TESTOPEL® 75mg
(testosterone pellets) C-III

PLEASE DO NOT STAPLE IN THIS AREA

[redacted]

Sample CMS-1500 Paper Claim Form for TESTOPEL®: COMMERCIAL INSURANCE

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) CHAMPUS (Sponsor's SSN) CHAMPVA (VA File #) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

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

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

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

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

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

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

CITY STATE

8. PATIENT STATUS Single Married Other

CITY STATE

ZIP

9. C

a. C

b. C M

c. E

d. IN

12.

CARRIER

PATIENT AND INSURED INFORMATION

SAMPLE

This sample represents how your patient's commercial insurer is likely to require completion of claim forms for **TESTOPEL®** and CPT® code **11980**. This sample form is not intended to replace or modify **your insurer's policy**, and use of this form does not guarantee payment or take the place of professional coding advice. Coding is part of the clinical decision, and each provider is responsible for selecting the billing codes that most accurately describe the services provided and for adhering to all payor guidance. Information is subject to change. This sample claim form does not represent any clinical or treatment recommendation.

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

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

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

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

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATU

ICD-10 Dx Codes most commonly associated with **TESTOPEL®**:
E29.1 Testicular hypofunction
E29.8 Other testicular dysfunction
E29.9 Testicular dysfunction, unspecified

1. ____ . __
2. ____ . __
4. ____ . __

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS POINTER	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
1	09	01	16	09	01	16	11		S0189		1	XXX	XX				
2	09	01	16	09	01	16	11		11980		1	XXX	XX	1				
3																	
4																	
5																	
6																	

Testosterone pellet, 75mg

Total # of pellets

Subcutaneous hormone pellet implantation (implantation of testosterone pellets beneath the skin)

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
PIN# GRP#

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) ***PLEASE PRINT OR TYPE*** APPROVED OMB-0938-0008 FORM CMS-1500 (12/90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

Please see Important Safety Information on the next page.
Please click here for full Prescribing Information for TESTOPEL®.

INDICATION

MALES

Androgens are indicated for replacement therapy in conditions associated with a deficiency or absence of endogenous testosterone.

a. Primary hypogonadism (congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testes syndrome; or orchiectomy

b. Hypogonadotropic hypogonadism (congenital or acquired) - gonadotropic LHRH deficiency, or pituitary - hypothalamic injury from tumors, trauma or radiation

Safety and efficacy of TESTOPEL® in men with "age-related hypogonadism" have not been established.

IMPORTANT SAFETY INFORMATION ABOUT TESTOPEL®

CONTRAINDICATIONS

- Androgens are contraindicated in men with carcinomas of the breast or with known or suspected carcinomas of the prostate
- If administered to pregnant women, androgens cause virilization of the external genitalia of the female fetus. If the patient becomes pregnant while taking these drugs, she should be apprised of the potential hazard to the fetus

WARNINGS

- In patients with breast cancer, androgen therapy may cause hypercalcemia by stimulating osteolysis. In this case, the drug should be discontinued
- Prolonged use of high doses of androgens has been associated with the development of peliosis hepatis (which can be a life-threatening or fatal complication) and hepatic neoplasms including hepatocellular carcinoma
- Men treated with androgens may be at an increased risk for the development of prostatic hypertrophy and prostatic carcinoma
- There have been postmarketing reports of venous thromboembolic events (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE), in patients using testosterone products, such as TESTOPEL®. Evaluate patients who report symptoms of DVT or PE. If a VTE is suspected, discontinue treatment with TESTOPEL® and initiate appropriate workup and management
- Some postmarketing studies have shown an increased risk of major adverse cardiovascular events (MACE) with use of testosterone replacement therapy. Patients should be informed of this possible risk when deciding to use or to continue to use TESTOPEL®
- Testosterone has been subject to abuse, typically at doses higher than recommended for the approved indication and in combination with other anabolic steroids. Anabolic androgenic steroid abuse can lead to serious cardiovascular and psychiatric adverse reactions. If testosterone abuse is suspected, check serum testosterone concentrations to ensure that they are within therapeutic range. However, testosterone levels may be in the normal or subnormal range in men abusing synthetic testosterone derivatives. Counsel patients concerning the serious adverse reactions associated with abuse of testosterone and anabolic androgenic steroids. Conversely, consider the possibility of testosterone and androgenic steroid abuse in suspected patients who present with serious cardiovascular or psychiatric adverse events
- Edema with or without congestive heart failure may be a serious complication in patients with preexisting cardiac, renal, or hepatic disease. In addition to discontinuation of the drug, diuretic therapy may be required
- Gynecomastia frequently develops in patients and occasionally persists in patients being treated for hypogonadism
- Postmarketing cases associate TESTOPEL® insertion with implant site infection (cellulitis and abscess) and/or pellet extrusion. Infection and/or extrusion can occur at any time and may require further treatment
- This drug has not been shown to be safe and effective for the enhancement of athletic performance. Because of the potential risk for serious adverse health effects, this drug should not be used for such purpose

PRECAUTIONS

- There is less flexibility for dosage adjustment compared to oral, intramuscular, or aqueous suspension. Surgical removal may be required if testosterone therapy is discontinued

ADVERSE REACTIONS

- Side effects reported with the use of TESTOPEL® include: excessive frequency and duration of penile erections, hirsutism, oligospermia at high doses, nausea, cholestatic jaundice, rare hepatic neoplasms, increased serum cholesterol, acne, acceleration of bone maturation without compensatory gain in linear growth in children, male pattern baldness, alterations in liver function tests, suppression of clotting factors, bleeding in patients on concomitant anticoagulation therapy, polycythemia, fluid and electrolyte disturbances, increased or decreased libido, headache, anxiety, depression, generalized paresthesia, edema, and/or prostate enlargement accompanied by difficulty urinating
- TESTOPEL® insertion may cause pain at the site of subcutaneous implantation of pellets and is rarely associated with anaphylactoid reactions

DRUG ABUSE AND DEPENDENCE

- Abuse and misuse of testosterone are seen in male and female adults and adolescents. Testosterone, often in combination with other anabolic androgenic steroids, may be abused by athletes and bodybuilders
- Serious adverse reactions have been reported in individuals who abuse anabolic androgenic steroids, and include cardiac arrest, myocardial infarction, hypertrophic cardiomyopathy, congestive heart failure, cerebrovascular accident, hepatotoxicity, and serious psychiatric manifestations, including major depression, mania, paranoia, psychosis, delusions, hallucinations, hostility, and aggression
- The following adverse reactions have been reported in men: transient ischemic attacks, convulsions, hypomania, irritability, dyslipidemia, testicular atrophy, subfertility, and infertility
- The following adverse reactions have been reported in women: hirsutism, virilization, deepening of voice, clitoral enlargement, breast atrophy, male-pattern baldness, and menstrual irregularities
- The following adverse reactions have been reported in male and female adolescents: premature closure of bony epiphyses with termination of growth, and precocious puberty
- Withdrawal symptoms can be experienced upon abrupt discontinuation in patients with addiction. Withdrawal symptoms include depressed mood, major depression, fatigue, craving, restlessness, irritability, anorexia, insomnia, decreased libido, and hypogonadotropic hypogonadism. Drug dependence in individuals using approved doses for approved indications have not been documented.

Please click here for full Prescribing Information.

TESTOPEL® 75mg (testosterone pellets) C-III

endo pharmaceuticals
an endo international company

Rx Only

TP-05018/December 2016 www.testopel.com 1-800-462-ENDO (3636)