



## P R O V I D E R   B U L L E T I N

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**To:           Hospital Providers****Subject:    Reimbursement of Inpatient Blood Factor Claims****Overview**

This bulletin notifies all providers of changes to the reimbursement of blood factor products administered during inpatient hospital stays. This change is effective for blood factor product claims with administration dates of October 12, 2008, and later.

**Providers Submitting Inpatient Claims**

Indiana Medicaid will reimburse providers for claims for blood factor products administered during inpatient hospital stays at the lowest of the following:

- The Estimated Acquisition Cost (84 percent of the Average Wholesale Price)
- Inpatient blood factor – State maximum allowable cost (MAC) or
- Submitted charge

Effective for claims with administration dates on or after October 12, 2008, blood factor that is used during inpatient hospital stays should now be billed separately from the inpatient hospital diagnosis related group or Level of Care claim. If a patient is admitted prior to October 12, 2008, and blood factor is administered prior to October 12, 2008, the charges should remain on the inpatient claim.

Hospitals are prohibited from submitting any charges for blood factor administered on or after October 12, 2008, during inpatient hospital stays on their UB-04 claims. Instead, hospitals should submit their claims for blood factor used during inpatient hospital stays on the CMS-1500 claim form and should include both the National Drug Code (NDC) and the NDC quantity of the blood factor on the claims. Hospitals should use their National Provider Identifiers (NPIs) for their facility on their CMS-1500 claim forms.

Claims with quantities **greater** than 9,999.99 units must be special batched because the NDC code will be the same for each detail and will deny for duplicates. These claims must be sent to the address below for special handling:

**EDS Provider Written Correspondence**  
**P.O. Box 7263**  
**Indianapolis, IN 46207-7263**

The Place of Service (POS) entered in Block 24B must be 21 – *Inpatient Hospital* for blood factor administered during an inpatient hospital stay.

Further instructions for completing the CMS-1500 are located in Chapter 8 of the *IHCP Provider Manual*. Table 1.1, below lists blood factor products and their associated Inpatient State MAC rates.

Please refer to [BT200833](#), dated July 31, 2008, for information regarding pharmacy-, physician-, and outpatient-dispensed blood factor claims. The Federal Deficit Reduction Act of 2005 requires NDCs for billing procedure codes. Please refer to the provider bulletins listed below for additional information on proper billing procedures:

- [BT200713](#), dated May 29, 2007 – Billing an NDC on the CMS-1500 Medical Claim Form
- [BT200731](#), dated November 15, 2007 – Billing an NDC on the UB-04 Institutional Claim Form

Table 1.1 Blood Factor Products and Inpatient State MAC Rates  
 Effective for Dispense Dates of October 12, 2008, and Later

| NDC         | Procedure Code | Blood Factor Product             | Inpatient State MAC Rate |
|-------------|----------------|----------------------------------|--------------------------|
| 00944294410 | J7192          | ADVATE 1,201-1,800 UNITS VIAL    | 1.01250                  |
| 00944294510 | J7192          | ADVATE 1,801-2,400 UNITS VIAL    | 1.01250                  |
| 00944294610 | J7192          | ADVATE 2,400-3,600 UNITS VIAL    | 1.01250                  |
| 00944294110 | J7192          | ADVATE 200-400 UNITS VIAL        | 1.01250                  |
| 00944294210 | J7192          | ADVATE 401-800 UNITS VIAL        | 1.01250                  |
| 00944294310 | J7192          | ADVATE 801-1,200 UNITS VIAL      | 1.01250                  |
| 68516460002 | J7190          | ALPHANATE 1,000-1,500 UNITS VL   | 0.75075                  |
| 68516460302 | J7190          | ALPHANATE 1,000-400 UNIT VIAL    | 0.75075                  |
| 68516460402 | J7190          | ALPHANATE 1,500-600 UNIT VIAL    | 0.75075                  |
| 68516460101 | J7190          | ALPHANATE 250-100 UNIT VIAL      | 0.75075                  |
| 68516460001 | J7190          | ALPHANATE 250-500 UNIT VIAL      | 0.75075                  |
| 68516460201 | J7190          | ALPHANATE 500-200 UNIT VIAL      | 0.75075                  |
| 68516360002 | J7193          | ALPHANINE SD 250-1,500 UNIT VL   | 0.70350                  |
| 64193024402 | J7194          | BEBULIN VH IMMUNO 200-1,200 UNIT | 0.82950                  |
| 58394000105 | J7195          | BENEFIX 1,000 UNIT VIAL          | 0.93906                  |
| 58394000106 | J7195          | BENEFIX 1,000 UNIT VIAL          | 0.93906                  |
| 58394000101 | J7195          | BENEFIX 1,000 UNITS VIAL         | 0.93906                  |

