

2019 Coding Guide

Diagnostic and Billing Codes for Voraxaze®

DISCLAIMER:

Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. This reference guide makes no guarantee of coverage or reimbursement of fees. Contact a local Medicare Fiscal Intermediary, Carrier or CMS for specific information regarding coverage, coding and payment. To the extent that cost information is submitted to Medicare, Medicaid or any other reimbursement program to support claims for services or items, there is an obligation to accurately report the actual price paid for such items, including any subsequent adjustments.

Procedure and Diagnosis Codes

ICD-10 Procedure Codes

ICD-10-PCS Procedure Codes	Description
3E033GQ	Introduction of Glucarpidase, Peripheral Vein, Perc Approach
3E043GQ	Introduction of Glucarpidase, Central Vein, Perc Approach

ICD-10 Diagnosis Codes

Medicare's recently updated MS-DRG grouper program (v36). The grouper program no longer allows use of the following codes as the primary diagnosis on a patient's claim:

ICD-10-CM Diagnosis Codes	Description
T451X5A	Adverse effect of antineoplastic and immunosup drugs, init
T451X5D	Adverse effect of antineoplastic and immunosup drugs, subs
T451X5S	Adverse effect of antineopl and immunosup drugs, sequela

The ICD-10-CM cancer diagnosis will be the primary diagnosis.

ICD-10-CM=International Classification of Diseases, Tenth Revision.

ICD-10 PCS = International Classification of Diseases, Tenth Revision, Procedure Coding System

HCPCS=Healthcare Common Procedure Coding System.

NDC = National Drug Code

Reimbursement Questions and Support

Voraxaze@btgplc.com

1-844-293-0007

Option 4

MS-DRG Codes

Final DRG assignment will vary depending on the patient's severity of illness/risk of mortality. Principal diagnosis will drive the decision. Please choose the most appropriate code based upon the patient's medical necessity.

Voraxaze® (Glucarpadise) Codes

Payers may require the NDC or HCPCS to be submitted on the claim.

HCPCS

HCPCS	Description
C9293	Injection, glucarpidase 10 units

NDC

NDC	Description
50633-210-11	Use NDC#: 50633-0210-11 when 11 digits are required

Indication and Limitations of Use

- Voraxaze® (glucarpidase) is indicated for the treatment of toxic plasma methotrexate concentrations (>1 µmol/L) in patients with delayed methotrexate clearance due to impaired renal function
- Voraxaze® is not indicated for use in patients who exhibit the expected clearance of methotrexate (plasma methotrexate concentrations within 2 standard deviations of the mean methotrexate excretion curve specific for the dose of methotrexate administered) or those with normal or mildly impaired renal function because of the potential risk of subtherapeutic exposure to methotrexate

Important Safety Information

Adverse Reactions

- In clinical trials, the common related adverse events (occurring in >1% of patients) were paresthesias, flushing, nausea and/or vomiting, hypotension, and headache

Warnings and Precautions

Serious Allergic Reactions

- Serious allergic reactions, including anaphylactic reactions, may occur

Monitoring Methotrexate Concentration/Interference with Assay

- Methotrexate concentrations within 48 hours following Voraxaze® administration can only be reliably measured by a chromatographic method due to interference from metabolites. Measurement of methotrexate concentrations within 48 hours of Voraxaze® administration using immunoassays can overestimate the methotrexate concentration

Continuation and Timing of Leucovorin Rescue

- Leucovorin should not be administered within 2 hours before or after Voraxaze® dose because leucovorin is a substrate for Voraxaze®
- For the first 48 hours after Voraxaze®, administer the same leucovorin dose as given prior to Voraxaze®. Beyond 48 hours after Voraxaze®, administer leucovorin based on the measured methotrexate concentration
- Do not discontinue therapy with leucovorin based on the determination of a single methotrexate concentration below the leucovorin treatment threshold
- Therapy with leucovorin should be continued until the methotrexate concentration has been maintained below the leucovorin treatment threshold for a minimum of 3 days
- Continue hydration and alkalinization of the urine as indicated

Please see accompanying full Prescribing Information.

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www.voraxaze.com

VORAXAZE[®]
(glucarpidase)
1000 units/vial for intravenous injection