

Thyrogen (thyrotropin alfa)

Billing and Coding Guide

For Physician's Offices and Hospitals

The following is provided for informational purposes only and is not intended to substitute for the physician's independent diagnosis or treatment of each patient. Providers are responsible for the accuracy and validity of any claims, invoices, and related documentation submitted to payers. Physicians should contact the payer if they have any specific questions about coverage or payment. Any specific guidance or direction on the submission of claims offered by the payer supersedes the codes listed below. Use of the following codes does not guarantee reimbursement.

PHYSICIANS' OFFICES **Should always use the CMS 1500 Forms to make claims for Thyrogen**
(Please Refer to Sample CMS 1500 form on Page 4)

HOSPITALS **Should always use the UB-04 to make claims for Thyrogen**
(Please Refer to Sample UB 04 Form on Page 5)

BILLING MEDICAID

Coverage for Thyrogen under a state Medicaid program may be provided as either a pharmacy benefit or a medical benefit. This will vary from state to state.

Pharmacy benefit claims may be submitted electronically by an approved specialty pharmacy.

Paper claims for either pharmacy or medical benefits may be submitted using the UB-04 form or a similar billing form approved by the state Medicaid office.

Medicaid claims for Thyrogen may be submitted using the CPT-4 code or the NDC code, whichever is appropriate for the specific state program.

BILLING MEDICARE

All services and supplies, including drugs, must represent an expense to the hospital in connection with the physician's treatment of patients in an outpatient setting.

Revenue code 636 may be required by the institution's fiscal intermediary.

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CATEGORY	CODE	DESCRIPTION
Revenue	250	Pharmacy, general
Revenue	636	Drugs requiring detailed coding
HCPCS	J3240	Thyrogen, 0.9 mg
CPT-4	96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
Service Units	1**	Thyrogen, 0.9 mg
ICD-10	C 73	Malignant neoplasm of the thyroid gland
NDC	58468-0030-2	Thyrogen®, 0.9 mg (2 vials Thyrogen)

**** EACH THYROGEN KIT CONTAINS 2 VIALS OF THYROGEN
ON THE BILLING FORM, EACH VIAL SHOULD BE LISTED AS A SEPARATE LINE ITEM FOR
THE DATE IT WAS ADMINISTERED**



ThyrogenONE
Ordering and Reimbursement

Streamlined resources from ThyrogenONE®

ThyrogenONE provides a single point of access



**Same-day benefit verification and
patient assistance**

24/7 access through the online portal.

Monday through Friday 8 am - 8 pm ET

Phone: **1-88-THYROGEN (1-888-497-6436)**

Fax: **1-888-326-1002**

Web: **www.THYROGEN.com**

Adverse reactions should be reported promptly to Sanofi Genzyme Medical Information at: 1-800-745-4447, Option 2

The CMS 1500 for Physician Office

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Doe, John D

3. PATIENT'S BIRTH DATE
XX XX XX SEX **M**

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
Doe, John D

5. PATIENT'S ADDRESS (No., Street)
5555 Any Street

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PRODUCT CODE (BOX 24D)
Document use of product with **J3240** (Thyrogen, 0.9mg) mg.

13. DIAGNOSIS CODE (BOX 21)
Document appropriate ICD-10-CM diagnosis code(s) corresponding to patient's diagnosis.
Line A — primary diagnosis code.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)
XX XX XX QUAL.

15. OTHER DATE
XX XX XX QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM **MM DD YY** TO **MM DD YY**

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a. NPI
17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM **MM DD YY** TO **MM DD YY**

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)
A. **C73**

24. A. DATE(S) OF SERVICE From **MM DD YY** To **MM DD YY** B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-10-CM I. ID. J. RENDERING PROVIDER ID. #

01	01	16	01	01	16	J3240	A,B,C	XXX	XX	1
01	01	16	01	01	16	96372	A,B,C	XXX	XX	1
01	02	16	01	02	16	J3240				
01	02	16	01	02	16	96372				

25. FEDERAL TAX I.D. NUMBER

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR PROVIDER (Including Degrees or CF) I certify that the statements on apply to this bill and are made

33. BILLING PROVIDER INFO & PH #

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

UB-04 Claim Form for Outpatient Hospitals

DISCLAIMER: This is a reference sheet only. It is NOT inclusive of all applicable codes that may be reported on a UB-04 claim form. The inclusion of codes listed is not intended to suggest or imply that such codes reflect appropriate diagnoses for any particular patient. To ensure appropriate documentation and coding, Providers should contact their billing/finance department.