| NDC         | Procedure Code | Blood Factor Product           | Inpatient State MAC Rate |
|-------------|----------------|--------------------------------|--------------------------|
| 58394000802 | J7195          | BENEFIX 2,000 UNIT VIAL        | 0.93906                  |
| 58394000803 | J7195          | BENEFIX 2,000 UNIT VIAL        | 0.93906                  |
| 58394000301 | J7195          | BENEFIX 250 UNIT VIAL          | 0.93906                  |
| 58394000305 | J7195          | BENEFIX 250 UNIT VIAL          | 0.93906                  |
| 58394000306 | J7195          | BENEFIX 250 UNIT VIAL          | 0.93906                  |
| 58394000201 | J7195          | BENEFIX 500 UNIT VIAL          | 0.93906                  |
| 58394000205 | J7195          | BENEFIX 500 UNIT VIAL          | 0.93906                  |
| 58394000206 | J7195          | BENEFIX 500 UNIT VIAL          | 0.93906                  |
| 64193022205 | J7198          | FEIBA VH IMMUNO 1,750-3,250 IU | 1.33350                  |
| 64193022203 | J7198          | FEIBA VH IMMUNO 400-650 UNITS  | 1.33350                  |
| 64193022204 | J7198          | FEIBA VH IMMUNO 651-1,200 UNIT | 1.33350                  |
| 00053813004 | J7192          | HELIXATE FS 1,000 UNITS VIAL   | 0.87762                  |
| 00053813005 | J7192          | HELIXATE FS 2,000 UNIT VIAL    | 0.87762                  |
| 00053813001 | J7192          | HELIXATE FS 250 UNIT VIAL      | 0.87762                  |
| 00053813002 | J7192          | HELIXATE FS 500 UNIT VIAL      | 0.87762                  |
| 00944293301 | J7190          | HEMOFIL M 1,701-2,000 UNITS VL | 0.67200                  |
| 00944293504 | J7190          | HEMOFIL M 1,701-2,000 UNITS VL | 0.67200                  |
| 00944293001 | J7190          | HEMOFIL M 220-400 UNITS VIAL   | 0.67200                  |
| 00944293501 | J7190          | HEMOFIL M 220-400 UNITS VIAL   | 0.67200                  |
| 00944293101 | J7190          | HEMOFIL M 401-800 UNITS VIAL   | 0.67200                  |
| 00944293502 | J7190          | HEMOFIL M 401-800 UNITS VIAL   | 0.67200                  |
| 00944293201 | J7190          | HEMOFIL M 801-1,700 UNITS VIAL | 0.67200                  |
| 00944293503 | J7190          | HEMOFIL M 801-1,700 UNITS VIAL | 0.67200                  |
| 00053762010 | J7187          | HUMATE-P 1,000 UNITS KIT       | 0.77000                  |
| 00053761510 | J7187          | HUMATE-P 1,200 UNITS KIT       | 0.77000                  |
| 00053762020 | J7187          | HUMATE-P 2,000 UNITS KIT       | 0.77000                  |
| 00053761520 | J7187          | HUMATE-P 2,400 UNITS KIT       | 0.77000                  |

