



BILLING AND CODING GUIDE

PRIOR TO CLAIM SUBMISSION

- Keep up to date with payer coverage policies
- Confirm health plan billing and coding requirements (e.g., miscellaneous J-code, billing units)
- Confirm prior authorization approval (if applicable)

DURING CLAIM COMPLETION AND SUBMISSION

- Submit claims prior to the health plan deadline
- Verify the accuracy of patient information
- Include the prior authorization number (if applicable)
- Identify required and appropriate codes (e.g., CPT®, HCPCS, ICD-10-CM, NDC)
 - Include any additional information required by the health plan (e.g., in Field 19 on the CMS-1500) to ensure correct claim adjudication
 - Indicate the correct number of units administered
- Follow the health plan requirements for:
 - Additional information (e.g., medical records)
 - Infusion only administration
- Confirm the claim has been received by the health plan

If you have questions about reimbursement support, contact an Access and Reimbursement Manager or BRIUMVI Patient Support by calling 1-833-BRIUMVI (1-833-274-8684), Monday-Friday 8 AM to 8 PM EST

1		2		3a PAT. CONTL. #		4 TYPE OF BILL	
				b. MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM	
						7 THROUGH	
8 PATIENT NAME				9 PATIENT ADDRESS			
b				c			
10 BIRTHDATE				11 SEX			
12 DATE				13 ADMISSION			
14 TYPE				15 SRC			
16 DHR				17 STAT			
18				19			
20				21			
22				23			
24				25			
26				27			
28				29 ACDT STATE			
30							
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 CODE		37 CODE		38	
39		40		41		42	
43		44		45		46	
47		48		49		50	
51		52		53		54	
55		56		57		58	
59		60		61		62	
63		64		65		66	
67		68		69		70	
71		72		73		74	
75		76		77		78	
79		80		81		82	
83		84		85		86	
87		88		89		90	
91		92		93		94	
95		96		97		98	
99		100		101		102	
103		104		105		106	
107		108		109		110	
111		112		113		114	
115		116		117		118	
119		120		121		122	
123		124		125		126	
127		128		129		130	
131		132		133		134	
135		136		137		138	
139		140		141		142	
143		144		145		146	
147		148		149		150	
151		152		153		154	
155		156		157		158	
159		160		161		162	
163		164		165		166	
167		168		169		170	
171		172		173		174	
175		176		177		178	
179		180		181		182	
183		184		185		186	
187		188		189		190	
191		192		193		194	
195		196		197		198	
199		200		201		202	
203		204		205		206	
207		208		209		210	
211		212		213		214	
215		216		217		218	
219		220		221		222	
223		224		225		226	
227		228		229		230	
231		232		233		234	
235		236		237		238	
239		240		241		242	
243		244		245		246	
247		248		249		250	
251		252		253		254	
255		256		257		258	
259		260		261		262	
263		264		265		266	
267		268		269		270	
271		272		273		274	
275		276		277		278	
279		280		281		282	
283		284		285		286	
287		288		289		290	
291		292		293		294	
295		296		297		298	
299		300		301		302	
303		304		305		306	
307		308		309		310	
311		312		313		314	
315		316		317		318	
319		320		321		322	
323		324		325		326	
327		328		329		330	
331		332		333		334	
335		336		337		338	
339		340		341		342	
343		344		345		346	
347		348		349		350	
351		352		353		354	
355		356		357		358	
359		360		361		362	
363		364		365		366	
367		368		369		370	
371		372		373		374	
375		376		377		378	
379		380		381		382	
383		384		385		386	
387		388		389		390	
391		392		393		394	
395		396		397		398	
399		400		401		402	
403		404		405		406	
407		408		409		410	
411		412		413		414	
415		416		417		418	
419		420		421		422	
423		424		425		426	
427		428		429		430	
431		432		433		434	
435		436		437		438	
439		440		441		442	
443		444		445		446	
447		448		449		450	
451		452		453		454	
455		456		457		458	
459		460		461		462	
463		464		465		466	
467		468		469		470	
471		472		473		474	
475		476		477		478	
479		480		481		482	
483		484		485		486	
487		488		489		490	
491		492		493		494	
495		496		497		498	
499		500		501		502	
503		504		505		506	
507		508		509		510	
511		512		513		514	
515		516		517		518	
519		520		521		522	
523		524		525		526	
527		528		529		530	
531		532		533		534	
535		536		537		538	
539		540		541		542	
543		544		545		546	
547		548		549		550	
551		552		553		554	
555		556		557		558	
559		560		561		562	
563		564		565		566	
567		568		569		570	
571		572		573		574	
575		576		577		578	
579		580		581		582	
583		584		585		586	
587		588		589		590	
591		592		593		594	
595		596		597		598	
599		600		601		602	
603		604		605		606	
607		608		609		610	
611		612		613		614	
615		616		617		618	
619		620		621		622	
623		624		625		626	
627		628		629		630	
631		632		633		634	
635		636		637		638	
639		640		641		642	
643		644		645		646	
647		648		649		650	
651		652		653		654	
655		656		657		658	
659		660		661		662	
663		664		665		666	
667		668		669		670	
671		672		673		674	
675		676		677		678	
679		680		681		682	
683		684		685		686	
687		688		689		690	
691		692		693		694	
695		696		697		698	
699		700		701		702	
703		704		705		706	
707		708		709		710	
711		712		713		714	
715		716		717		718	
719		720		721		722	
723		724		725		726	
727		728		729		730	
731		732		733		734	
735		736		737		738	
739		740		741		742	
743		744		745		746	
747		748		749		750	
751		752		753		754	
755		756		757		758	
759		760		761		762	
763		764		765		766	
767		768		769		770	
771		772		773		774	
775		776		777		778	
779		780		781		782	
783		784		785		786	
787		788		789		790	
791		792		793		794	
795		796		797		798	
799		800		801		802	
803		804		805		806	
807		808		809		810	
811		812		813		814	
815		816		817		818	
819		820		821		822	
823		824		825		826	
827		828		829		830	
831		832		833		834	
835		836		837		838	
839		840		841		842	
843		844		845		846	
847		848		849		850	
851		852		853		854	
855		856		857		858	
859		860		861		862	
863		864		865		866	
867		868		869		870	
871		872		873		874	
875		876		877		878	
879		880		881		882	
883		884		885			

