



MEDICAL ASSISTANCE BULLETIN  
COMMONWEALTH OF PENNSYLVANIA \* DEPARTMENT OF PUBLIC WELFARE

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**ISSUE DATE:**  
March 12, 2004

**EFFECTIVE DATE:** February  
19, 2004

**SUBJECT:** Billing Procedures for Anti-Hemophilic Factors

**BY:**

A handwritten signature in black ink, appearing to read "David S. Feinberg".

David S. Feinberg  
Deputy Secretary for Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to advise providers who bill for Anti-Hemophilic Factors (AHFs) in the Medical Assistance (MA) Fee-For-Service (FFS) delivery system of a change in the billing procedures for these drugs.

**SCOPE:**

This bulletin applies to all dispensing physicians, certified registered nurse practioners (CRNPs) and pharmacies enrolled in the MA FFS Program.

**BACKGROUND:**

Previously, the MA Program required providers who submit claims for AHFs through the FFS delivery system to bill a quantity of 1 unit for every 10 units of AHF dispensed. However, the MA Program is changing this billing procedure as a result of recent modifications to the claims processing system.

**DISCUSSION:**

The MA Program is now instructing providers who bill for AHFs that there is a new procedure for billing AHFs. Beginning February 19, 2004, AHF providers are to bill the MA FFS Program a quantity of 1 unit for each unit of AHF dispensed. AHF providers are to enter total number of units of AHF dispensed in the appropriate quantity field.

The MA Program is also reminding AHF providers to continue to bill at the usual and customary charge for the quantity dispensed.

If a pharmacy originally submitted the claim with an incorrect quantity through the Electronic Claims Management (ECM) on-line adjudication system and that claim resulted in an underpayment, the pharmacy should reverse the claim and resubmit the claim through ECM with the corrected quantity. Currently, pharmacy providers have up to 45 days from the original submission to reverse the claim. The process for reversing a claim on-line is described in MA Bulletin 19-01-05 (ON-LINE Pharmacy Extended Reversal Implementation).

If a provider submitted the claim by another method (tape, diskette, modem or paper), the provider should complete the appropriate claim adjustment form for that provider group.

**PROCEDURE:**

**STARTING FEBRUARY 19, 2004, ALL CLAIMS FOR AHFs SHOULD BE BILLED WITH THE EXACT NUMBER OF UNITS OF AHF DISPENSED. PROVIDERS SHOULD NO LONGER REDUCE THE QUANTITY TO 1 UNIT FOR EVERY 10 UNITS DISPENSED.**

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).