1. Anywhere Medical Center
111 ABC St
Anywhere, CA 00001

2. PATIENT NAME **DOE, JOHN W**

3. PATIENT ADDRESS **123 MAIN ST**

4. TYPE OF BILL **13X**

5. MED. REG. #

6. PAT. CNTL. #

7. FED. TAX ID #

8. BIRTHDATE

9. SEX

10. ADMISSION DATE

11. ADMISSION TYPE

12. SRC

13. DHR

14. STAT

15. CONDITION CODES

16. ACCT STATE

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Thyrogen[®] (thyrotropin alfa) for intramuscular use

INDICATIONS AND USAGE

Thyrogen[®] (thyrotropin alfa) is a thyroid stimulating hormone indicated for:

Adjunctive Diagnostic Tool for Well-Differentiated Thyroid Cancer: Use as an adjunctive diagnostic tool for serum thyroglobulin (Tg) testing with or without radioiodine imaging in the follow-up of patients with well-differentiated thyroid cancer who have previously undergone thyroidectomy.

Limitations of Use:

- Thyrogen-stimulated Tg levels are generally lower than, and do not correlate with Tg levels after thyroid hormone withdrawal.
- Even when Thyrogen-Tg testing is performed in combination with radioiodine imaging, there remains a risk of missing a diagnosis of thyroid cancer or underestimating the extent of the disease.
- Anti-Tg Antibodies may confound the Tg assay and render Tg levels uninterpretable.

Adjunct for Thyroid Remnant Ablation in Well-Differentiated Thyroid Cancer: Use as an adjunctive treatment for radioiodine ablation of thyroid tissue remnants in patients who have undergone a near-total or total thyroidectomy for well-differentiated thyroid cancer and who do not have evidence of distant metastatic thyroid cancer.

Limitations of Use:

- The effect of Thyrogen on thyroid cancer recurrence greater than 5 years post-remnant ablation has not been evaluated.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

If Thyrogen is administered with radioiodine, the contraindications to radioiodine also apply to this combination regimen. Refer to the radioiodine prescribing information for a list of contraindications for radioiodine

WARNINGS AND PRECAUTIONS

Thyrogen-Induced Hyperthyroidism:

There have been reports of death in non-thyroidectomized patients and in patients with distant metastatic thyroid cancer in which events leading to death occurred within 24 hours after administration of Thyrogen. Caution should be exercised in patients who have substantial thyroid tissue still in situ or functional thyroid cancer metastases, specifically in the elderly and those with a known history of heart disease.

Hospitalization for administration of Thyrogen and post-administration observation in patients at risk should be considered.

Stroke:

There are post marketing reports of stroke in young women with risk factors for stroke, and neurological findings suggestive of stroke (e.g., unilateral weakness) occurring within 72 hours of Thyrogen administration in patients without known central nervous system metastases. The relationship between Thyrogen administration and stroke is unknown. Patients should be well-hydrated prior to treatment with Thyrogen.

Sudden Rapid Tumor Enlargement:

Sudden, rapid and painful enlargement of residual thyroid tissue or distant metastases can occur following treatment with Thyrogen. Pretreatment with glucocorticoids should be considered for patients in whom tumor expansion may compromise vital anatomic structures.

Risks Associated with Radioiodine Treatment:

If THYROGEN is administered with radioiodine (RAI), the warnings and precautions for RAI apply to this combination regimen. Refer to the RAI prescribing information for a full list of the warnings and precautions for RAI.

ADVERSE REACTIONS

The most common adverse reactions reported in clinical trials were nausea and headache.

USE IN SPECIFIC POPULATIONS

Pregnancy: If THYROGEN is administered with radioiodine, the combination regimen is contraindicated in pregnant women.

Available data with THYROGEN use in pregnant women are insufficient to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes.

Lactation: The concomitant use of THYROGEN and radioiodine (RAI) is contraindicated in lactating women. If THYROGEN is administered with RAI for diagnostic use, discontinue breastfeeding after RAI administration because of the potential for serious adverse reactions from RAI in the breastfed infant.

If THYROGEN is not administered with RAI, the developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for THYROGEN and any potential adverse effects on the breastfed child. There are no available data on the presence of thyrotropin alfa in human milk, the effects on the breastfed infant, or the effects on milk production.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established.

Geriatric Use: Results from controlled trials do not indicate a difference in the safety and efficacy of Thyrogen between adult patients less than 65 years and those over 65 years of age.

Renal Impairment: Elimination of Thyrogen is significantly slower in dialysis-dependent end stage renal disease patients, resulting in prolonged elevation of TSH levels..

[Click here for full Prescribing Information](#)