

Blood Factor Products Benefits to Change for the CSHCN Services Program

Information posted December 13, 2013

Effective for dates of service on or after February 1, 2014, benefit criteria will change for blood factor products for the Children with Special Health Care Needs (CSHCN) Services Program.

Benefit Changes for Blood Factor Products

The following table shows the affected blood factor products procedure codes:

Procedure codes						
J7185	J7186	J7187	J7189	J7190	J7192	J7193
J7194	J7195	J7198				

The following changes will be applied to these procedure codes:

- These services will be reimbursed to hemophilia factor providers only in the home setting, i.e., the services will no longer be reimbursed to hemophilia factor providers in the office or outpatient hospital setting.

Note: *Services will continue to be reimbursed to physician providers in the office setting and to hospital providers in the outpatient hospital setting.*

- These services will be reimbursed at 49 percent of the rate allowed by Texas Medicaid and will no longer be manually priced.

Authorization Form Title Change for Blood Factor Products

Authorization is not required for blood factor products for diagnoses listed in the *CSHCN Services Program Manual*, Section 31.2.8, "Blood Factor Products." For all other diagnoses, however, medical review is required for approval of blood factor products.

Effective for dates of service on or after February 1, 2014, requests must be submitted on the revised form titled, "CSHCN Services Program Authorization and Prior Authorization Request for Hemophilia Blood Factor Products Form and Instructions."

New Benefits

Blood factor product procedure codes J7180 and J7183 will be a benefit of the CSHCN Services Program. These services will be reimbursed to physician providers in the office setting; hemophilia factor providers in the home setting; and hospital providers in the outpatient hospital setting.

Procedure code J7180 will be restricted to diagnosis code 2863, and procedure code J7183 will be restricted to diagnosis code 2864.

These services will be reimbursed at 49 percent of the rate allowed by Texas Medicaid.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.