

Andexxa — HCPCS J7169 · Andexanet Alfa Factor Xa Reversal

CARECOST ESTIMATE · BILLING CHEAT SHEET

AstraZeneca / Alexion (acquired from Portola) 200 mg single-dose lyophilized vials IV bolus + 120-min infusion ED single-encounter use

Reviewed: May 22, 2026

#1 BILLER RULE — Andexxa reverses APIXABAN or RIVAROXABAN only. NOT for dabigatran (use Praxbind / idarucizumab, J1746). NOT for warfarin (use 4F-PCC / Kcentra, J7168 + vit K). Edoxaban = off-label, generally denied. Confirm the patient's actual anticoagulant from the med rec, NOT a verbal handoff. Document **last DOAC dose time** in the ED chart — absence is the #1 denial driver.

HCPCS J7169 10 mg = 1 unit	LOW DOSE 880 mg = 88 units	HIGH DOSE 1,760 mg = 176 units	BOLUS CPT 96374 + 96365/96366 infusion	TIME WINDOW ≤18 hr from last DOAC dose	WAC / ENCOUNTER \$22.5K–\$45K low → high, single use
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REVERSAL-AGENT MAP — PICK BY ANTICOAGULANT CLASS

PATIENT WAS ON	REVERSAL AGENT	HCPCS
Apixaban (Eliquis)	Andexxa	J7169
Rivaroxaban (Xarelto)	Andexxa	J7169
Edoxaban (Savaysa)	Off-label (4F-PCC standard)	J7168
Dabigatran (Pradaxa)	Praxbind (idarucizumab)	J1746
Warfarin	4F-PCC (Kcentra) + vit K	J7168
Heparin / LMWH	Protamine sulfate	J2720

Categorical denials: Andexxa for dabigatran, warfarin, or no-bleeding-event = denied.

LOW VS HIGH DOSE DECISION (FDA LABEL)

LAST DOAC DOSE	TIMING	TIER
Apixaban <5 mg OR Rivaroxaban ≤10 mg	≥8 hr ago	LOW
Apixaban ≥5 mg OR Rivaroxaban >10 mg	Any	HIGH
Any dose	<8 hr or unknown	HIGH

- LOW:** 400 mg bolus + 4 mg/min × 120 min = 880 mg total = **88 units J7169**
- HIGH:** 800 mg bolus + 8 mg/min × 120 min = 1,760 mg total = **176 units J7169**

Unknown timing within 8 hr = default HIGH dose per FDA label. Don't delay reversal to extract a precise history.

ADMIN CODES — BOLUS + INFUSION STACK

CODE	WHEN
96374	IV push, single/initial substance (BOLUS 15-30 min)
96365	Therapeutic IV initial, 1 hr (infusion hour 1) — mod 59/XS
96366	Each additional hour (infusion hour 2)
96413	NOT appropriate — not chemo

Typical stack: 96374 ×1 + 96365 ×1 + 96366 ×1. Total encounter ~2-3 hr.

JW / JZ — 200 MG SDV ACCOUNTING

TIER	VIALS DRAWN	JW DISCARD
LOW (880 mg)	5 × 200 mg = 1,000 mg	JW 12 units (120 mg)
HIGH (1,760 mg)	9 × 200 mg = 1,800 mg	JW 4 units (40 mg)

Two J7169 lines on claim: admin line (88 or 176 units) + JW discard line. Reconcile to pharmacy prep log.

ICD-10 — BLEEDING EVENT + DOAC USE

CODE	FOR
I60-I62	Intracranial hemorrhage (SAH/ICH/SDH/EDH) — most common primary
K92.0-K92.2	GI hemorrhage (hematemesis, melena, unspecified)
K25.x / K26.x	Gastric / duodenal ulcer with hemorrhage
T45.515A	Anticoagulant adverse effect (REQUIRED secondary)
Z79.01	Long-term anticoagulant use (REQUIRED secondary)
R57.1 / D62	Hypovolemic shock / acute posthemorrhagic anemia (severity)
I48.x	Atrial fib (underlying DOAC indication)

Two-secondary rule: T45.515A + Z79.01 both required to lock in the "patient was on a DOAC" narrative.

NDC (SINGLE-SOURCE)

MFR	NDC (11-DIGIT)	PACKAGE
Alexion / AZ	10599-0001-01	200 mg single-dose lyo vial

No generic, no biosimilar. Single manufacturer.

SITE OF CARE

SETTING	POS	NOTES
ED (HOPD)	23	Primary site. Part B if drug given pre-admit order
Inpatient ICU	21	DRG-bundled if admit order precedes drug
Observation (HOPD)	22	Separately billable
Office / AIC / Home	11 / 49 / 12	NOT appropriate — emergency-use only

Outpatient-to-inpatient conversion is the operationally messy case. Document admission order timestamp relative to drug administration.

TOP DENIALS

1. **Anticoagulant timing not documented** — need last-dose time within 18-24 hr
2. **Wrong DOAC** — Andexxa for dabigatran (use Praxbind) or edoxaban (off-label)
3. **Bleeding severity not documented** — need "life-threatening / uncontrolled" criterion (Hb drop, transfusion, ICU, neurologic exam)
4. **Wrong CPT** — 96413 chemo billed instead of 96374/96365
5. **Dose stratification not justified** — chart must cite the FDA-label rule
6. Missing T45.515A / Z79.01 secondary codes
7. JW missing on discard line (12 units low / 4 units high)
8. Encounter-type mismatch (Part B vs Part A timing)

PATIENT ASSISTANCE — LIMITED

- **AstraZeneca Access 360 / Alexion OneSource** — institutional benefits/PA/appeals support (not direct patient enrollment)
- **No copay card** — emergency single-encounter drug; patient is not point-of-payment
- Hospital charity care covers uninsured ED patients
- 340B-eligible at DSH/CAH/rural hospitals (institutional lever)
- No dedicated foundation funds for factor Xa reversal

BOXED WARNING: Arterial & venous thromboembolic events, ischemic stroke, MI, cardiac arrest, sudden death. ANNEXA-4 ~10% thromboembolic rate. **Reinitiate VTE prophylaxis as soon as medically appropriate.** Document boxed-warning risk discussion in chart.