J2329
Injection, ublituximab-xiiy, 1 mg
Available for dates of service on or after July 1, 2023

briumvi®
ublituximab-xiiy 150 mg/6 mL injection for IV

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., billing units)
- Confirm patient benefits are active

DURING CLAIM COMPLETION AND SUBMISSION

- Submit claims according to the health plan timeline
- 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)
- 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 BRIUMVI coding and reimbursement, contact your local 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

CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases-Tenth Revision-Clinical Modification; NDC, National Drug Code.

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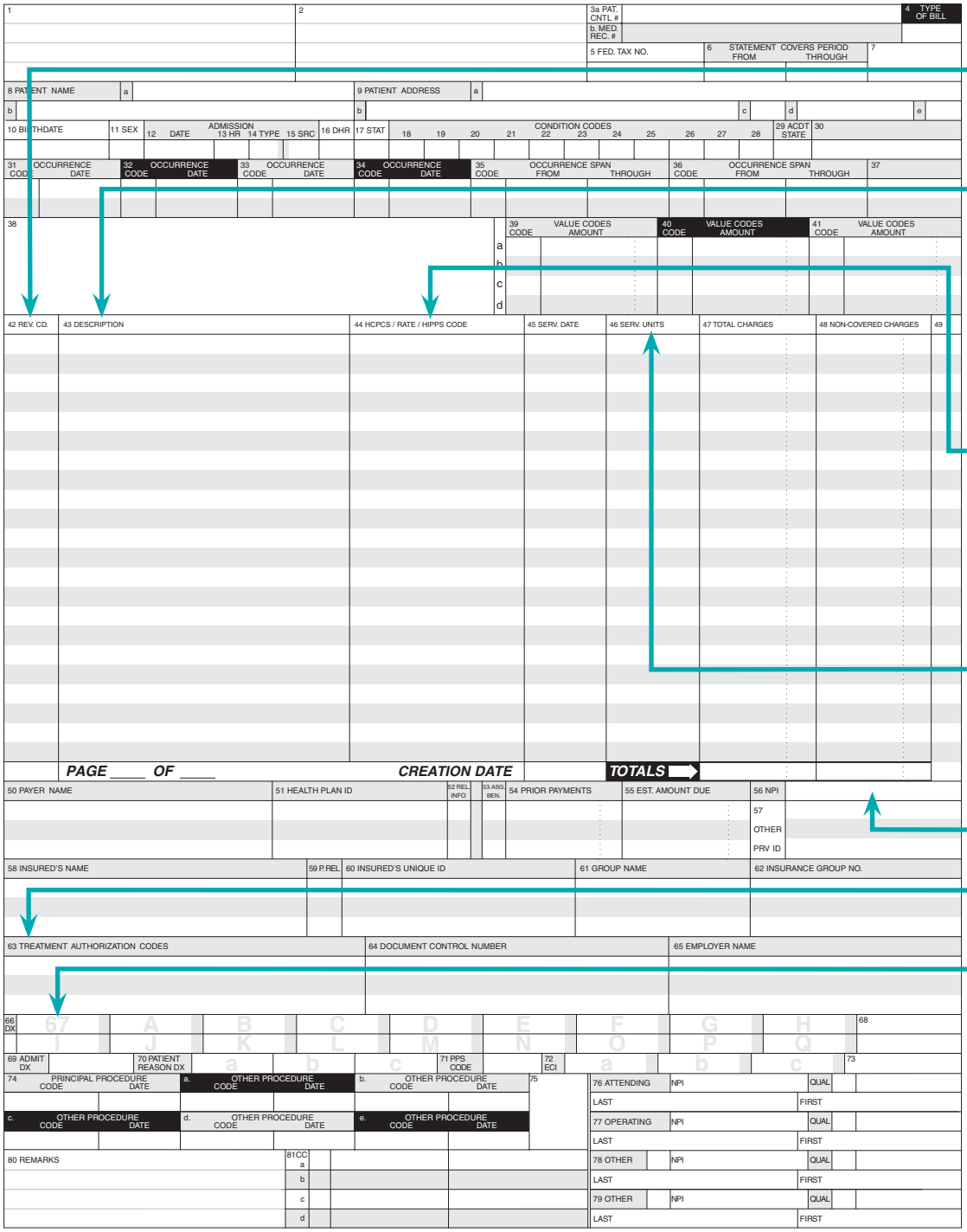
Annotated CMS-1450/UB-04[1]



Field 42: Include appropriate revenue codes.

Field 43: In the shaded area, list the N4 indicator, the 11-digit NDC (e.g., 73150015006), and the unit of measure qualifier (e.g., ML6, ML18). In the non-shaded area, list the date of service.

