

Coding and Billing Units

J9299, injection, nivolumab, 1 mg

- A FL 42**
 - Enter the 4-digit revenue code for service provided in accordance with hospital billing policy¹
 - For chemotherapy administration, revenue codes 0260 (IV therapy) or 0335 (radiology–therapeutic: chemotherapy–IV) could be used²
 - CMS recommends using 0636 (drugs requiring detailed coding)^{2,3}
- B FL 43**
 - Enter the qualifier “N4” followed by 11-digit NDC in positions 01–13¹
 - Report quantity qualifier (ML) followed by quantity administered (40 mg/4 mL, 100 mg/10 mL, 120 mg/12 mL, or 240 mg/24 mL) beginning in position 14.^{1,4} See table below for a full list of NDCs formatted for FL43
- C FL 44**
 - Enter HCPCS code J9299 and CPT code⁵ 96413^{1,5,6}
 - In addition, it is required that you enter J9299-JW on the next claim line to record waste⁷
 - Alternatively, if no wastage, enter J9299-JZ to attest there were no discarded amounts. Include the JG modifier if the drug was obtained through 340B pricing^{3,7}

- D FL 46**
 - Billing units (service units) are entered here¹
 - 1 mg = 1 billing unit
- E FLs 67A-67Q**
 - Enter site-specific ICD-10-CM diagnosis codes for malignancy being treated.¹
- F FL 80**
 - Some payers require detailed information about the drug.¹ Enter the following:
 - Drug name: OPDIVO (nivolumab)
 - Total dosage and strength
 - Method of administration
 - 11-digit NDC
 - Basis of measurement

This sample form is for informational purposes only.

NDC Information for OPDIVO⁴

How Supplied (Single-Dose Vial)	NDC Format
40 mg/4 mL (10 mg/mL) solution	N400003377211ML4
100 mg/10 mL (10 mg/mL) solution	N400003377412ML10
120 mg/12 mL (10 mg/mL) solution	N400003375614ML12
240 mg/24 mL (10 mg/mL) solution	N400003373413ML24

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 & Medicaid Services; CPT=Current Procedural Terminology; FL=form locator; HCPCS=Healthcare Common Procedure Coding System; IV=intravenous; NDC=National Drug Code.

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References: 1. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 25 – Completing and Processing the Form CMS-1450 Data Set. Revision 10880, August 6, 2021. Accessed May 10, 2023. <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 11764, December 22, 2022. Accessed May 10, 2023. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf> 4. OPDIVO [package insert]. Princeton, NJ: Bristol-Myers Squibb Company. February 2023. 5. American Medical Association. 2019 HCPCS Level II. Professional ed. Chicago, IL: American Medical Association; 2019. 6. American Medical Association. CPT Professional 2023. American Medical Association; 2022. 7. Centers for Medicare & Medicaid Services. Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy. Accessed May 10, 2023. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf>