Types Affected

Hospital providers submitting inpatient claims to Medicare contractors (Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6006 which announces that Healthcare Common Procedure Coding System (HCPCS) code Q4096 (INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO VWF complex, NOS) will be payable for Medicare effective for claims with dates of service on or after April 1, 2008. Appropriate systems changes for editing hemophilia clotting factors **on inpatient claims** will not be made by Medicare's Fiscal Intermediary Shared System (FISS) until January 5, 2009

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release. This CR does not impact outpatient hospital claims or on any SNF claims as payment is made under different methodologies. Q4096 is payable in those settings effective April 1, 2008.

Providers need to be aware of the instructions in the rest of this article in order to properly submit inpatient claims with Q4096 for discharges on or after April 1, 2008 through January 5, 2009.

Background

Effective for claims with dates of service on or after April 1, 2008, the new HCPCS code Q4096 listed in the following table will be payable for Medicare.

HCPCS	Short Descriptor	Long Description
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

This factor (HCPCS code Q4096) is payable on inpatient claims effective April 1, 2008, and appropriate systems changes for editing Q4096 on inpatient claims will be made in the FISS on January 5, 2009.

During the period between April 1, 2008 and January 5, 2009, the following procedures need to be followed for inpatient claims:

- **Hospital providers should submit inpatient claims** to Medicare contractors (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(s) for HCPCS Code Q4096** for dates of discharge on and after April 1, 2008 but prior to January 5, 2009. This includes hospitals paid:
 - Under the inpatient prospective payment system (IPPS), including Indian Health Service (IHS) hospitals,
 - Under the long term care prospective payment system (LTCH PPS),
 - Under the inpatient rehabilitation facility prospective payment system (IRF PPS), and
 - On the basis of reasonable cost (TEFRA hospitals, and critical access hospitals (CAHs)).

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 Q4096 on their inpatient claims.

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Note: Medicare contractors will return to provider (RTP) any inpatient claims (Type of Bill (TOB) 11x) containing HCPCS Code Q4096 with discharge dates on and after April 1, 2008 but prior to January 5, 2009.

- Once the provider has received payment for the inpatient claim, the provider should immediately submit an adjustment request (TOB = 117), this time including a line for HCPCS Code Q4096.
- Medicare contractors will hold these provider initiated adjustment requests containing HCPCS Code Q4096 with discharge dates between April 1, 2008 and January 5, 2009.
- Once the FISS system changes for Q4096 are implemented on January 5, 2009, Medicare contractors will process all held adjustment requests.

As a reminder, for FY2008, the add-on payment for blood clotting factor administered to hemophilia inpatients is based on average sales price (ASP) plus 6 percent and a furnishing fee. The furnishing fee is updated each calendar year.

Additional Information

The official instruction, CR 6006, issued to your FI and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1564CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

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.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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