

CMS 1500 Form Billing and Coding Information

J9289, injection, nivolumab, 2 mg and hyaluronidase-nvhy¹

The sample form below is for informational purposes only.

ITEM NO.	REQUIRED INFORMATION	INFORMATION TO ENTER
Item 19	<p>Some payers may require detailed information about the drug in Box 19.² This may include:</p> <ul style="list-style-type: none"> • Drug name • Total dosage and strength • Method of administration • 11-digit NDC 	<p>Drug name: OPDIVO QVANTIG™ (nivolumab and hyaluronidase-nvhy)</p> <p>Total dosage and strength: Specify total dosage given</p> <p>Method of administration: Subcutaneous Injection (SubQ or SC)</p> <p>11-digit NDC³: 00003-3120-01 or 00003-6120-01</p> <p>Note that some payers may have character limits in Box 19, which may require abbreviations of the information included.</p>
Item 24A	NDC information is required in the shaded area above the line on which a drug is reported in 24D. The NDC is preceded by the qualifier N4 and followed by the quantity qualifier (ML) and the quantity administered. ²	<p>Example 1: N400003612001ML5</p> <p>Example 2: N400003312001ML2.5</p>
Item 24D	Enter the appropriate HCPCS code and CPT code(s) for drug administration services. ²	<p>HCPCS code¹: J9289 CPT code⁴: 96401</p> <p>J9289, injection, nivolumab, 2 mg and hyaluronidase-nvhy¹</p>
Item 24G	Billing units are reported here. ²	<p>Billing units¹: 1 billing unit per 2 mg of nivolumab, with hyaluronidase-nvhy</p> <p>Example^{1,3}: 600 mg nivolumab + 10,000 units hyaluronidase injection of OPDIVO Qvantig: Enter 300 billing units.</p>

Sample 1500 Form

	24. A.	DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID. #
		From MM DD YY	To MM DD YY	OPT/HCPCS	MODIFIER											
1	N40003612001ML5						11		J9289-JZ			300		NPI		
2							11		96401			1		NPI		

Enter the appropriate NDC 5010 format here:

- N400003612001ML5
- N400003312001ML2.5

Enter total billing units here

Please contact the payer or BMS Access Support for additional information on coding and billing units.

In addition to coding specifics, some payers may require additional information, such as a drug purchase invoice or documentation of medical necessity. The accurate completion of reimbursement or coverage-related documentation is the responsibility of the healthcare provider and the patient.

Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item. Please contact the payer or BMS Access Support[®] for additional information.

CMS=Centers for Medicare and Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; NDC=National Drug Code. CPT[®] codes and descriptions are copyright 2025 American Medical Association (AMA). All rights reserved. CPT[®] is a registered trademark of the AMA.

References: 1. Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Determinations: First Quarter, 2025 HCPCS Coding Cycle. Accessed September 15, 2025. <https://www.cms.gov/files/document/2025-hcpcs-application-summary-quarter-1-2025-drugs-and-biologicals.pdf> 2. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 26 – Completing and Processing Form CMS-1500 Data Set. Revision 12779. August 9, 2024. Accessed September 15, 2025. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf> 3. OPDIVO Qvantig™ [package insert]. Princeton, NJ: Bristol-Myers Squibb Company. 4. American Medical Association. CPT 2025 Professional Edition. American Medical Association; 2024.