



## P R O V I D E R   B U L L E T I N

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**To:           All Physicians, Clinics, Hospitals and Pharmacies****Subject:   Blood Factor Products Included in State Maximum Allowable Cost Program**

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## Overview

This bulletin notifies all providers that the Indiana Health Coverage Programs (IHCP) is expanding the existing legend drug State maximum allowable cost (MAC) program to include blood factor products. This change is effective for blood factor product claims with dispense dates of *September 22, 2008*, and later.

## Providers Submitting Pharmacy Claims

The IHCP will reimburse pharmacy providers the lowest of the following:

- Estimated acquisition cost (84 percent of the average wholesale price) plus applicable dispensing fee
- Blood factor State MAC plus applicable dispensing fee
- Provider's submitted (usual and customary) charge

Table 1 below lists blood factor products and their associated State MAC rate.

## Providers Submitting Physician or Outpatient Claims

The IHCP will reimburse providers billing on the UB-04 or CMS-1500 claim forms and the 837I or 837P electronic transactions the lowest of the following:

- Estimated acquisition cost (84 percent of the average wholesale price)
- Blood factor State MAC
- Submitted charge

## Providers Submitting Inpatient Claims

Continue to bill claims for blood factor products administered during an inpatient stay using current billing procedures. Instructions for billing inpatient blood factor claims will be transmitted in a future banner page or bulletin, pending conclusion of changes brought about by rule promulgation that is currently in process.

Myers and Stauffer, as contractor to the Office of Medicaid Policy and Planning (OMPP), develops and maintains the State MAC rates including those for blood factor products. State MAC product and rate information is available on the Myers and Stauffer Web site [www.mslcindy.com](http://www.mslcindy.com) on the Pharmacy page.

Table 1 – Blood Factor Products and State MAC Rates  
 Effective for Dispense Dates of September 22, 2008, and Later

NDC	Procedure Code	Blood Factor Product	State MAC Rate
00944294410	J7192	ADVATE 1,201-1,800 UNITS VIAL	1.13786
00944294510	J7192	ADVATE 1,801-2,400 UNITS VIAL	1.13786
00944294610	J7192	ADVATE 2,400-3,600 UNITS VIAL	1.13786
00944294110	J7192	ADVATE 200-400 UNITS VIAL	1.13786
00944294210	J7192	ADVATE 401-800 UNITS VIAL	1.13786
00944294310	J7192	ADVATE 801-1,200 UNITS VIAL	1.13786
68516460002	J7190	ALPHANATE 1,000-1,500 UNITS VIAL	0.84370
68516460302	J7190	ALPHANATE 1,000-400 UNITS VIAL	0.84370
68516460402	J7190	ALPHANATE 1,500-600 UNITS VIAL	0.84370
68516460101	J7190	ALPHANATE 250-100 UNITS VIAL	0.84370
68516460001	J7190	ALPHANATE 250-500 UNITS VIAL	0.84370
68516460201	J7190	ALPHANATE 500-200 UNITS VIAL	0.84370
68516360002	J7193	ALPHANINE SD 250-1,500 UNITS VIAL	0.79060
64193024402	J7194	BEBULIN VH IMMUNO 200-1,200 UNITS	0.93220
58394000105	J7195	BENEFIX 1,000 UNITS VIAL	1.05532
58394000106	J7195	BENEFIX 1,000 UNITS VIAL	1.05532
58394000101	J7195	BENEFIX 1,000 UNITS VIAL	1.05532
58394000802	J7195	BENEFIX 2,000 UNITS VIAL	1.05532
58394000803	J7195	BENEFIX 2,000 UNITS VIAL	1.05532
58394000301	J7195	BENEFIX 250 UNITS VIAL	1.05532
58394000305	J7195	BENEFIX 250 UNITS VIAL	1.05532
58394000306	J7195	BENEFIX 250 UNITS VIAL	1.05532
58394000201	J7195	BENEFIX 500 UNITS VIAL	1.05532
58394000205	J7195	BENEFIX 500 UNITS VIAL	1.05532
58394000206	J7195	BENEFIX 500 UNITS VIAL	1.05532
64193022205	J7198	FEIBA VH IMMUNO 1,750-3,250 IU	1.49860

