

**EFFECTIVE JANUARY 1, 2009**  
**Lexiscan® (regadenoson) injection has a**  
**product-specific HCPCS code: J2785**

**J2785: Regadenoson, 0.1 mg**

Effective for dates of service on or after January 1, 2009

14. D. M. I. (ICD-9-CM) OR (ICD-10-CM) SOURCE		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY		16. DATES FROM	
17. N. I. (ICD-9-CM) SOURCE		17a. NPI		18. HOSPITAL FROM	
19. RESERVED FOR LOCAL USE					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)				20. OUTSIDE LAB? \$ CHARGES	
1. XXX XX				22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
2. _____				23. PRIOR AUTHORIZATION NUMBER	
3. _____				24. F. \$ CHARGES	
4. _____				24. G. DAYS	
24. A. DATE(S) OF SERVICE From To		B. PLACE OF SERVICE		C. EMG	
MM DD YY MM DD YY		11		J2785	
1				XXX XX 4	
2				NPI	
3				NPI	
4				NPI	
5				NPI	
6				NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gov't. claims, see back)	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ( )	
SIGNED DATE		a. NPI b. NPI		a. NPI b. NPI	

**Box 21 (Diagnosis Code)**  
Enter the appropriate diagnosis as reflected in the patient's medical record.

**Box 24G (Days or Units)**  
**PLEASE NOTE** when billing for Lexiscan (regadenoson) injection, list the number of units as "4" to describe the use of one pre-filled syringe.

**Box 24D (Procedures, Services, or Supplies)**  
Enter appropriate HCPCS codes, for example: J2785

**SAMPLE**

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

For dates of services on or after January 1, 2009 the Medicare allowable for Lexiscan in both the physician office and hospital outpatient sites of care will be ASP (Average Sales Price) + 6%\*.

Some private commercial and Medicaid plans may have a delay in systems updates and may not recognize J2785 immediately on January 1, 2009. Astellas Reimbursement Services can assist with identifying appropriate coding for individual payers. Call 1-800-477-6472 to request this additional research.

**Astellas**  
**Reimbursement Services**

**Phone: 1-800-477-6472**

**Fax: 1-866-317-6235 • Monday through Friday • 9 am to 8 pm (ET)**



Astellas Pharma US, Inc.

\*Federal Register / Vol. 73, No. 223 / Tuesday, November 18, 2008 / Rules and Regulations, pp. 68636-68641 (hospital outpatient final rule identifying Lexiscan as a pass-through drug paid at ASP + 6%)

Payment files for Medicare covered drugs can be viewed at: <http://www.cms.hhs.gov/HospitalOutpatientPPS/AU/list.asp#TopOfPage> and [http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01\\_overview.asp#TopOfPage](http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01_overview.asp#TopOfPage)

The coding, coverage, and payment information contained herein is gathered from various resources and is subject to change without notice. Astellas cannot guarantee success in obtaining third-party insurance payments. Third-party payment for medical products and services is affected by numerous factors, including whether a product is being used for an approved indication. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit appropriate codes, charges and modifiers for services that are rendered, taking into account the approved indications for any product prescribed. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies.

**Coding & Billing Reference Sheet for**  
**Lexiscan® (regadenoson) Injection**