

**MASAC Recommendation Regarding Medicaid Inpatient Clotting Factor Replacement Therapy Reimbursement for Hemophilia**

*The following recommendation was approved by the Medical and Scientific Advisory Council (MASAC) of the National Hemophilia Foundation on June 7, 2003, and adopted by the NHF Board of Directors on October 19, 2003.*

It is well documented that persons with congenital hemophilia and acquired hemophilia require treatment with clotting factor concentrates not only for treatment of bleeding episodes but also to prevent bleeding when admitted to the hospital for other medical and surgical issues. It is apparent that insurance providers, specifically Medicaid, may only reimburse hospitals based upon a DRG for the admitting diagnosis and do not uniformly provide reimbursement for the cost of the clotting factor concentrate that often far exceeds the DRG. Hospitals therefore suffer financial losses for every patient with congenital or acquired hemophilia covered by Medicaid, unless a pass-through for clotting factor concentrate is provided. Failure to provide adequate reimbursement for these coagulation therapies may adversely impact access to care, morbidity, and mortality for patients covered under these programs. Thus, the Medical and Scientific Advisory Council of the National Hemophilia Foundation recommends that Medicaid inpatient reimbursement for clotting factor concentrates for persons with both congenital and acquired hemophilia be the same as that provided by other federally funded programs such as Medicare.

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