

Reimbursement Coding

Hospital Inpatient¹

Indications

Activase® (alteplase) is indicated for the treatment of acute ischemic stroke (AIS). Exclude intracranial hemorrhage as the primary cause of stroke signs and symptoms prior to initiation of treatment. Initiate treatment as soon as possible but within 3 hours after symptom onset.

Activase is indicated for the lysis of acute massive pulmonary embolism (PE), defined as:

- Acute pulmonary emboli obstructing blood flow to a lobe or multiple lung segments.
- Acute pulmonary emboli accompanied by unstable hemodynamics, e.g., failure to maintain blood pressure without supportive measures.

Important Safety Information

Contraindications

Do not administer Activase to treat acute ischemic stroke in the following situations in which the risk of bleeding is greater than the potential benefit: current intracranial hemorrhage (ICH); subarachnoid hemorrhage; active internal bleeding; recent (within 3 months) intracranial or intraspinal surgery or serious head trauma; presence of intracranial conditions that may increase the risk of bleeding; bleeding diathesis; and current severe uncontrolled hypertension.

Do not administer Activase to treat pulmonary embolism in the following situations in which the risk of bleeding is greater than the potential benefit: active internal bleeding; history of recent stroke; recent (within 3 months) intracranial or intraspinal surgery or serious head trauma; presence of intracranial conditions that may increase the risk of bleeding; bleeding diathesis; and current severe uncontrolled hypertension.

Please see additional Important Safety Information on page 4 and full [Prescribing Information](#).

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Hospitals use the International Classification of Diseases (ICD) code sets to report medical diagnoses and procedures associated with inpatient stays. On October 1, 2015, the tenth revision of these codes (ICD-10) replaced the previous ninth revision (ICD-9) codes. Prior to October 1, 2015, hospitals had to still use existing ICD-9 codes; after this deadline, claims with ICD-9 codes are no longer processed.

ICD-10-CM diagnosis codes are used for diagnosis coding, and ICD-10-PCS codes are used for inpatient procedure coding. Whereas diagnosis coding remains similar to ICD-9 coding, procedure coding under ICD-10-PCS is much more specific and substantially different than the ICD-9 system. All appropriate ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes should be reported on the claim form to the highest level of specificity. Some payers may require additional coding and patient-specific clinical information to determine coverage and payment for the inpatient stay.

Hospitals should code all diagnoses and procedures appropriately. **Please consult payers to verify appropriate codes and learn about payer coverage policies, reimbursement rates, or billing requirements.**

New ICD-10-CM Diagnosis Codes Old ICD-9-CM Diagnosis Codes

STROKE			
163.0	Cerebral infarction due to thrombosis of precerebral artery	433.x1	Occlusion and stenosis of precerebral arteries, with cerebral infarction
163.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	434.x1	Occlusion of cerebral arteries, with cerebral infarction
163.033	Cerebral infarction due to thrombosis of bilateral carotid arteries		
163.1	Cerebral infarction due to embolism of precerebral artery		
163.113	Cerebral infarction due to embolism of bilateral vertebral arteries		
163.133	Cerebral infarction due to embolism of bilateral carotid arteries		
163.2	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries		
163.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries		
163.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries		
163.3	Cerebral infarction due to thrombosis of cerebral arteries		
163.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries		
163.323	Cerebral infarction due to thrombosis of bilateral anterior arteries		
163.333	Cerebral infarction due to thrombosis of bilateral posterior arteries		
163.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries		

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New ICD-10-CM Diagnosis Codes (continued)

Old ICD-9-CM Diagnosis Codes (continued)

STROKE	
163.4xx	Cerebral infarction due to embolism of cerebral arteries
163.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
163.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
163.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
163.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
163.5	Cerebral infarction due to unspecified occlusion or stenosis of cerebral artery
163.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
163.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
163.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
163.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
163.6	Cerebral infarction due to venous thrombosis, nonpyogenic
163.8	Other specified cerebral infarction
163.9	Unspecified cerebral infarction

PULMONARY EMBOLISM (PE)			
126.02	Saddle embolus of pulmonary artery with acute cor pulmonale	415.11	Iatrogenic pulmonary embolism
126.09	Other PE with acute cor pulmonale	415.19	Pulmonary embolism and infarction, other
126.92	Saddle embolus of pulmonary artery without cor pulmonale		
126.99	Other PE without acute cor pulmonale		

New ICD-10-PCS Procedure Code

Old ICD-9-CM Procedure Code

STROKE AND PULMONARY EMBOLISM			
3E03317	Infusion or injection of Activase® (alteplase)	99.10	Infusion or injection of Activase

Please see additional Important Safety Information on page 4 and full [Prescribing Information](#).

The submission and completion of reimbursement- or coverage-related documentation are the responsibility of the patient and healthcare provider. Genentech, Inc. and its affiliates make no representation or guarantees concerning reimbursement for any service or item.

Important Safety Information (cont'd)

Warnings and Precautions

Bleeding

Activase can cause significant, sometimes fatal, internal or external bleeding, especially at arterial and venous puncture sites. Avoid intramuscular injections and trauma to the patient. Fatal cases of hemorrhage associated with traumatic intubation in patients administered Activase have been reported. Heparin, aspirin, or Activase may cause bleeding complications; therefore carefully monitor for bleeding. If serious bleeding occurs, terminate the Activase infusion.

Orolingual Angioedema

Monitor patients during and for several hours after infusion for orolingual angioedema. If angioedema develops, discontinue the Activase infusion and promptly institute appropriate therapy.

Cholesterol Embolization

Cholesterol embolism, sometimes fatal, has been reported rarely in patients treated with thrombolytic agents.

Reembolization of Deep Venous Thrombi during Treatment for Acute Massive Pulmonary Embolism

Activase has not been shown to treat adequately underlying deep vein thrombosis in patients with PE. Consider the possible risk of reembolization due to the lysis of underlying deep venous thrombi in this setting.

Coagulation Tests May be Unreliable during Activase Therapy

Coagulation tests and/or measures of fibrinolytic activity may be unreliable during Activase therapy.

Adverse Reactions

The most frequent adverse reaction associated with Activase AIS therapy is bleeding.

Allergic-type reactions, e.g., anaphylactoid reaction, laryngeal edema, orolingual angioedema, rash, and urticaria have been reported.

Please see full [Prescribing Information](#) for additional Important Safety Information.

Reference: 1. Please consult the Centers for Medicare & Medicaid Services (CMS) for specific information and requirements.