

2020 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

NDC = National Drug Code

Reimbursement Questions and Support

Voraxaze@btgplc.com

1-844-293-0007

www.voraxaze.com

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® (Glucarpidase) Codes

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

NDC

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

Please see full Prescribing Information at www.voraxaze.com.

Indication and 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 methotrexate concentrations greater than 2 standard deviations of the mean methotrexate excretion curve specific for the dose of methotrexate administered) due to impaired renal function
- Limitations of Use: Voraxaze® is not recommended for use in patients who exhibit the expected clearance and expected plasma methotrexate concentration. Reducing plasma methotrexate concentration in these patients may 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 reactions occurred in less than 1% of patients

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 results in an overestimation of the methotrexate 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 unless leucovorin is dosed as recommended, and may also reduce the concentrations other folate analogs or folate analog metabolic inhibitors

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24-hour Medical Information: 1-877-377-3784
Customer Service: 1-844-293-0007

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