

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 521

Department of Health &
Human Services

Center for Medicare and
&

Medicaid Services

Date: April 8, 2005

Change Request 3755

SUBJECT: Hemophilia Blood Clotting Factors

I. SUMMARY OF CHANGES: To clarify the pricing methodologies used for hemophilia blood clotting factors.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : May 9, 2005

IMPLEMENTATION DATE : May 9, 2005

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 – *Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	17/ 80.4/ Billing for Hemophilia Clotting Factors

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

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SUBJECT: Hemophilia Blood Clotting Factors.

I. GENERAL INFORMATION

A. Background:

These business requirements clarify the pricing methodologies used for blood clotting factors.

B. Policy:

Blood clotting factors not paid on a cost or prospective payment system basis are priced as a drug/biological under the drug pricing fee schedule effective for the specific date of service.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3755.1	Carriers shall process non-institutional blood clotting factor claims.			X			X	X		
3755.2	Fiscal Intermediaries shall process institutional claims for blood clotting factors (Part A and Part B institutional, as appropriate).	X				X				

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3755	<p>A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p> <p>Medlearn Article for Fiscal Intermediaries shall state that FIs will no longer divide by 100 when using the 837I claim form.</p>	X		X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: May 9, 2005 Implementation Date: May 9, 2005 Pre-Implementation Contact(s): Tracey Hemphill, 410-786-7169, Joanne Spalding , 410-786-3352 Post-Implementation Contact(s): Appropriate Regional Office	No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.
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80.4 Billing for Hemophilia Clotting Factors

(Rev. 521, Issued: 04-08-05; Effective/Implementation Dates: 05-09-05)

Blood clotting factors not paid on a cost or prospective payment system basis are priced as a drug/biological under the drug pricing fee schedule effective for the specific date of service. As of January 1, 2005, the average sales price (ASP) plus 6 percent shall be used.

If a beneficiary is in a covered part A stay in a PPS hospital, the clotting factors are paid in addition to the DRG/HIPPS payment (For FY 2005, this payment is based on 95 percent of AWP). For a SNF subject to SNF/PPS, the payment is bundled into the SNF/PPS rate.

For hospitals subject to OPPS, the clotting factors, when paid under Part B, are paid the APC. For SNFs the clotting factors, when paid under Part B, are paid based on cost.

Local Carriers shall process non-institutional blood clotting factor claims. FIs shall process institutional blood clotting factor claims (Part A and Part B institutional).