

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**News Flash –**

**NEW product(s) from the Medicare Learning Network® (MLN)**

- [“Contractor Entities At A Glance: Who May Contact You About Specific Centers for Medicare & Medicaid Services \(CMS\) Activities”](#), Educational Tool, ICN 906983, Downloadable

MLN Matters® Number: MM7553 **Revised**

Related Change Request (CR) #: 7553

Related CR Release Date: October 28, 2011

Effective Date: October 1, 2011

Related CR Transmittal #: R2332CP

Implementation Date: April 2, 2012

**Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Administered to Hemophilia Inpatients**

**Note** This article was revised on March 22, 2013, to add a reference to article SE1239 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1239.pdf> on the CMS website. SE1239 announces the revised ICD-10 implementation date of October 1, 2014. All other information remains unchanged.

**Provider Types Affected**

This article is for providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), and/or A/B Medicare Administrative Contractors (A/B MACs)) for inpatient services provided to Medicare beneficiaries with hemophilia.

**Provider Action Needed**

This article is based on Change Request (CR) 7553 which provides updates to diagnosis codes required in order to allow add-on payments under the Inpatient Prospective Payment System (IPPS) for blood clotting factor administered to hemophilia inpatients. Be sure your billing staffs are aware of the updates.

**Disclaimer**

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## Background

The September 1, 1993, Inpatient Prospective Payment System (IPPS) Final Rule (58 FR 46304) states that payment will be made for the blood clotting factor only if an ICD-CM diagnosis code for hemophilia is included on the bill.

Change Request 7553 updates the “Medicare Claims Processing Manual” (Pub. 100-04, Chapter 3 (Inpatient Hospital Billing, Section 20.7.3 (Payment for Blood Clotting Factor Administered to Hemophilia Inpatients))) with the following diagnosis code changes in order to allow add-on payments under the Inpatient Prospective Payment System (IPPS):

### **ADD - Effective October 1, 2011**

Effective for discharges on or after October 1, 2011, payment may be made if one of the following diagnosis codes is reported:

ICD-9-CM Code	Descriptor
286.52	Acquired hemophilia
286.53	Antiphospholipid antibody with hemorrhagic disorder
286.59	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors

### **ADD - Effective October 1, 2013**

Effective for discharges on or after October 1, 2013, payment may be made if the following ICD-10 diagnosis code is reported:

ICD-10 Code	Descriptor
D6831	Hemorrhagic disorder due to intrinsic circulating anticoagulants

### **TERMINATE - Effective September 30, 2011**

Effective for discharges as of September 30, 2011, the add-on payment will not be made for:

ICD-9-CM Code	Descriptor
286.5	Hemorrhagic disorder due to intrinsic circulating anticoagulants

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**NOTE:** The add-on payment criteria for blood clotting factors administered to hemophilia inpatients will not be updated until April 2, 2012. Therefore, providers that include diagnosis codes 286.52, 286.53 or 286.59 on inpatient claims with discharge dates after October 1, 2011, prior to the April 2012 implementation will not receive the add-on payment. Providers may contact their Medicare contractors to have any affected claims adjusted once CR7553 is implemented. Your Medicare contractor(s) will not search claims history but will adjust affected claims when brought to their attention.

## Additional Information

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The official instruction, CR7553, issued to your FI or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R2332CP.pdf> on the 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.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

For current information on the new ICD-10 implementation date of October 1, 2014, see article SE1239 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1239.pdf> on the CMS website.

**News Flash - Vaccination is the Best Protection Against the Flu.** The Centers for Disease Control and Prevention is encouraging everyone 6 months of age and older to get vaccinated against the seasonal flu. The risks for complications, hospitalizations, and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. And remember, vaccination is particularly important for healthcare workers, who may spread the flu to high-risk patients; don't forget to immunize yourself and your staff. *Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccination – Not the Flu.* Remember – The flu vaccine plus its administration are covered Part B benefits. CMS has posted the 2011-2012 seasonal flu vaccine payment limits at [http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10\\_VaccinesPricing.asp](http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp). Note that the flu vaccine is NOT a Part D-covered drug. For more information on coverage and billing of the flu vaccine and its administration, as well as related educational provider resources, visit [http://www.CMS.gov/MLNProducts/35\\_PreventiveServices.asp](http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp) and <http://www.cms.gov/immunizations>.

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