

Important Information About Billing and Coding

J9298, injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg



This sample form is for informational purposes only. 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.

Sample Claim Form Physician Office (claim form CMS 1500/electronic equivalent 837P)¹

1

ITEM 19

Enter the drug name, total dosage, and method of administration

This section gives healthcare providers guidance for submitting claims for the administration of OPDUALAG™ (nivolumab and relatlimab-rmbw) in the physician office

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

Opdualag TTL dose: 480 mg nivolumab/160 mg relatlimab per 40 mL IV physician-admin

2

LINE ITEM 24-A^{1,2}

Shaded area above the drug line item

Enter the appropriate 11-digit National Drug Code (NDC) for OPDUALAG preceded by NDC qualifier N4 (eg, N400003712511ML40)

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E.	F.		G.
From		To				PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER			DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS
MM	DD	YY	MM	DD	YY										
N4	0000	37	12	51	11	ML	40								
XX	XX	XX	XX	XX	XX	XX		J9298				X	XXXXX	XX	160

NOTE: Fields with an "X" are required.

3

LINE ITEM 24-D^{1,3-5}

Procedures, Services, or Supplies

Enter the applicable HCPCS/CPT codes and modifiers for the encounter

4

LINE ITEM 24-G¹

Days or Units

Enter the billing units associated with each line item. When billing OPDUALAG (J9298):

1 billing unit equals 3 mg nivolumab/1 mg relatlimab (eg, Enter 160 units per J9298 to denote two single use vials administered)

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Sample Claim Form

Hospital Outpatient Department

(claim form CMS 1450 [UB04]/electronic equivalent 837I)⁶

This piece is intended to help healthcare providers navigate submitting claims for OPDUALAG in the hospital outpatient department.

1 **FIELD LOCATOR 42⁶⁻⁸**
Revenue Codes
Enter the 4-digit revenue codes (in ascending order) for services provided

- For chemotherapy administration, 0260 (IV therapy) or 0335 (chemotherapy-IV) could be used²
- CMS recommends using 0636 (drugs requiring detailed coding)³

2 **FIELD LOCATOR 43^{2,6}**
Revenue Description
Enter the modifier “N4” followed by the 11-digit NDC in positions 01-13. For example, use “N400003712511ML40” for two 20-mL vials^{1,4}

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0636	N400003712511ML40 Drugs requiring detailed coding (brand)	J9298	XXXXXX	160	XXXXXXXXXX : XX	

NOTE: Fields with an “X” are required

3 **FIELD LOCATOR 44^{3,6}**
HCPCS
Enter HCPCS code (J9298) and code for the outpatient services (and modifier[s]), if applicable

4 **FIELD LOCATOR 46⁶**
Units of Service
Enter the billing units associated with each line item
1 billing unit equals 3 mg nivolumab/1 mg relatlimab (e.g., Enter 160 units per J9298 to denote two single use vials administered)

We're here for you.

Patient access support, reimbursement resources, and financial support options may be available through BMS Access Support®



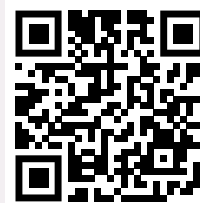
Call a Patient Access Specialist at
1-800-861-0048, 8 AM to 8 PM ET, Monday–Friday



Visit www.BMSAccessSupport.com



Schedule a meeting with a BMS Access and Reimbursement Manager on the BMS Access Support website



1. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 26 - Completing and Processing Form CMS-1500 Data Set. Revision 4472, December 5, 2019. Accessed July 22, 2022. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf>

2. OPDUALAG [package insert]. Princeton, NJ: Bristol-Myers Squibb Company. March 2022.

3. American Medical Association. 2022 *HCPCS Level II*. Professional ed. Chicago, IL: American Medical Association; 2022.

4. American Medical Association. *Current Procedural Terminology* 2022. Professional ed. Chicago, IL: American Medical Association; 2022.

5. Centers for Medicare & Medicaid Services. MLN Matters, Number MM9603 Revised. Revised June 10, 2016. Accessed June 22, 2022. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf>

6. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 25 – Completing and Processing the Form CMS-1450 Data Set. Revision 4194, January 11, 2019. Accessed July 22, 2022. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c25.pdf>

7. Noridian Healthcare Solutions. Revenue codes. September 2016. Accessed July 22, 2022. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes>

8. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 17 – Drugs and Biologicals. Revision 4384, August 30, 2019. Accessed July 22, 2022. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf>