

**MEDICARE HOSPITAL OUTPATIENT DEPARTMENT
SECOND QUARTER 2022 CODING AND BILLING
REFERENCE SHEET (04/01/2022–06/30/2022)**



Packaging of Pharmacologic Stress Agents: Hospital Outpatient Departments (HOPDs) no longer receive separate payment for pharmacologic stress agents as of 2014. For dates of service on or after January 1, 2014, pharmacologic stress agents are packaged into the myocardial perfusion imaging (MPI) procedure and are no longer separately reimbursed by Medicare.¹ However, it remains important to continue coding for all products and services provided to the patient. Because Lexiscan® (regadenoson) injection is packaged, the payment adjustment applied to separately payable drugs obtained under the 340B program does not affect payment for Lexiscan. Hospitals may report the modifiers that indicate whether or not a drug is acquired through the 340B program with the Lexiscan codes, but are not required to use the modifiers.²

The 2022 Medicare packaged Hospital Outpatient Prospective Payment System (HOPPS) payment rate for SPECT MPI procedures is \$1334.62.³ This payment is based on historical claims data from 2019⁴ and includes the following items and services if provided:

- the nuclear medicine imaging procedure (eg, 78452)⁵
- the stress test (ie, 93017)⁵
- the pharmacologic stress agent (eg, J2785, Lexiscan)⁶

This amount will be the payment rate until 2023, at which time the rate will be reset based on historical claims data from 2020.⁴

CPT® Codes ^a	Description	2Q 2022 Medicare Payment		
		Hospital Outpatient ^{3,7}		
		APC	Description	Unadjusted Payment Amount
NUCLEAR MEDICINE IMAGING⁵				
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)	5593	Level 3 Nuclear Medicine and Related Services	\$1334.62
78452	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); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	5593	Level 3 Nuclear Medicine and Related Services	\$1334.62
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)	5593	Level 3 Nuclear Medicine and Related Services	\$1334.62
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	5593	Level 3 Nuclear Medicine and Related Services	\$1334.62

APC = Ambulatory payment classification; CPT = Current Procedural Terminology.

SEQUESTRATION UPDATE: Congress has extended the moratorium on the 2% Medicare sequester cuts until March 31, 2022, and reduced the cuts from 2% to 1% from April 1, 2022 through June 30, 2022. Medicare payment reductions of 2% would continue thereafter, unless modified by Congress.⁸

THE PAYMENT RATES IN THIS DOCUMENT REFLECT NATIONAL AVERAGE PAYMENT AMOUNTS. THE ACTUAL PAYMENT TO A HOSPITAL WILL VARY WITH THE APPLICATION OF AN ADJUSTMENT TO REFLECT GEOGRAPHIC VARIATION IN LABOR COSTS. OTHER ADJUSTMENTS MAY ALSO APPLY FOR HIGH-COST CASES OR FOR SERVICES PROVIDED BY CERTAIN TYPES OF HOSPITALS SUCH AS CANCER HOSPITALS.

**PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION ON PAGE 3.
PLEASE SEE FULL PRESCRIBING INFORMATION [HERE](#).**

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CPT Codes ^a	Description	2Q 2022 Medicare Payment
		Hospital Outpatient ⁵ Unadjusted Payment Amount
STRESS TEST		
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	Packaged when performed with MPI

Lexiscan[®] (regadenoson) injection may be paid separately when provided in sites of service other than the hospital inpatient or outpatient setting. The total payment to physicians is Average Sales Price (ASP) + 6.0% for separately payable outpatient drugs.^{9,10}

Although hospital outpatient facilities will not receive a separate payment for pharmacologic stress agents in 2022, the cost of the product is factored into the packaged payment amount on an annual basis. CMS determines the payment rate based on costs calculated from hospital claims.⁴

HCPCS Codes	Description	Hospital Outpatient ⁶		
		Description	Total Units ^b	Payment
PHARMACOLOGIC STRESS AGENT				
J2785	Injection, regadenoson, 0.1 mg	Regadenoson Injection	4	Packaged

CMS = Centers for Medicare & Medicaid Services; HCPCS = Healthcare Common Procedure Coding System.

