

Coding Resource

INDICATION

ANDEXXA[®] (coagulation factor Xa [recombinant], inactivated-zhzo) is a recombinant modified human factor Xa (FXa) protein indicated for patients treated with rivaroxaban or apixaban, when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding.

This indication is approved under accelerated approval based on the change from baseline in anti-FXa activity in healthy volunteers. An improvement in hemostasis has not been established. Continued approval for this indication may be contingent upon the results of studies that demonstrate an improvement in hemostasis in patients.

Limitations of Use

ANDEXXA has not been shown to be effective for, and is not indicated for, the treatment of bleeding related to any FXa inhibitors other than apixaban or rivaroxaban.

The codes identified in this resource may be applicable to ANDEXXA. Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on the condition of the patient. The use of the following codes does not guarantee reimbursement.

National Drug Code (NDC) used to report ANDEXXA as required by some payers

Dosage	10-digit NDC* (Prescribing Information)	11-digit NDC* (Claims forms to payers)
1 single-use vial containing 200 mg of ANDEXXA ¹	0310-3200-01	00310-3200-01
4 single-use vials in 1 carton, each vial containing 200 mg of ANDEXXA ²	0310-3200-04	00310-3200-04
5 single-use vials in 1 carton, each vial containing 200 mg of ANDEXXA ²	0310-3200-05	00310-3200-05

*Most payers require reporting of NDCs for single-use vials on claims. Payers may also require 10-digit NDCs to be converted to 11-digit NDCs for claims submissions. Providers are responsible for verifying necessary information and formatting requirements related to the entry of NDCs on claims with payers.

Hospital Inpatient Coding and Payment

The information in this section details a general understanding of the application of certain codes to ANDEXXA. It is the provider's sole responsibility to determine the appropriate codes for any action taken in billing. This information is not intended to be definitive or exhaustive, and AstraZeneca makes no warranties or guarantees as to the accuracy or appropriateness of this information. Before filing any claim, providers should verify these requirements with specific payers.

Medicare reimbursement

- Medicare classifies each hospital inpatient stay according to a patient's primary diagnosis, secondary diagnoses, procedures performed, and other factors. Medicare will then assign the case to a Medicare Severity Diagnosis Related Group (MS-DRG). MS-DRG assignment will vary based on the individual patient's presentation³
- Hospitals may be eligible for an outlier payment on qualified ANDEXXA claims under Medicare Part A. Medicare outlier payments do not apply to Commercial claims⁴

Please see Important Safety Information throughout and full [Prescribing Information](#), including **Boxed WARNING**.

Hospital Inpatient Coding and Payment (cont'd)

International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) codes used to report the administration of ANDEXXA across all payers⁵

There are 2 unique ICD-10-PCS codes that may be applicable to the introduction of ANDEXXA.

ICD-10-PCS code	Description
XW03372	Introduction of Inactivated Coagulation Factor Xa into Peripheral Vein, Percutaneous Approach, New Technology Group 2
XW04372	Introduction of Inactivated Coagulation Factor Xa into Central Vein, Percutaneous Approach, New Technology Group 2

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes used to support the medical necessity of ANDEXXA⁶

The following ICD-10-CM codes may be appropriate to support the medical necessity of an ANDEXXA administration. Other codes may apply. All codes should be supported by medical record documentation.

ICD-10-CM code	Description
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
T45.515A	Adverse effect of anticoagulants, initial encounter
Z79.01	Long term (current) use of anticoagulants

IMPORTANT SAFETY INFORMATION FOR ANDEXXA[®] (coagulation factor Xa [recombinant], inactivated-zhzo)

WARNING: THROMBOEMBOLIC RISKS, ISCHEMIC RISKS, CARDIAC ARREST, AND SUDDEN DEATHS

Treatment with ANDEXXA has been associated with serious and life-threatening adverse events, including:

- Arterial and venous thromboembolic events
- Ischemic events, including myocardial infarction and ischemic stroke
- Cardiac arrest
- Sudden deaths

Monitor for thromboembolic events and initiate anticoagulation when medically appropriate. Monitor for symptoms and signs that precede cardiac arrest and provide treatment as needed.

Please see additional Important Safety Information throughout and full [Prescribing Information](#), including **Boxed WARNING**.

Hospital Inpatient Coding and Payment (cont'd)

Permanent Healthcare Common Procedure Coding System (HCPCS) code used to report ANDEXXA on insurance claims across all payers⁷

ANDEXXA has a permanent HCPCS J-code that may facilitate reimbursement in all hospital inpatient departments, including those in critical access hospitals (CAHs), in the United States.

