

AXUMIN[®]

Fluciclovine F 18 Injection

1500 HEALTH INSURANCE CLAIM FORM

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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Enter all applicable patient information

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BENEFIT <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street)		7. INSURED'S ADDRESS (No., Street)	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY GROUP OR FECA NUMBER	
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) b. AUTO ACCIDENT? c. OTHER ACCIDENT? 10d. CLAIM CODES (Designated by NUCC)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	

21 Enter the applicable Diagnosis Code

24B Enter correct "Place of Service"

24D Enter the correct modifier

24D Enter the applicable Procedure Code

24D Enter the applicable Diagnosis Code

24G Enter the number of units

13. ADDITIONAL CLAIM INFORMATION (Describe injury, or pregnancy (LMP) or other source)		15. OTHER DATE QUAL		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY		17a. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		22. RESUBMISSION CODE	
C. PROCEDURES, SERVICES, OR SUPPLIES		D. MODIFIER		23. PRIOR AUTHORIZATION NUMBER	
25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?	
28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH #	

INDICATION

Axumin® (fluciclovine F 18) injection is indicated for positron emission tomography (PET) imaging in men with suspected prostate cancer recurrence based on elevated blood prostate specific antigen (PSA) levels following prior treatment.

IMPORTANT SAFETY INFORMATION

- Image interpretation errors can occur with Axumin PET imaging. A negative image does not rule out recurrent prostate cancer and a positive image does not confirm its presence. The performance of Axumin seems to be affected by PSA levels. Axumin uptake may occur with other cancers and benign prostatic hypertrophy in primary prostate cancer. Clinical correlation, which may include histopathological evaluation, is recommended.
- Hypersensitivity reactions, including anaphylaxis, may occur in patients who receive Axumin. Emergency resuscitation equipment and personnel should be immediately available.
- Axumin use contributes to a patient's overall long-term cumulative radiation exposure, which is associated with an increased risk of cancer. Safe handling practices should be used to minimize radiation exposure to the patient and health care providers.
- Adverse reactions were reported in $\leq 1\%$ of subjects during clinical studies with Axumin. The most common adverse reactions were injection site pain, injection site erythema and dysgeusia.

To report suspected adverse reactions to Axumin, call **1-855-AXUMIN1** (1-855-298-6461) or contact FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Full Axumin Prescribing Information is available at www.axumin.com.

REIMBURSEMENT DISCLAIMER:

The information in this document contains factual information and is not intended to be legal or coding advice. Blue Earth does not guarantee coverage or reimbursement for Axumin. The existence of billing codes does not guarantee coverage and payment. Payer policies vary and may change without notice. It is the provider's responsibility to determine and submit accurate information on claims. This includes submitting proper codes, modifiers, charges, and invoices for the services that were rendered. It is the provider's responsibility to ensure that all information on a claim is accurate. It is the provider's responsibility to check with the payer to determine whether the information contained on the claim is accurate. It is the responsibility of the provider to document the medical necessity of Axumin in the medical record.

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