^aAmerican Medical Association. **Current Procedural Terminology (CPT), Professional Edition, 2022.** All rights reserved. **Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.**

^bLexiscan is supplied as a standard-dose pre-filled syringe: Injection solution containing regadenoson 0.4 mg/5 mL (0.08 mg/mL). To report 0.4 mg, or standard-dose pre-filled syringe, it is important to code for “4” units.

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 conforming to the requirements of the relevant payer for those products and services rendered. Pharmacies (or any other provider submitting a claim) should contact third-party payers for specific information on their coding, coverage, and payment policies. Information and materials provided by Astellas Pharma Support SolutionsSM are to assist pharmacies, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains at all times with the provider, and information provided by Astellas Pharma Support Solutions or Astellas should in no way be considered a guarantee of coverage or reimbursement for any product or service.

References: **1.** Centers for Medicare & Medicaid Services. Medicare and Medicaid programs: hospital outpatient prospective payment and ambulatory surgical center payment systems and quality reporting programs; hospital value-based purchasing program; organ procurement organizations; quality improvement organizations; Electronic Health Records (EHR) Incentive Program; provider reimbursement determinations and appeals; final rule. Fed Regist 2013;78(237):74826-5200. **2.** Centers for Medicare & Medicaid Services. FFS Program Billing 340B Modifiers under the Hospital Outpatient Prospective Payment System (HOPPS) (04-02-2018). <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Billing-340B-Modifiers-under-Hospital-OPPS.pdf>. Accessed 01-06-2022. **3.** Centers for Medicare & Medicaid Services. Hospital outpatient prospective payment and ambulatory surgical center payment systems and quality reporting programs. 2022 NFRM OPSS Addenda. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/addendum-and-addendum-b-updates/april-2022-0>. Accessed 03-28-2022. **4.** Centers for Medicare & Medicaid Services. Medicare CY 2022 outpatient prospective payment system (OPPS) final rule claims accounting. <https://www.cms.gov/files/document/2022-nfrm-opss-claims-accounting.pdf>. Accessed 01-06-2022. **5.** American Medical Association. CPT[®] 2022 Professional Edition. Chicago, IL: American Medical Association, 2021. **6.** Centers for Medicare & Medicaid Services. April 2022 alpha-numeric HCPCS file (03-23-2022). <https://www.cms.gov/Medicare/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>. Accessed 03-23-2022. **7.** Centers for Medicare & Medicaid Services. Medicare program: changes to hospital outpatient prospective payment and ambulatory surgical center payment systems and quality reporting programs; revisions of organ procurement organizations conditions of coverage; prior authorization process and requirements for certain covered outpatient department services; potential changes to the laboratory date of service policy; changes to grandfathered children’s hospitals-within-hospitals; notice of closure of two teaching hospitals and opportunity to apply for available slots. Fed Regist 2019;84(218):61142-492. **8.** Protecting Medicare and American Farmers from Sequester Cuts Act, 2021, S.610. <https://www.congress.gov/bill/117th-congress/senate-bill/610/text>. Accessed 01-20-2022. **9.** Medicare Prescription Drug, Improvement, and Modernization Act of 2003. HR 1, 108th Congress (12-08-2003). <https://www.congress.gov/bill/108th-congress/house-bill/1>. Accessed 01-06-2022. **10.** Centers for Medicare & Medicaid Services. Medicare program: hospital outpatient prospective payment and ambulatory surgical center payment systems and quality reporting programs; new categories for hospital outpatient department prior authorization process; clinical laboratory fee schedule: laboratory date of service policy; overall hospital quality star rating methodology; physician-owned hospitals; notice of closure of two teaching hospitals and opportunity to apply for available slots, radiation oncology model; and reporting requirements for hospitals and critical access hospitals (CAHs) to report COVID-19 therapeutic inventory and usage and to report acute respiratory illness during the public health emergency (PHE) for coronavirus disease 2019 (COVID-19). Fed Regist 2020;85(249):85866-6305.