| NDC         | Procedure Code | Blood Factor Product          | Inpatient State MAC Rate |
|-------------|----------------|-------------------------------|--------------------------|
| 00053762005 | J7187          | HUMATE-P 500 UNITS KIT        | 0.77000                  |
| 00053761505 | J7187          | HUMATE-P 600 UNITS KIT        | 0.77000                  |
| 13533066550 | J7190          | KOATE-DVI 1,000 UNITS KIT     | 0.52500                  |
| 13533066520 | J7190          | KOATE-DVI 250 UNIT KIT        | 0.52500                  |
| 13533066530 | J7190          | KOATE-DVI 500 UNITS KIT       | 0.52500                  |
| 00026037250 | J7192          | KOGENATE FS 1,000 UNITS VIAL  | 0.89670                  |
| 00026037950 | J7192          | KOGENATE FS 1,000 UNITS VIAL  | 0.89670                  |
| 00026378660 | J7192          | KOGENATE FS 2,000 UNIT VIAL   | 0.89670                  |
| 00026379660 | J7192          | KOGENATE FS 2,000 UNIT VIAL   | 0.89670                  |
| 00026037220 | J7192          | KOGENATE FS 250 UNIT VIAL     | 0.89670                  |
| 00026037920 | J7192          | KOGENATE FS 250 UNITS VIAL    | 0.89670                  |
| 00026037230 | J7192          | KOGENATE FS 500 UNIT VIAL     | 0.89670                  |
| 00026037930 | J7192          | KOGENATE FS 500 UNITS VIAL    | 0.89670                  |
| 00944130410 | J7190          | MONARC-M 1,701-2,000 UNITS VL | 0.56700                  |
| 00944130110 | J7190          | MONARC-M 220-400 UNITS VIAL   | 0.56700                  |
| 00944130210 | J7190          | MONARC-M 401-800 UNITS VIAL   | 0.56700                  |
| 00944130310 | J7190          | MONARC-M 801-1,700 UNITS VIAL | 0.56700                  |
| 00053765604 | J7190          | MONOCLATE-P 1,000 UNITS KIT   | 0.54075                  |
| 00053765605 | J7190          | MONOCLATE-P 1,500 UNITS KIT   | 0.54075                  |
| 00053765601 | J7190          | MONOCLATE-P 250 UNIT KIT      | 0.54075                  |
| 00053765602 | J7190          | MONOCLATE-P 500AHFU KIT       | 0.54075                  |
| 00053766804 | J7193          | MONONINE 1,000 UNITS VIAL     | 0.79800                  |
| 00053766802 | J7193          | MONONINE 500 UNITS VIAL       | 0.79800                  |
| 00169706001 | J7189          | NOVOSEVEN 1,200 MCG VIAL      | 1.05700                  |
| 00169706101 | J7189          | NOVOSEVEN 2,400 MCG VIAL      | 1.05700                  |
| 00169706201 | J7189          | NOVOSEVEN 4,800 MCG VIAL      | 1.05700                  |
| 00169701001 | J7189          | NOVOSEVEN RT 1,000 MCG VIAL   | 1.06050                  |

| NDC         | Procedure Code | Blood Factor Product           | Inpatient State MAC Rate |
|-------------|----------------|--------------------------------|--------------------------|
| 00169702001 | J7189          | NOVOSEVEN RT 2,000 MCG VIAL    | 1.06050                  |
| 00169705001 | J7189          | NOVOSEVEN RT 5,000 MCG VIAL    | 1.06050                  |
| 68516320003 | J7194          | PROFILNINE SD 1,000-1,500 UNIT | 0.54600                  |
| 68516320002 | J7194          | PROFILNINE SD 500 UNITS VIAL   | 0.54600                  |
| 00944283110 | J7192          | RECOMBINATE 220-400 UNIT VIAL  | 0.98307                  |
| 00944283210 | J7192          | RECOMBINATE 401-800 UNIT VIAL  | 0.98307                  |
| 00944283310 | J7192          | RECOMBINATE 801-1,240 UNIT VL  | 0.98307                  |
| 58394000502 | J7192          | REFACTO 1,000 UNITS VIAL       | 0.88205                  |
| 58394000504 | J7192          | REFACTO 1,000 UNITS VIAL       | 0.88205                  |
| 58394001102 | J7192          | REFACTO 2,000 UNITS VIAL       | 0.88205                  |
| 58394001104 | J7192          | REFACTO 2,000 UNITS VIAL       | 0.88205                  |
| 58394000702 | J7192          | REFACTO 250 UNITS VIAL         | 0.88205                  |
| 58394000602 | J7192          | REFACTO 500 UNITS VIAL         | 0.88205                  |

## Contact Information

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. All questions regarding the State MAC program, including those regarding product availability, rates, or related aspects, should be directed to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 or 1-800-591-1183 weekdays between 8 a.m. and 5 p.m. The State MAC product and rate information can be accessed at <http://www.mslcindy.com/>.

For members enrolled in Risk Based Managed Care (RBMC), providers must contact the Managed Care Organization (MCO) to obtain billing instructions for blood factor administered during an inpatient hospital stay.

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

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