HCPCS code	Description	NDC	Vial size	Billing units
J7169	Injection, coagulation factor Xa (recombinant), inactivated-zhzo (ANDEXXA), 10 mg	0310-3200-01 ¹	200 mg	20 units
		0310-3200-04 ²	200 mg	20 units
		0310-3200-05 ²	200 mg	20 units

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

- Arterial and venous thromboembolic events, ischemic events, and cardiac events, including sudden death, have occurred during treatment with ANDEXXA. To reduce thromboembolic risk, resume anticoagulant therapy as soon as medically appropriate following treatment with ANDEXXA. The safety of ANDEXXA has not been evaluated in patients who experienced thromboembolic events or disseminated intravascular coagulation within two weeks prior to the life-threatening bleeding event requiring treatment with ANDEXXA. Safety of ANDEXXA also has not been evaluated in patients who received prothrombin complex concentrates, recombinant factor VIIa, or whole blood products within seven days prior to the bleeding event
- Unresponsiveness to unfractionated heparin leading to non-prolongation of activated clotting times and serious thrombotic events has occurred following ANDEXXA administration
- Do not use ANDEXXA for the reversal of direct FXa inhibitors (apixaban and rivaroxaban) prior to heparinization. If anticoagulation is needed, use an alternative anticoagulant to heparin
- Use of ANDEXXA as an antidote for heparin has not been established
- Re-elevation or incomplete reversal of anticoagulant activity can occur

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Hospital Outpatient Coding and Payment

Permanent HCPCS code used to report ANDEXXA on insurance claims across all payers⁷

ANDEXXA has a permanent HCPCS J-code that may facilitate reimbursement in all hospital outpatient departments, freestanding emergency facilities, and CAHs in the United States.

HCPCS code	Description	NDC	Vial size	Billing units
J7169	Injection, coagulation factor Xa (recombinant), inactivated-zhzo (ANDEXXA), 10 mg	0310-3200-01 ¹	200 mg	20 units
		0310-3200-04 ²	200 mg	20 units
		0310-3200-05 ²	200 mg	20 units

HCPCS modifiers used to report an amount of ANDEXXA administered and/or discarded^{7,8}

Modifiers provide a means to report or indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. The modifiers below may be applicable in physician offices and hospital outpatient departments.

Modifier	Description	Indication and placement
JW	Drug or biological amount discarded/not administered to any patient	Unused drug remains after the applicable dose is administered from a single-use vial - Centers for Medicare & Medicaid Services (CMS) has issued a discarded drug policy requiring use of the JW modifier; other payer requirements may vary - Typically, the modifier is appended to the drug HCPCS code on a line separate from that reporting the administered dose
JZ	Zero drug amount discarded/not administered to any patient	Modifier used to report no wastage from single-use vials - CMS claims should include the JZ modifier when no wastage has occurred; other payer requirements may vary - Typically, the modifier is appended to the drug HCPCS code on the same line

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

The most common adverse reactions ($\geq 5\%$) in bleeding patients receiving ANDEXXA were urinary tract infections and pneumonia.

DRUG INTERACTIONS

Do not use unfractionated heparin following ANDEXXA administration. Unresponsiveness to unfractionated heparin has occurred following ANDEXXA administration, characterized by non-prolongation of activated clotting times and requirement for increased dosing of heparin.

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Hospital Outpatient Coding and Payment (cont'd)

Current Procedural Terminology (CPT[®]) codes used to report the administration of ANDEXXA across all payers⁹

Multiple coding options are available to report the administration of ANDEXXA. The intravenous (IV) injection and IV infusion of ANDEXXA may be reported with 1 or more of the following CPT codes in hospital outpatient sites of care, including CAHs.

Submitting accurate codes and claims is important to ensure proper reimbursement of services. The table below lists **potential** CPT codes for your reference when submitting claims for ANDEXXA. Review the individual payer's policy to obtain appropriate administration codes.

CPT code	Description
XXXXX	Check payer's policy to obtain appropriate administration code.
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375*	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366*	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour
96367*	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour

*Add-on codes must be reported with the appropriate base procedure. Please review the *CPT 2023 Professional Edition* code book and consult with individual payers for appropriate reporting requirements.

IMPORTANT SAFETY INFORMATION (cont'd)

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Hospital Outpatient Coding and Payment (cont'd)

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes used to support the medical necessity of ANDEXXA⁶

The following ICD-10-CM codes may be appropriate to support the medical necessity of an ANDEXXA administration. Other codes may apply. All codes should be supported by medical record documentation.

