

This Computes!



**Department of Health Care Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #361**

SARs for Hemophilia Blood Factor Products: Medi-Cal Billing Unit vs. # Vials

This Computes #329 provides instructions on how to code a SAR, depending on the requested service code: NDC (or 11-digit NDC-like) number or HCPCS code. For HCPCS, the Units field is determined by multiplying the Medi-Cal billing unit (or HCPCS unit of use) with the number of dispensings (or administrations).

Recently, it has come to the attention of CMS Branch that the Medi-Cal billing unit for blood factor HCPCS does not correspond with the billing directions presented in the Provider Manual, when billing these HCPCS codes on a CMS-1500 form or UB-04 form. In the Medi-Cal Provider Manual:

- Under Blood and Blood Derivatives, listed blood factor HCPCS codes indicate the Medi-Cal billing unit is "per IU" or "per mcg".
- Under Blood and Blood Derivatives Billing Examples: CMS-1500, providers are advised to code the Units field in "vials".
- Under Blood and Blood Derivatives Billing Examples: UB-04, providers are advised to code the Units field in "vials".

This discrepancy has caused several providers to request SARs be issued in #vials instead of by the billing unit of "per IU".

CMS Branch received clarification from HP Enterprises regarding this perceived conflict in the Medi-Cal Provider Manual. Currently:

- CMS-1500 has 3 digit limit in Units Field
- UB-04 has 2 digit limit in Units Field

Due to this limitation, it would be impossible to code the Units field in "per IU" or "per mcg" units, as they are regularly in the thousands of units. Therefore, as

instructed, providers are to code the claim as “#vials” with the requirement to denote how many “IU” in a designated box of the form.

Accordingly, CCS and GHPP should code, in the Units field of the SAR, in “#vials” in place of “per IU” whenever blood factor HCPCS codes are authorized to a non-pharmacy provider. In the Special Instructions, indicate what was authorized, by indicating # vials, #units per vial, and total # units of factor for the SAR.

Example 1: Authorized 16 vials of Advate, 1000 IU per vial. Total authorized is 16,000 IU.

Example 2; Authorized 5 vials of Advate, 1000 IU per vial and 4 vials of Advate, 2000 IU per vial. Total authorized is 13,000 IU.

Pharmacy providers are required to bill by NDC so SARs should continue to be issued by NDC, with the Medi-Cal billing unit of ‘per IU” or “per mcg”.

If you have any questions, please contact:

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