

# Thyrogen (thyrotropin alfa) **Billing** **and Coding Guide**

## For Physician's Offices and Hospitals

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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.

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**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 vial of Thyrogen must be a separate line item on the UB-04 form. A Thyrogen kit contains 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**



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

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

 Web: **[www.THYROGEN.com](http://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

PICA <input type="checkbox"/>												PICA <input type="checkbox"/>																	
1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)		TRICARE <input type="checkbox"/> (ID#/DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA BLK LUNG <input type="checkbox"/> (ID#)		OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)																
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Doe, John D</b>						3. PATIENT'S BIRTH DATE MM DD YY <b>XX XX XX</b> M <input type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>Doe, John D</b>																				
5. PATIENT'S ADDRESS (No., Street) <b>5555 Any Street</b>						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>						7. INSURED'S ADDRESS (No., Street)																	
CITY <b>Anytown</b>				STATE <b>AS</b>		8. RESERVED FOR NUCC USE						CITY		STATE															
ZIP CODE <b>01010</b>				TELEPHONE (Include Area Code) <b>(xxx)xxx-xxxx</b>		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						ZIP CODE		TELEPHONE (Include Area Code) <b>( )</b>															
a. OTHER INSURED'S POLICY OR GROUP NUMBER						10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO						11. INSURED'S POLICY GROUP OR FECA NUMBER																	
b. RESERVED FOR NUCC USE						a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>						b. OTHER CLAIM ID (Designated by NUCC)																	
c. RESERVED FOR NUCC USE						c. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC)																	
d. INSURANCE PLAN NAME OR PROGRAM NAME						12. PRODUCT CODE (BOX 24D) Document use of product with <b>J3240</b> (Thyrogen, 0.9mg) mg.						DIAGNOSIS CODE (BOX 21) Document appropriate ICD-10-CM diagnosis code(s) corresponding to patient's diagnosis. Line A — primary diagnosis code.																	
SIGNED _____ DATE _____												13. COMPLETEING & SIGNING THIS FORM. I authorize the release of any medical or other information for my benefit either to myself or to the party who accepts assignment of benefits.		14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. <b>XX XX XX</b>		15. OTHER DATE QUAL. MM DD YY		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. _____ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10-CM A. <b>C73</b> B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____													
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) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSON Family Plan		I. ID, QUAL.		J. RENDERING PROVIDER ID, #											
1 <b>01 01 16 01 01 16</b>						<b>J3240</b>		<b>A,B,C</b>		<b>xxx   xx</b>		<b>1</b>						SERVICE UNITS (BOX 24G) Report unit of service. For example, 1 unit (Thyrogen® dose is 0.9 mg, per label).											
2 <b>01 01 16 01 01 16</b>						<b>96372</b>		<b>A,B,C</b>		<b>xxx   xx</b>		<b>1</b>																	
3 <b>01 02 16 01 02 16</b>						<b>J3240</b>																							
4 <b>01 02 16 01 02 16</b>						<b>96372</b>																							
*Dates are examples of administering Thyrogen on 2 consecutive days																													
5																													
6																													
25. FEDERAL TAX I.D. NUMBER												28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use													
31. SIGNATURE OF PHYSICIAN (Including degrees or other credentials) (I certify that the statements on this bill are made in good faith and are true and correct.)												32. BILLING PROVIDER INFO & PH #		33. BILLING PROVIDER INFO & PH # ( )															
SIGNED _____												a. <b>NPI</b>		b. _____															

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be directive; the use of the recommended codes does not guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

## 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	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
10 PATIENT NAME	11 DOE, JOHN W	12 PATIENT ADDRESS	13 123 MAIN ST	14 CITY	15 ANYWHERE	16 STATE	17 CA	18 ZIP	19 00001	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200									
40 REVENUE CODE	41 0250	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200																																							
43 DESCRIPTION	44 INJECTION, THYROGEN	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200																																										
44 HCPCS CODE	45 96372	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200																																											
46 SERVICE DATE	47 MMDDYY	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200																																													
49 SERVICE UNITS	50 X	51	52	53	54	55																																																																																																																																																																																																	

Thyrogen<sup>®</sup> (thyrotropin alfa), for intramuscular use

#### INDICATIONS AND USAGE

Thyrogen<sup>®</sup> (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.

Please click [here](#) for full Prescribing Information