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Lexiscan[®] (regadenoson) injection

INDICATION

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

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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.

WARNINGS AND PRECAUTIONS

Myocardial Ischemia

Fatal and nonfatal myocardial infarction, ventricular arrhythmias, and cardiac arrest have occurred following Lexiscan injection. Avoid use in patients with symptoms or signs of acute myocardial ischemia, for example unstable angina or cardiovascular instability; these patients may be at greater risk of serious cardiovascular reactions to Lexiscan. Cardiac resuscitation equipment and trained staff should be available before administering Lexiscan. Adhere to the recommended duration of injection. As noted in an animal study, longer injection times may increase the duration and magnitude of increase in coronary blood flow. If serious reactions to Lexiscan occur, consider the use of aminophylline, an adenosine antagonist, to shorten the duration of increased coronary blood flow induced by Lexiscan.

Sinoatrial and Atrioventricular Nodal Block

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.

Atrial Fibrillation/Atrial Flutter

New-onset or recurrent atrial fibrillation with rapid ventricular response and atrial flutter have been reported following Lexiscan injection.

Hypersensitivity, Including Anaphylaxis

Anaphylaxis, angioedema, cardiac or respiratory arrest, respiratory distress, decreased oxygen saturation, hypotension, throat tightness, urticaria and rashes have occurred. In clinical trials, hypersensitivity reactions were reported in fewer than 1 percent of patients.

Hypotension

Adenosine receptor agonists, including Lexiscan, induce arterial vasodilation and hypotension. The risk of serious hypotension may be higher in patients with autonomic dysfunction, hypovolemia, left main coronary artery stenosis, stenotic valvular heart disease, pericarditis or pericardial effusions, or stenotic carotid artery disease with cerebrovascular insufficiency. In postmarketing experience, transient ischemic attacks, seizures and syncope have been observed.

Hypertension

Adenosine receptor agonists, including Lexiscan, may result in clinically significant increases in blood pressure in some patients. In postmarketing experience, cases of potentially clinically significant hypertension have been reported, particularly in patients with underlying hypertension and when low-level exercise was included in the MPI.

Bronchoconstriction

Adenosine receptor agonists, including Lexiscan, may cause dyspnea, bronchoconstriction and respiratory compromise. Appropriate bronchodilator therapy and resuscitative measures should be available prior to and following Lexiscan administration.

Seizure

Lexiscan may lower the seizure threshold; obtain a seizure history. New-onset or recurrence of convulsive seizures has occurred following Lexiscan injection. Some seizures are prolonged and require emergent anticonvulsive management. Aminophylline may increase the risk of seizures associated with Lexiscan injection. Methylxanthine use is not recommended in patients who experience a seizure in association with Lexiscan administration.

Cerebrovascular Accident (Stroke)

Hemorrhagic and ischemic cerebrovascular accidents have occurred. Hemodynamic effects of Lexiscan including hypotension or hypertension may be associated with these adverse reactions.

ADVERSE REACTIONS

In clinical trials, the most common adverse reactions ($\geq 5\%$) to Lexiscan were 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. Aminophylline was used as a reversal agent in 3% of patients.

In postmarketing experience, the following additional adverse reactions have occurred: supraventricular tachyarrhythmias, acute coronary syndrome (ACS), tremor, QTc prolongation, abdominal pain in association with nausea, vomiting, or myalgias, diarrhea, fecal incontinence, wheezing and musculoskeletal pain.

PLEASE SEE FULL PRESCRIBING INFORMATION [HERE](#).