ICD-10-CM code	Description
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
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Z79.01	Long term (current) use of anticoagulants

Hospitals and physicians are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, hospitals and physicians should review official payer instructions and requirements, confirm the accuracy of their coding or billing practices with these payers, and use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient as documented in the electronic medical record.

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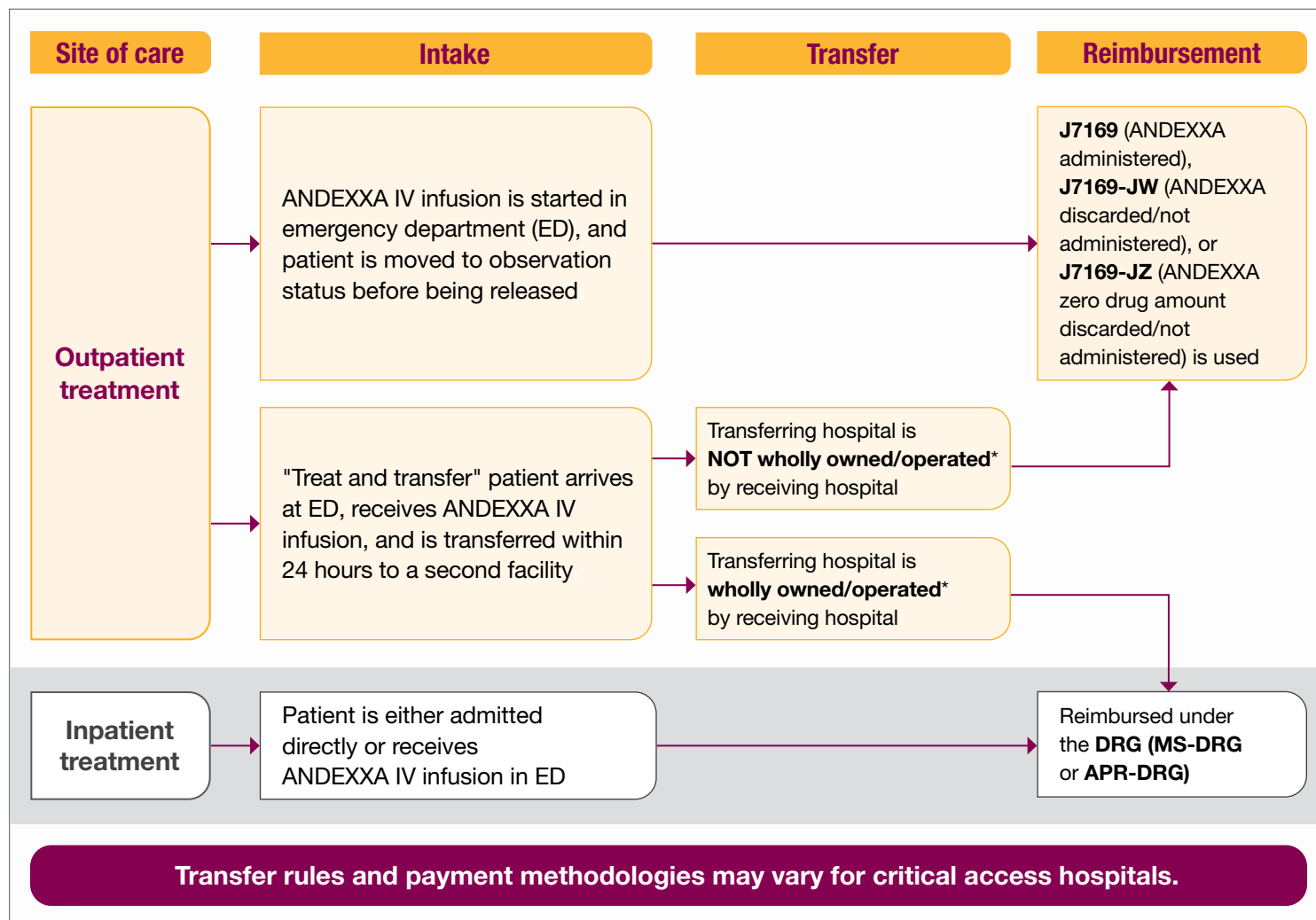
- Arterial and venous thromboembolic events
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Hospital Reimbursement

Examples of the hospital reimbursement process for ANDEXXA



*The transferring hospital/entity is wholly owned by the receiving hospital if the receiving hospital is the sole owner of the entity. The transferring hospital/entity is wholly operated by the receiving hospital if the receiving hospital has exclusive responsibility for conducting and overseeing the entity's routine operations, regardless of whether the receiving hospital also has policy-making authority over the entity.¹⁰

Individual payers, including Medicare, may have their own coverage pathways. Facilities, hospitals, and physicians should review official payer instructions and requirements as it is up to the facility, hospital, and/or physician to confirm accuracy of their coding or billing practices with the respective payer.