Field 17b:
Indicate the appropriate NPI number.

Field 19: Include information about the product (e.g., name of drug, NDC if appropriate, total dose, strength of dose if appropriate, method of administration).

Field 21: Indicate the appropriate diagnosis code.

Field 23: If required, report PA number here.

Field 24D: For BRIUMVI injection for IV, use the HCPCS code required by the payer. Also include appropriate codes to report drug administration procedures. NOTE: For BRIUMVI obtained through a specialty pharmacy, report the drug administration codes here. Check with the payer to identify how to report the drug that was administered if needed.

Field 24G: Indicate the appropriate HCPCS and/or CPT code units. Check with the payer regarding the appropriate units of service, as some payers require that NOC drugs be billed as one unit of service.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BENEFIT OTHER
(Medicare#) (Medicaid#) (ID#/Doc#) (Member ID#) (ID#) (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE MM DD YY SEX M F 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURED'S ADDRESS (No., Street)

CITY STATE CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) YES NO b. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE b. AUTO ACCIDENT? YES NO PLACE (State) b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE c. OTHER ACCIDENT? YES NO c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. CLAIM CODES (Designated by NUCC) d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes, complete items 9, 9a, and 9d.*

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 15. OTHER DATE MM DD YY QUAL 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NAME 17b. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES NO \$ CHARGES

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. F. G. H. I. J. K. L.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. SPOT/Early Plan I. ID. QUAL J. RENDERING PROVIDER ID. #

1 2 3 4 5 6

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rsvd. for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED DATE a. NPI b. NPI a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED CMS-0938-1197 FORM 1500 (02-12)

The suggestions contained on this form are compiled from sources believed to be accurate for payers, including the Medicare Part B program, but TG makes no representation that the information is accurate or that it will comply with the requirements of any particular payer or MAC. You are solely responsible for determining the billing and coding requirements applicable to any particular payer or MAC. Diagnosis codes should be selected only by a health care professional. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. Billing and coding requirements may vary or change over time, so it is important to regularly check these requirements with each payer or MAC. TG and its agents make no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use and caution that changes in public and private payer billing requirements occur frequently. The use of this information does not guarantee payment or that any payment received will cover your costs.

NOC, Not Otherwise Classified; PA, Prior Authorization.

REFERENCES

1. CMS Forms CMS-1500. CMS.gov. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1500.pdf>. Accessed December 6, 2022.

SAMPLE CODING^{1,2}

The information in this resource is provided as a reference only and may be relevant when billing for BRIUMVI and its administration. This information is current as of December 2022. For information about billing and coding products other than BRIUMVI, please contact the manufacturer of the product or the applicable payer. The information available here is compiled from sources believed to be accurate, but TG makes no representation that it is accurate. This information is subject to change. Payer coding requirements may vary or change over time, so it is important to regularly check with each payer as to payer-specific requirements. The information available here is not intended to be conclusive nor exhaustive, and is not intended to replace the guidance of a qualified professional advisor. TG and its agents make no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use given the frequent changes in public and private payer billing. The use of this information does not guarantee payment or that any payment received will cover your costs.

You are solely responsible for determining the appropriate codes and for any action you take in billing. Information about HCPCS codes is based on guidance issued by the CMS applicable to Medicare Part B and may not apply to other public or private payers. Consult the relevant manual and/or other guidelines for a description of each code to determine the appropriateness of a particular code and for information on additional codes. Diagnosis codes should be selected only by a health care professional.

CODING CLASS	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	G35		Multiple sclerosis
Drug: NDC	10-digit	11-digit	BRIUMVI (ublituximab-xiiy)
	73150-150-06	73150-0150-06	
Drug: HCPCS Level II	J3490		Unclassified drugs
	J3590		Unclassified biologics
	J9999		NOC, antineoplastic drugs
	C9399		Unclassified biologic, OPPS setting
Administration: CPT	96413		Chemotherapy administration, intravenous infusion technique; up to 1 hour
	96415		Chemotherapy administration, intravenous infusion technique; each additional hour
	96365		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
	96366		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour
	99601		Home infusion/specialty drug administration, per visit; up to 2 hours
	99602		Home infusion/specialty drug administration, per visit; up to 2 hours; each additional hour
Home infusion: HCPCS	S9329		Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
	S9379		Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

OPPS, Outpatient Prospective Payment System.

REFERENCES

- Find-A-Code. <https://www.findacode.com/index.html> Accessed December 19, 2022.
- CMS.gov. Physician Fee Schedule - January 2023 release. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-relative-value-files/ryu23a> Accessed December 19, 2022.

