



Medicare Coding and Payment Guide Hospital Inpatient and Outpatient Settings

Effective: October 1, 2024

Pathogen Reduced Cryoprecipitated Fibrinogen Complex

(INTERCEPT® Fibrinogen Complex)

(Pooled Fibrinogen Complex, Cryoprecipitated, Psoralen Treated)

Billing Inpatient

Medicare Reimbursement for INTERCEPT® Fibrinogen Complex in the Hospital Inpatient Setting

Inpatient CODING

Under the Medicare hospital inpatient prospective payment system (IPPS), each inpatient stay is assigned to a single Medicare severity diagnosis-related group (MS-DRG). The final MS-DRG assignment depends on the order and presence of ICD-10-CM and ICD-10-PCS codes on the hospital claim form.

| Item | Code |
|----------------------------|--|
| ICD-10-PCS Procedure Codes | Transfusion of Pathogen Reduced Cryoprecipitated Fibrinogen Complex Into Peripheral Vein, Percutaneous Approach |
| Revenue code | O390 Blood and Blood Component Administration, Processing, and Storage; General Classification. |

Cerus Corporation charges only processing and storage fees for INTERCEPT Fibrinogen Complex product. There is no charge for the blood component itself. Revenue Code 0390 is the best match for blood products for which only processing and storage fees are charged. For CMS guidance on blood product revenue codes see: Centers for Medicare and Medicaid Services. Medicare claims processing manual. Chapter 4, Section 231.3. Baltimore, MD: CMS. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf

Billing Outpatient

Medicare Reimbursement for INTERCEPT® Fibrinogen Complex in the Hospital Outpatient Setting

HCPCS CODING

Healthcare Common Procedure Coding System (HCPCS) Code for INTERCEPT Fibrinogen Complex provided in the hospital outpatient setting:

| HCPCS | Long Descriptor | Short Descriptor | | | |
|-------|--|------------------------------|--|--|--|
| P9026 | Cryoprecipitated fibrinogen complex, pathogen reduced, each unit | Cryo fib comp path redu each | | | |

INTERCEPT Fibrinogen Complex is available in multiple configurations (doses).

Billing with HCPCS P9026 should occur for each unit of INTERCEPT Fibrinogen Complex within the administered container.

| Number of INTERCEPT Fibrinogen Complex Units In 1 Container | Blood Product Codes Representing this Product* | | | | | | | |
|--|--|----|----------|----|-------------------------|-------------------|------------------------------------|--|
| 1 | EA484V00 | OR | EA489V00 | OR | EA494V00 | OR | EA495V00 | |
| 2 | EA485V00 | OR | EA490V00 | OR | EA496V00 | OR | EA500V00 | |
| 3 | EA486V00 | OR | EA491V00 | OR | EA497V00 | OR | EA501V00 | |
| 4 | EA487V00 | OR | EA492V00 | OR | EA498V00 | OR | EA502V00 | |
| 5 | EA488V00 | OR | EA493V00 | OR | EA499V00 *Last 3 cha | OR eracters of | EA503V00 product code may vary. | |

Facility-based pooling of INTERCEPT Fibrinogen Complex

If multiple units of INTERCEPT Fibrinogen Complex are pooled at your facility prior to transfusion, bill the number of product units, and additionally bill one unit of pooling with **CPT 86965 (Pooling of platelets or other blood products).**

Standard billing practices apply to transfusion procedures used to administer INTERCEPT Fibrinogen Complex in the outpatient treatment setting.

Frequently Asked Questions

What codes do hospitals need to include on inpatient claims involving INTERCEPT Fibrinogen Complex?

Claims for inpatient stays involving INTERCEPT Fibrinogen Complex should include one of the following ICD-10-PCS procedure codes:

30233D1 Transfusion of Pathogen Reduced Cryoprecipitated Fibrinogen Complex Into Peripheral Vein, Percutaneous Approach
OR

30243D1 Transfusion of Pathogen Reduced Cryoprecipitated Fibrinogen Complex Into Central Vein, Percutaneous Approach

Why don't you list the ICD-10-CM codes that should be included on inpatient claims involving INTERCEPT Fibrinogen Complex?

There are a wide range of ICD-10-CM codes that could be used to describe a condition appropriately treated with INTERCEPT Fibrinogen Complex. Hospitals are responsible for determining the accurate and appropriate diagnosis codes to report for each particular patient.

About INTERCEPT® Fibrinogen Complex

Pathogen Reduced Cryoprecipitated Fibrinogen Complex (INTERCEPT Fibrinogen Complex) is indicated for:

- · Treatment and control of bleeding, including massive hemorrhage, associated with fibringgen deficiency.
- · Control of bleeding when recombinant and/or specific virally inactivated preparations of factor XIII or von Willebrand factor (vWF) are not available.
- · Second-line therapy for von Willebrand disease (vWD).
- Control of uremic bleeding after other treatment modalities have failed.

Limitations of Use: Pathogen Reduced Cryoprecipitated Fibrinogen Complex should not be used for replacement of factor VIII.

Contraindications

- Contraindicated for preparation of blood components intended for patients with a history of hypersensitivity reaction to amotosalen or other psoralens.
- Contraindicated for preparation of blood components intended for neonatal patients treated with phototherapy devices that emit a peak energy wavelength less than 425 nm, or have a lower bound of the emission bandwidth <375 nm, due to the potential for erythema resulting from interactions between ultraviolet light and amotosalen.

Warnings and Precautions

- Only the INTERCEPT Blood System for Cryoprecipitation is approved for use to produce Pathogen Reduced Cryoprecipitated Fibrinogen Complex.
- For management of patients with vWD or factor XIII deficiency, Pathogen Reduced Cryoprecipitated Fibrinogen Complex should not be used if recombinant or specific virally-inactivated factor preparations are available. In emergent situations, if recombinant or specific virally-inactivated factor preparations are not available, Pathogen Reduced Cryoprecipitated Fibrinogen Complex may be administered.

Rx only. See package insert for full prescribing information.

Disclaimer: The above publicly available information is presented for illustrative purposes only and is not intended to provide coding, reimbursement, treatment, or legal advice. It is not intended to guarantee, increase or maximize reimbursement by any payer. Individual coding decisions should be based upon diagnosis and treatment of individual patients. Cerus does not warrant, promise, guarantee, or make any statement that the use of this information will result in coverage or payment for DPT or that any payment received will cover providers' costs. Cerus is not responsible for any action providers take in billing for, or, appealing claims. Hospitals and physicians are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, hospitals and physicians should review official payer instructions and requirements, should confirm the accuracy of their coding or billing practices with these payers, and should use independent judgment when selecting codes that most appropriately describe the services or supplies furnished to a patient. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate. Laws, regulations and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be current when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage, coding and payment policies. Please consult with your legal counsel or reimbursement specialists for any reimbursement or billing questions.



Global Headquarters | 1220 Concord Avenue | Concord, CA US 94520 | 855.835.3523

cerus.com | InterceptFibrinogenComplex.com