APR-DRG=All Patient Refined Diagnosis Related Group.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

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ANDEXXA Dosing: Calculation of Billing Units²

ANDEXXA has 2 dosing regimens, both of which require an initial IV bolus followed by a continuous IV infusion. The safety and effectiveness of more than 1 dose have not been evaluated.

ANDEXXA low dose

Initial IV bolus	Total number of 200-mg vials	5 vials × 20 units/vial = 100 BILLING UNITS*
400 mg	5	880 mg of administered drug = J7169 × 88 billing units
Continuous IV infusion	(2 vials IV bolus + 3 vials IV infusion)	120 mg of discarded drug = J7169-JW × 12 billing units
480 mg		

ANDEXXA high dose

Initial IV bolus	Total number of 200-mg vials	9 vials × 20 units/vial = 180 BILLING UNITS*
800 mg	9	1760 mg of administered drug = J7169 × 176 billing units
Continuous IV infusion	(4 vials IV bolus + 5 vials IV infusion)	40 mg of discarded drug = J7169-JW × 4 billing units
960 mg		

*Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on services performed within the medical facility.

IMPORTANT SAFETY INFORMATION (cont'd)

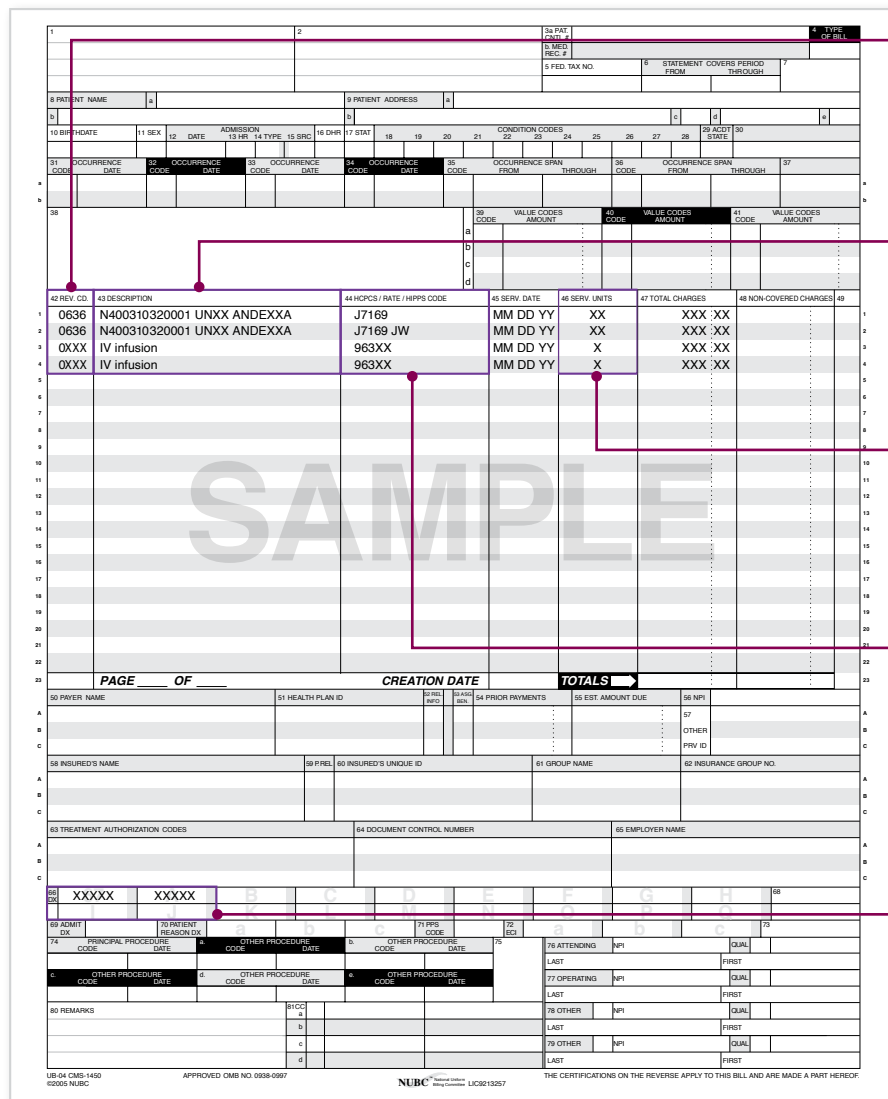
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ANDEXXA Sample Claim Form

A sample form is included in this section for your reference when filing reimbursement claims for administration of ANDEXXA. The UB-04 (or CMS-1450) form can be used for services provided in an institutional setting (eg, hospital outpatient departments and inpatient hospitals). The UB-04 form can be used for billing of institutional charges to most payers, including Medicare and Medicaid state agencies.



