

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 Item 19
Many payers require detailed information about the drug in Box 19 when an NOC code is used in item 24D.¹ Typically, payers require:

- Drug name: OPDIVO Qvantig (nivolumab and hyaluronidase-nvhy)
- Total dosage and strength
- Method of administration
- 11-digit NDC
- Basis of measurement

Note that some payers may have character limits in Box 19, which may require abbreviations of the information included.

B Item 21
Enter the site-specific ICD-10-CM codes in priority order.¹

C Item 24
NDC information is required in the red shaded area. The NDC is preceded by the qualifier N4 and followed by the 11-digit NDC code. The quantity is also reported here and is to be preceded by the qualifier "ML".¹

D Item 24D
Enter the appropriate HCPCS code (J3590, J9999, J3490, C9399, or code plan requires) and appropriate CPT code(s) (96401) for drug administration services.^{1,2} In addition, it is required to enter the HCPCS code with a JW modifier (eg, J3590-JW) on the next line to record waste. Alternatively, if no wastage, enter the HCPCS code with a JZ modifier (eg, J3590-JZ) to attest that there were no discarded amounts.³

E Item 24E
Enter the diagnosis code reference letter or number from Box 21 that relates to the date of service and the services or procedures performed that is entered on that same line under 24D.¹

F Item 24G

- Billing units are reported 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.

A 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES						
B 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. RESUBMISSION CODE ORIGINAL REF. NO.						
A. _____		B. _____		C. _____		D. _____		E. _____		23. PRIOR AUTHORIZATION NUMBER						
E. _____		F. _____		G. _____		H. _____		I. _____		J. _____		K. _____		L. _____		
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSON Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID. #	
1										NPI		PHYSICIAN OR SUPPLIER INFORMATION				
2										NPI						
3										NPI						
4										NPI						
5										NPI						
6										NPI						
25. FEDERAL TAX I.D. NUMBER				SSN EIN	26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd. for NUCC Use	

This sample form is for informational purposes only.

NDC Information for OPDIVO Qvantig⁴

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.

CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; NDC, National Drug Code. CPT® codes and descriptions are copyright 2021 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the AMA.

References: 1. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 26 – Completing and Processing Form CMS-1500 Data Set. Revision 12671. June 6, 2024. Accessed December 16, 2024. <http://www.cms.gov/Regulations-and-Guidance/Manuals/downloads/cm104c26.pdf> 2. American Medical Association. 2019 HCPCS Level II. Professional ed. Chicago, IL: American Medical Association; 2019. 3. Centers for Medicare & Medicaid Services. Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy. Accessed December 16, 2024. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf> 4. OPDIVO Qvantig [package insert]. Princeton, NJ: Bristol-Myers Squibb Company.

© 2025 Bristol-Myers Squibb Company. Access Support®, OPDIVO Qvantig™, and the related logos are trademarks of Bristol-Myers Squibb Company. ONC-US-2400748 1/25