Coding Guide

Diagnostic and Billing Codes for Voraxaze®

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

DISCLAIMER:

The following publicly available information is presented for illustrative purposes only and is not intended to provide coding, reimbursement, treatment, or legal advice. It is not intended to guarantee, increase, or maximize reimbursement by any payer. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Individual coding decisions should be based upon diagnosis and treatment of individual patients. SERB does not warrant, promise, guarantee, or make any statement that the codes supplied in this guide are appropriate or that the use of this information will result in coverage or payment for treatment using Voraxaze® or that any payment received will cover providers' costs. SERB is not responsible for any action providers take in billing for, or appealing Voraxaze® claims. 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, should confirm the accuracy of their coding or billing practices with these payers, and should use independent judgment when selecting codes that most appropriately describe the services or supplies furnished to a patient. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate. While we have made an effort to be current as of the issue date of this document, the information may not be current when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage, coding, and payment policies. Please consult with your legal counsel or reimbursement specialists.

Procedure and Diagnosis Codes

ICD-10 Procedure Codes

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

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

HCPCS Code

HCPCS Code	Description
C9293*	Injection,glucarpidase, 10 units

**Note: May be reported for inventory and tracking purposes*

ICD-10 Diagnosis Codes

When a patient is admitted for management of a malignancy, the malignancy code is typically assigned as the principal diagnosis.

In cases where a documented adverse effect of chemotherapy or immunosuppressive therapy occurs, the ICD-10-CM Official Guidelines direct coders to report the condition caused by the drug first, followed by a code from category T45.1X5 to identify the adverse effect.

Code assignment and sequencing are determined by the provider's clinical documentation and the facility's coding professionals.

ICD-10-CM Diagnosis Codes	Description
T451X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T451X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T451X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela

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

MS-DRG Codes

Final DRG assignment is primarily determined by the principal diagnosis and additional diagnoses as well as the procedures provided. Provider should code to the highest level of specificity possible.

Voraxaze® (glucarpidase) Codes

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

NDC

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

NDC = National Drug Code

Indications & Limitations of Use

- Voraxaze®is a carboxypeptidase indicated to reduce toxic plasma methotrexate concentration (greater than 1 micromole per liter) in adult and pediatric patients with delayed methotrexate clearance (plasma methotrexateconcentrations greater than 2 standard deviations of the mean methotrexate excretion curve specific for thedose of methotrexate administered) due to impaired renal function
- Limitations of Use: Voraxaze®is not recommended for use in patients who exhibit the expected clearance andexpected plasma methotrexate concentration. Reducing plasma methotrexate concentration in these patientsmay result in subtherapeutic exposure to methotrexate

Important Safety Information

Warnings and Precautions
Serious Hypersensitivity Reactions

- Serious hypersensitivity reactions, including anaphylactic reactions, may occur. Serious hypersensitivity reactionsoccurred in less than 1% of patients

Reimbursement Questions and Support

Voraxaze@serb.com

1-844-293-007

www.voraxaze.com

Important Safety Information (continued)

Monitoring Methotrexate Concentration/Interference with Assay

- Methotrexate concentrations within 48 hours following Voraxaze®administration can only be reliably measured bya chromatographic method due to interference from metabolites. Measurement of methotrexate concentrationswithin 48 hours of Voraxaze®administration using immunoassays results in an overestimation of themethotrexate concentration

ADVERSE REACTIONS

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

DRUG INTERACTIONS

- Voraxaze®can decrease leucovorin concentration, which may decrease the effect of leucovorin rescue unlessleucovorin is dosed as recommended, and may also reduce the concentrations other folate analogs or folateanalog metabolic inhibitors

SERB Pharmaceuticals

24-Hour Medical Information: 1-877-377-3784
Customer Service: 1-844-293-0007 US-VRX-2600015 / March 2026

Scan QR Code for Full Prescribing Information

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