

Billing and Coding Units

nivolumab and hyaluronidase-nvhy, subcutaneous injection, 1 mg

Following the FDA approval of physician-administered therapies, providers may need to use temporary codes until unique drug codes are assigned. Please see the BMS Access Support® website for additional information on coding and billing units.

- A Form Locator (FL) 42**
 - Enter a 4-digit revenue code that best describes the service provided, in accordance with hospital billing policy.¹
 - For chemotherapy administration, revenue codes 0636, 0331, or 0250 could be used.²
 - CMS recommends using revenue code 0636 (drugs requiring detailed coding).^{2,3}
- B FL 43**
 - Enter the modifier "N4" followed by the 11-digit NDC in positions 01-13.¹
 - Report quantity qualifier (ML) followed by quantity administered beginning in position 14.^{1,4}
- C FL 44**
 - Enter HCPCS code (eg, C9399) and code for the outpatient service (and modifier[s], if applicable).⁴
 - In addition, it is required that you enter the HCPCS code with a JW modifier (eg, J3590-JW) on the next line to record waste.⁵
 - Alternatively, if no wastage, enter the HCPCS code with a JZ modifier (eg J3590-JZ) to attest that there were no discarded amounts. Include the JG modifier if the drug was obtained through 340B pricing.^{3,5}

- D FL 46**
 - Billing units (service units) are entered here.¹
 - 1 billing unit. Payers may require the number of units to be "1" regardless of amount administered with an unspecified HCPCS code, but this can vary from payer to payer.
- E FLs 67A-67Q**
 - Enter the ICD-10-CM diagnosis code.¹
- F FL 80**
 - Some payers require detailed information about the drug in FL 80.¹ Enter the following:
 - Drug name: OPDIVO Quantig
 - Method of administration (nivolumab and hyaluronidase-nvhy)
 - Total dosage and strength
 - Basis of measurement
 - 11-digit NDC

This sample form is for informational purposes only.

NDC Information for OPDIVO Quantig⁶

How Supplied (Single-Dose Vial)	NDC
600 mg nivolumab and 10,000 units hyaluronidase per 5 mL (120 mg/2,000 units per mL) solution in a single-dose vial	00003-6120-01

Depending on payer preferences for billing and coding, the required miscellaneous J-code and billing unit conversion for claim submission may vary. Therefore, the provider should confirm preference with the payer prior to submitting.

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.

HCPCS, Healthcare Common Procedure Coding System; NDC, National Drug Code.

References: 1. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 25 – Completing and Processing the Form CMS-1450 Data Set. Revision 12423, December 20, 2023. Accessed December 16, 2024. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c25.pdf> 2. National Uniform Billing Committee (NUBC). Official UB-04 Data Specifications Manual 2020. Chicago, IL: American Hospital Association; 2020. 3. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 17 – Drugs and Biologicals. Revision 12511. February 15, 2024. Accessed December 16, 2024. <https://www.cms.gov/Regulations-and-Guidance/Manuals/downloads/clm104c17.pdf> 4. American Medical Association. 2019 HCPCS Level II. Professional ed. Chicago, IL: American Medical Association; 2019. 5. Centers for Medicare & Medicaid Services. Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy. Accessed December 19, 2024. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 6. OPDIVO Quantig [package insert]. Princeton, NJ: Bristol-Myers Squibb Company. © 2025 Bristol-Myers Squibb Company. Access Support®, OPDIVO Quantig™, and the related logos are trademarks of Bristol-Myers Squibb Company. ONC-US-2400749 1/25