

## Hemophilia Clotting Factors

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### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network

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physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

Hemophilia is a hereditary blood disease characterized by greatly prolonged coagulation time. The blood fails to clot and abnormal bleeding occurs. It is a sex-linked hereditary trait transmitted by normal heterozygous females who carry the recessive gene. It occurs almost exclusively in males. For purposes of Medicare coverage, hemophilia encompasses Factor VIII deficiency (classic hemophilia, hemophilia A), Factor IX deficiency (hemophilia B, Christmas disease, plasma thromboplastin component), and von Willebrand's disease. Approximately 80% of those with hemophilia have type A and both are associated with recurrent, spontaneous, and traumatic hemarthrosis.

The frequency and severity of hemorrhagic events induced by hemophilia are related to the amount of coagulation factor in the blood. Those with mild hemophilia (defined as having from 5% to 40% of normal coagulation factor activity) experience complications only after having undergone surgery or experiencing a major physical trauma. Those with moderate hemophilia (from 1% to 5% of coagulation factor activity) experience some spontaneous hemorrhage but normally exhibit bleeding provoked by trauma. Those with severe hemophilia (less than 1% of coagulation factor activity) exhibit spontaneous hemarthrosis and bleeding. Treatment for these patients is dependent on the severity of the disease and may include the administration of blood clotting factors such as Factor VIII, Factor IX, Factor VIIa and, Anti-inhibitors to control the bleeding.

#### Reimbursement Guidelines

Medicare provides coverage of self-administered blood clotting factors for hemophilia patients who are competent to use such factors to control bleeding without medical supervision. Medicare covers blood clotting factors for the following conditions:

- Factor VIII deficiency (classic hemophilia, hemophilia A)
- Factor IX deficiency (hemophilia B, Christmas disease, plasma thromboplastin component)
- von Willebrand's disease

Anti-inhibitor coagulant complex (AICC) is a drug used to treat hemophilia in patients with Factor VIII inhibitor antibodies. AICC has been shown to be safe and effective and is covered by Medicare when furnished to patients with hemophilia A and inhibitor antibodies to Factor VIII who have major bleeding episodes and who fail to respond to other less expensive therapies.

### CPT/HCPCS Codes

Code	Description
C9133	Factor IX (antihemophilic factor, recombinant), Rixibus, per IU
C9134	Factor XIII (antihemophilic factor, recombinant), Tretten, per 10 IU
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo

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J7185	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg
J7190	Factor VIII (antihemophilic factor, human) per IU
J7191	Factor VIII (antihemophilic factor (porcine)), per IU
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU
J7194	Factor IX complex, per IU
J7195	Factor IX (antihemophilic factor, recombinant) per IU
J7197	Antithrombin III (human), per IU
J7198	Antiinhibitor, per IU (*see NCD 110.3)
J7199	Hemophilia clotting factor, not otherwise classified

### References Included (but not limited to):

**CMS NCD**

NCD 110.3 Anti-Inhibitor Coagulant Complex (AICC)

**CMS LCD(s)**

Numerous LCDs

**CMS Article**

One article

**CMS Benefit Policy Manual**

Chapter 15; § 50 Drugs and Biologicals

**CMS Claims Processing Manual**

Chapter 17; § 80.4-80.4.1 Billing for Hemophilia Clotting Factors/Clotting Factor Furnishing Fee

**UnitedHealthcare Medicare Advantage Coverage Summaries**

Blood, Blood Products and Related Procedures and Drugs

**UnitedHealthcare Reimbursement Policies**

Self Administered Drug(s)

**UnitedHealthcare Medical Policies**

Clotting Factors and Coagulant Blood Products

**MLN Matters**

Article MM4311, updated October 2012, New Replacement "J" Codes for Hemophilia Clotting Factors

Article MM8423 Annual Clotting Factor Furnishing Fee Update 2014

### History

Date	Revisions
09/10/2014	Annual Review for MRP Committee presentation and approval
08/14/2013	Administrative updates
03/28/2012	Q2041 deleted 12/31/2011
11/07/2011	Administrative updates
07/06/2011	Administrative updates
07/05/2011	J7184 Medicare non-covered as of 07/01/2011 (replaced by Q2041)
06/20/2011	<ul style="list-style-type: none"> <li>Added CPT/HCPCS Q2041 &amp; J7197</li> <li>Extended range on J7198 from 286.0-286.5, 286.7 to 286.0-286.7, 286.9</li> </ul>
06/08/2011	Administrative updates

## Hemophilia Clotting Factors

03/23/2011

Policy developed and implemented