NDC	Procedure Code	Blood Factor Product	State MAC Rate
64193022203	J7198	FEIBA VH IMMUNO 400-650 UNITS	1.49860
64193022204	J7198	FEIBA VH IMMUNO 651-1,200 UNITS	1.49860
00053813004	J7192	HELIXATE FS 1,000 UNITS VIAL	0.98628
00053813005	J7192	HELIXATE FS 2,000 UNITS VIAL	0.98628
00053813001	J7192	HELIXATE FS 250 UNITS VIAL	0.98628
00053813002	J7192	HELIXATE FS 500 UNITS VIAL	0.98628
00944293301	J7190	HEMOFIL M 1,701-2,000 UNITS VIAL	0.75520
00944293504	J7190	HEMOFIL M 1,701-2,000 UNITS VIAL	0.75520
00944293001	J7190	HEMOFIL M 220-400 UNITS VIAL	0.75520
00944293501	J7190	HEMOFIL M 220-400 UNITS VIAL	0.75520
00944293101	J7190	HEMOFIL M 401-800 UNITS VIAL	0.75520
00944293502	J7190	HEMOFIL M 401-800 UNITS VIAL	0.75520
00944293201	J7190	HEMOFIL M 801-1,700 UNITS VIAL	0.75520
00944293503	J7190	HEMOFIL M 801-1,700 UNITS VIAL	0.75520
00053762010	J7187	HUMATE-P 1,000 UNITS KIT	0.86533
00053761510	J7187	HUMATE-P 1,200 UNITS KIT	0.86533
00053762020	J7187	HUMATE-P 2,000 UNITS KIT	0.86533
00053761520	J7187	HUMATE-P 2,400 UNITS KIT	0.86533
00053762005	J7187	HUMATE-P 500 UNITS KIT	0.86533
00053761505	J7187	HUMATE-P 600 UNITS KIT	0.86533
13533066550	J7190	KOATE-DVI 1,000 UNITS KIT	0.59000
13533066520	J7190	KOATE-DVI 250 UNITS KIT	0.59000
13533066530	J7190	KOATE-DVI 500 UNITS KIT	0.59000
00026037250	J7192	KOGENATE FS 1,000 UNITS VIAL	1.00772
00026037950	J7192	KOGENATE FS 1,000 UNITS VIAL	1.00772
00026378660	J7192	KOGENATE FS 2,000 UNITS VIAL	1.00772
00026379660	J7192	KOGENATE FS 2,000 UNITS VIAL	1.00772
00026037220	J7192	KOGENATE FS 250 UNITS VIAL	1.00772
00026037920	J7192	KOGENATE FS 250 UNITS VIAL	1.00772
00026037230	J7192	KOGENATE FS 500 UNIT VIAL	1.00772
00026037930	J7192	KOGENATE FS 500 UNITS VIAL	1.00772
00944130410	J7190	MONARC-M 1,701-2,000 UNITS VIAL	0.63720
00944130110	J7190	MONARC-M 220-400 UNITS VIAL	0.63720
00944130210	J7190	MONARC-M 401-800 UNITS VIAL	0.63720
00944130310	J7190	MONARC-M 801-1,700 UNITS VIAL	0.63720
00053765604	J7190	MONOCLATE-P 1,000 UNITS KIT	0.60770
00053765605	J7190	MONOCLATE-P 1,500 UNITS KIT	0.60770

NDC	Procedure Code	Blood Factor Product	State MAC Rate
00053765601	J7190	MONOCLATE-P 250 UNITS KIT	0.60770
00053765602	J7190	MONOCLATE-P 500 AHFU KIT	0.60770
00053766804	J7193	MONONINE 1,000 UNITS VIAL	0.89680
00053766802	J7193	MONONINE 500 UNITS VIAL	0.89680
00169706001	J7189	NOVOSEVEN 1,200 MCG VIAL	1.18787
00169706101	J7189	NOVOSEVEN 2,400 MCG VIAL	1.18787
00169706201	J7189	NOVOSEVEN 4,800 MCG VIAL	1.18787
68516320003	J7194	PROFILNINE SD 1,000-1,500 UNITS	0.61360
68516320002	J7194	PROFILNINE SD 500 UNITS VIAL	0.61360
00944283110	J7192	RECOMBINATE 220-400 UNITS VIAL	1.10478
00944283210	J7192	RECOMBINATE 401-800 UNITS VIAL	1.10478
00944283310	J7192	RECOMBINATE 801-1,240 UNITS VIAL	1.10478
58394000502	J7192	REFACTO 1,000 UNITS VIAL	0.99126
58394000504	J7192	REFACTO 1,000 UNITS VIAL	0.99126
58394001102	J7192	REFACTO 2,000 UNITS VIAL	0.99126
58394001104	J7192	REFACTO 2,000 UNITS VIAL	0.99126
58394000702	J7192	REFACTO 250 UNITS VIAL	0.99126
58394000602	J7192	REFACTO 500 UNITS VIAL	0.99126

## Contact Information

Direct all questions regarding the State MAC program including questions about rates, product availability, or related aspects to the Myers and Stauffer Pharmacy Unit. The unit can be contacted Monday through Friday, from 8 a.m. to 5 p.m., at (317) 816-4136 in the Indianapolis local area, or toll-free at 1-800-591-1183.

If you need additional copies of this bulletin, please download them from the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp](http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp). To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailing\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailing_list/default.asp).