The image shows a sample UB-04 (CMS-1450) form with various fields filled out. Annotations with red lines point to specific sections of the form:

- Form Locator 42** points to the top section of the form, including fields for Patient Name, Address, and Insurance Information.
- Form Locator 43** points to the section for Procedure Codes (43) and Description (44).
- Form Locator 46** points to the section for Units (46) and Total Charges (47).
- Form Locator 44** points to the section for Insurance Information (50-59).
- Form Locator 67A-67Q** points to the section for Diagnosis Codes (76-79).

Form Locator 42

The following information is required:

- Revenue code corresponding to the code in Form Locator 44

Form Locator 43

Payer requirements differ and may include name of the product, NDC, or HCPCS, CPT, or Revenue Code description

Form Locator 46

The following information is required:

- Appropriate number of units for each product

Form Locator 44

The following information is required:

- Appropriate HCPCS and/or CPT code(s) (HCPCS and/or CPT code[s] for each product or procedure should be listed on separate lines)

Form Locator 67A-67Q

The following information is required:

- The primary ICD-10-CM diagnosis code on line A, the secondary diagnosis code on line B, the tertiary code on line C, etc

The suggestions contained on this form are for example only, and AstraZeneca makes no representation that the information is accurate or that it will comply with the requirements of any particular payer/insurer. Providers are solely responsible for determining the billing and coding requirements applicable to any payer/insurer. The information provided here is not intended to be conclusive or exhaustive and is not intended to replace the guidance of a qualified professional advisor. AstraZeneca makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

IMPORTANT SAFETY INFORMATION (cont'd)

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IMPORTANT SAFETY INFORMATION (cont'd)

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You may [report side effects related to AstraZeneca products](#).

For 24/7 clinical and reconstitution support for ANDEXXA, call 1-866-ANDEXXA.

For more information, please contact AstraZeneca Access 360™ at **1-844-ASK-A360**, Monday through Friday, 8 AM - 6 PM ET.



1-844-ASK-A360 (1-844-275-2360)



www.MyAccess360.com



1-844-FAX-A360 (1-844-329-2360)



Access360@AstraZeneca.com



One MedImmune Way, Gaithersburg, MD 20878

References: 1. National Institutes of Health DailyMed. Label: ANDEXXA- andexanet alfa injection, powder, lyophilized, for solution. Accessed October 18, 2024. <https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=2d9d90a6-63e6-46ef-96ff-dd6519ae7b6c> 2. ANDEXXA® (coagulation factor Xa [recombinant], inactivated-zhzo) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2025. 3. Centers for Medicare & Medicaid Services. MS-DRG classifications and software. Accessed October 1, 2024. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/ms-drg-classifications-and-software> 4. Centers for Medicare & Medicaid Services. Outlier payments. Accessed October 1, 2024. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/outlier> 5. Centers for Medicare & Medicaid Services. 2025 ICD-10-PCS Codes File (ZIP). Accessed October 1, 2024. <https://www.cms.gov/files/zip/2025-icd-10-pcs-codes-file.zip> 6. Centers for Medicare & Medicaid Services. 2025 Code Descriptions in Tabular Order (ZIP). Accessed October 1, 2024. <https://www.cms.gov/files/zip/2025-code-descriptions-tabular-order.zip> 7. Centers for Medicare & Medicaid Services. HCPCS quarterly update. Accessed October 1, 2024. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update> 8. Centers for Medicare & Medicaid Services. Discarded drugs and biologicals – JW modifier and JZ modifier policy frequently asked questions. Accessed October 1, 2024. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 9. American Medical Association. CPT 2023 Professional Edition. 2022. Accessed October 1, 2024. <https://aapc.vitalsource.com/#/> 10. Centers for Medicare & Medicaid Services. Frequently asked questions CR 7502. Accessed October 1, 2024. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/downloads/cr7502-faq.pdf>