

Q1 2009 CODING AND BILLING REFERENCE SHEET FOR LEXISCAN®

This Coding and Billing Reference Sheet serves as a resource when submitting claims for Lexiscan (regadenoson) injection.

Lexiscan is a sterile, preservative-free solution for intravenous injection.

Indication

Lexiscan is a pharmacologic stress agent indicated for radionuclide myocardial perfusion imaging (MPI) in patients unable to undergo adequate exercise stress.

Coding and Payment Detail for Lexiscan

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.

A profile of the coding systems and codes used for submitting claims including Lexiscan is provided below, along with Medicare allowed amounts for outpatient settings.

Coding System	Coding for Lexiscan ¹					
ICD-9-CM	Assign the appropriate diagnosis code based on medical record documentation.					
	89.44	Other cardiovascular stress test				
Revenue Codes	99.29	Injection or infusion of other therapeutic or prophylactic substance				
	0250	Pharmacy general				
	0482	Stress test				
NDC	0636	Drugs requiring detailed coding				
	NDC 00469-6501-89	0.4 mg/5 mL single dose pre-filled syringe				
		Q1 2009 Medicare Allowed Amounts ²				
		Physician Office	Hospital Outpatient Department			
			APC	Description	Allowed Amount	
HCPCS Codes	J2785**	Regadenoson, 0.1 mg	\$47.401 (ASP+6%)	9244	Injection, regadenoson	\$47.401 (ASP+6%)
CPT Codes (Stress Test) [†]	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report	\$100.27	—	—	NA
	93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report	\$24.53	—	—	NA
	93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation or report	\$59.51	0100	Cardiac Stress Tests	\$170.99
	93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	\$16.23	—	—	NA

[†]Lexiscan is not indicated for cardiovascular stress testing with exercise.

*Payment for Lexiscan through Medicare in both the physician office and hospital outpatient sites of service will be based on ASP + 6% beginning January 1, 2009. Federal Register / Vol. 73, No. 223 / Tuesday, November 18, 2008 / Rules and Regulations, p. 68636

** 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.

Payment files for both sites of care 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

Please see important safety information on the following page. Please see the accompanying full prescribing information.

Note: Diagnostic imaging procedures consist of the technical component (modifier TC), which documents the performing of the procedure, and the professional component (modifier 26), which documents the interpretation of results. Together the technical and professional components form the global (G) component.

Q1 2009 Medicare Allowed Amounts ²				
Physician Office	Hospital Outpatient Department			Allowed Amount
	APC	Description		
78460 Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification	\$186.10 (G) \$44.36 (26) \$141.74 (TC)	0377	Level II Cardiac Imaging	\$774.13
78461 Myocardial perfusion imaging; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification	\$210.63 (G) \$63.48 (26) \$147.15 (TC)	0377	Level II Cardiac Imaging	\$774.13
78464 Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification	\$274.47 (G) \$58.43 (26) \$216.04 (TC)	0377	Level II Cardiac Imaging	\$774.13
78465 Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification	\$485.10 (G) \$78.99 (26) \$406.11 (TC)	0377	Level II Cardiac Imaging	\$774.13
78478 Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)	\$59.51 (G) \$27.41 (26) \$32.10 (TC)	—	—	NA
78480 Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)	\$49.77 (G) \$17.67 (26) \$32.10 (TC)	—	—	NA

CPT Codes (Imaging)¹

¹Lexiscan is not indicated for cardiovascular stress testing with exercise.

Lexiscan is a pharmacologic stress agent indicated for radionuclide myocardial perfusion imaging (MPI) in patients unable to undergo adequate exercise stress.

IMPORTANT SAFETY INFORMATION

Do not administer Lexiscan to patients with second- or third-degree AV block or sinus node dysfunction unless these patients have a functioning artificial pacemaker.

Fatal cardiac arrest, life-threatening ventricular arrhythmias, and myocardial infarction may result from the ischemia induced by pharmacologic stress agents. Cardiac resuscitation equipment and trained staff should be available before administering Lexiscan.

Adenosine receptor agonists including Lexiscan can depress the SA and AV nodes and may cause first-, second-, or third-degree AV block, or sinus bradycardia.

Adenosine receptor agonists including Lexiscan induce arterial vasodilation and hypotension. The risk of serious hypotension may be higher in patients with cardiac or cerebrovascular insufficiency. Decreased systolic blood pressure (>35mm Hg) was observed in 7% of patients and decreased diastolic blood pressure (>25 mm Hg) was observed in 4% of patients within 45 min of Lexiscan administration.

Adenosine receptor agonists may cause bronchoconstriction and respiratory compromise. For patients with known or suspected bronchoconstrictive disease, chronic obstructive pulmonary disease (COPD), or asthma, appropriate bronchodilator therapy and resuscitative measures should be available prior to Lexiscan administration.

The most common adverse reactions (≥5%) to Lexiscan are dyspnea, headache, flushing, chest discomfort, angina pectoris or ST-segment depression, dizziness, chest pain, nausea, abdominal discomfort, dysgeusia, and feeling hot. Most adverse reactions began soon after dosing, and generally resolved within approximately 15 minutes, except for headache, which resolved in most patients within 30 minutes.

Lexiscan overdose may result in serious reactions. Aminophylline was used as a reversal agent in 3% of patients.

Please see the accompanying full prescribing information.

Astellas
Reimbursement Services
Your Resource for Reimbursement Solutions

Phone: 1-800-477-6472
Fax: 1-866-317-6235 • Monday through Friday • 9 AM to 8 PM (ET)

1. Sources: 2009 International Classification of Diseases, 9th Revision, Clinical Modification; CMS, Revenue Code to Cost Center Crosswalk; 2009 American Medical Association (AMA) Current Procedural Terminology (CPT) Copyright 2008; CMS, 2009 Level II Alpha-Numeric Index Healthcare Common Procedure Coding System (HCPCS); Lexiscan Prescribing Information.

2. Payment rates are not adjusted for geography. Hospital Outpatient Department / Emergency Department rates taken from the January 2009 Addendum B available at: <http://www.cms.hhs.gov/HospitalOutpatientPPS/AU/list.asp#TopOfPage>. Physician office rates are based on the 2009 National Physician Fee Schedule Relative Value File. Rates effective January 1, 2009 will be reflective of the 2009 conversion factor = \$36.0666.



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