

FIRST QUARTER 2010 CODING AND BILLING REFERENCE SHEET (1/1/10-3/31/10)



Appropriate and accurate coding is important for healthcare providers to receive proper reimbursement for drug therapies like Lexiscan. Coding should reflect services provided to the patient as documented in the patient's medical record. Medicare uses the Medicare Physician Fee Schedule (MPFS) to pay physicians for drugs and services provided to patients. Medicare adjusts the payments based on the geographic location of the physician. For specific payment levels in your area, go to www.cms.hhs.gov/PFSlookup/.

Medicare bases payment for hospital outpatient facilities on Ambulatory Payment Classifications (APCs). Procedures that share similar clinical characteristics and are similar in terms of cost requirements are grouped together into an APC. Medicare assigns each APC group a payment amount that is made to the hospital.

CPT Codes ¹	Description	Q1 2010 Medicare Payment			
		Physician Office		Hospital Outpatient	
		MPFS ² (Unadjusted Payment Amount) ^a	APC	Description	Unadjusted Payment Amount ³
NUCLEAR MEDICINE IMAGING*					
NEW! 78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	\$222.64 (G) \$155.52 (TC) \$52.55 (26)	0377	Level II Cardiac Imaging	\$775.09
NEW! 78452	Myocardial perfusion imaging, multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	\$379.97 (G) \$300.58 (TC) \$79.39 (26)	0377	Level II Cardiac Imaging	\$775.09
NEW! 78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	\$193.77 (G) \$145.06 (TC) \$48.71 (26)	0377	Level II Cardiac Imaging	\$775.09
NEW! 78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	\$186.56 (G) \$121.97 (TC) \$64.59 (26)	0377	Level II Cardiac Imaging	\$775.09

* (G) – global payment, (TC) technical component, (26) professional component

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	\$92.74	—	—	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	\$23.82	—	—	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	\$53.04	0100	Cardiac Stress Tests	\$176.17
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	\$22.01	—	—	NA

^aThe Defense Appropriations Act freezes payment rates at the 2009 level for dates of service from January 1, 2010 through February 28, 2010. Absent Congressional intervention, effective March 1, 2010, payment rates will decrease by 21.2%.

**PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION ON REVERSE.
PLEASE SEE FULL PRESCRIBING INFORMATION IN THE PRODUCT INFORMATION SECTION.**



Astellas Reimbursement Services™

Astellas Reimbursement ServicesSM

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Medicare pays for many outpatient drugs like Lexiscan using Average Sales Price (ASP). Reimbursement for Lexiscan through Medicare in both the physician office and hospital outpatient sites of service will continue to be based on ASP+6% in 2010.

HCPCS Codes	Description	Physician Office		Hospital Outpatient	
		ASP Payment Rate ⁴	APC	Description	ASP Payment Rate ⁵
J2785	Injection, regadenoson, 0.1 mg	\$50.848 (ASP+6%)	9244	regadenoson injection	\$50.85 (ASP+6%)

Lexiscan[®] (regadenoson) injection 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 requiring intervention. In postmarketing experience, heart block (including third degree), and asystole within minutes of Lexiscan administration have occurred.

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. In postmarketing experience, syncope, symptomatic hypotension, and transient ischemic attacks have been observed. Decreased systolic blood pressure (>35 mm Hg) was observed in 7% of patients and decreased diastolic blood pressure (>25 mm Hg) was observed in 4% of patients within 45 minutes of Lexiscan administration.

Adenosine receptor agonists, including Lexiscan, 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.

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

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.

In postmarketing experience, abdominal pain in association with nausea, vomiting, or myalgias, and diarrhea, fecal incontinence, and musculoskeletal pain, have occurred.

IMPORTANT INFORMATION: The coding, coverage, and payment information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for those products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies. Information and materials provided by ARS are to assist healthcare providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains at all times with the provider. Information provided should in no way be considered a guarantee of coverage or reimbursement for any product or service.

¹ Current Procedural Terminology (CPT), Professional Edition, 2010. American Medical Association, 2009. All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no responsibility for the data contained herein. CPT is a registered trademark of the American Medical Association. ² 42 CFR Parts 410, 411, et al. Medicare Program: Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010; Final Rule, November 25, 2009: 61738, 62114, and 62126; Medicare Program: Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010, Corrections. Federal Register; December 10, 2009; Department of Defense Appropriations Act, 2010, Pub. L. no. 111-118, Sec. 1011. 2010 Unadjusted MPFS Payment: calculated using the following formula: Transitioned Non-Facility Total * 2010 Conversion Factor of \$36.0846, as per the Department of Defense Appropriations Act, 2010, which freezes payment rates at the 2009 level for dates of service from January 1, 2010 through February 28, 2010. Absent Congressional intervention, effective March 1, 2010, the conversion factor will decrease to 28.3895. ³ 42 CFR Parts 410, 416, and 419. Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates; Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates; Final Rule, November 20, 2009: 60827, 60847. ⁴ ASP+6% rates are available at www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/TopOfPage. ⁵ Payment for Lexiscan through Medicare in both the physician office and hospital outpatient sites of service is based on ASP+6% in 2010.