Field 44: Enter the appropriate HCPCS code J2329 for BRIUMVI and/or CPT codes for administration as required by the payer.

Field 46: Indicate the appropriate units (e.g., 150 for 150 mg, 450 for 450 mg).

Field 56: Indicate the appropriate NPI number.

Field 63: If applicable, report the PA number here.

Field 67: Indicate the appropriate diagnosis code.

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.

CMS, Centers for Medicare & Medicaid Services; MAC, Medicare Administrative Contractor; NPI, National Provider Identifier; PA, Prior Authorization.

REFERENCE

1. Electronic Billing CMS-1450. CMS.gov. Accessed June 8, 2023. https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450.

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Annotated CMS-1500[1]

Field 17b: Indicate the appropriate NPI number.

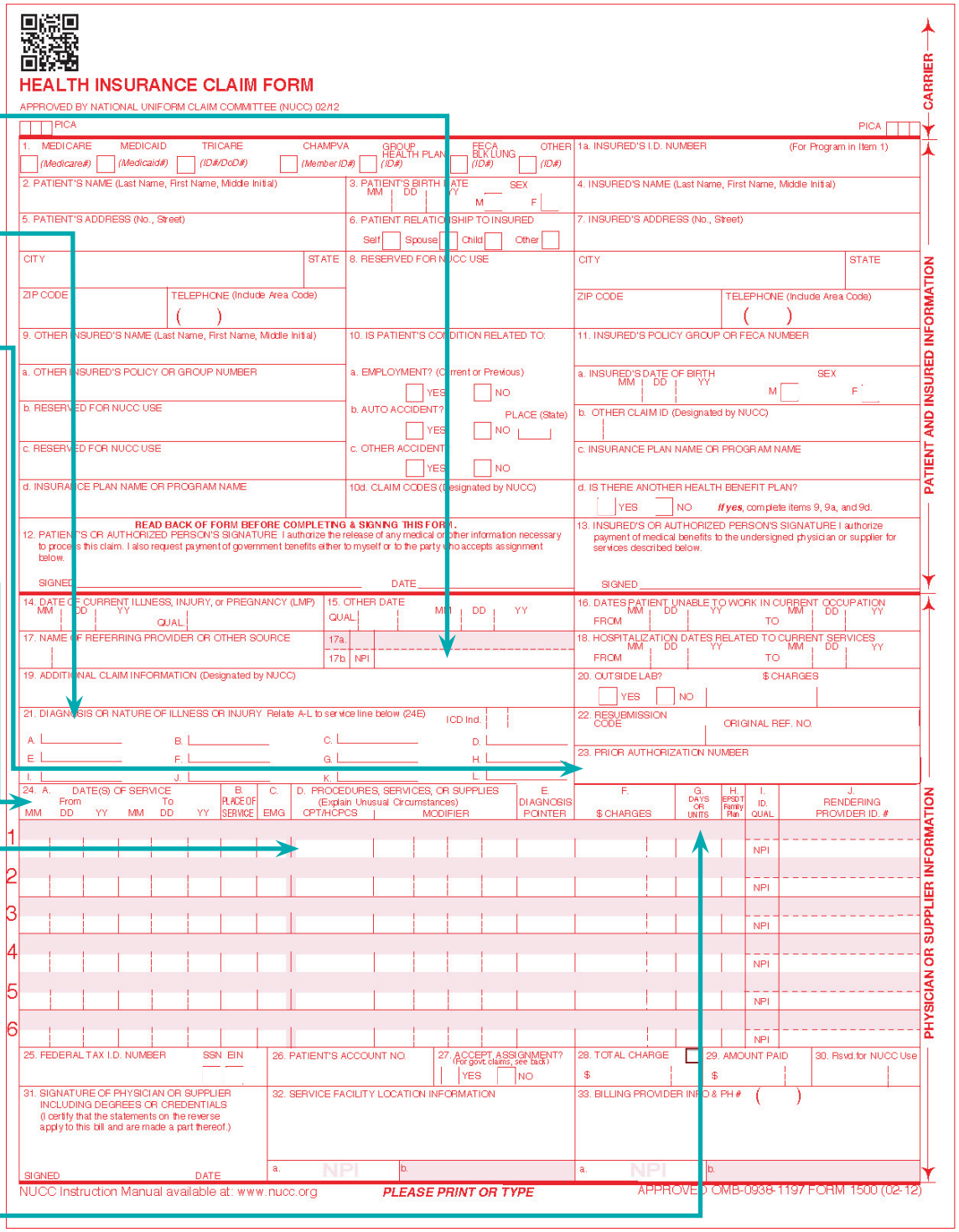
Field 21: Indicate the appropriate diagnosis code.

Field 23: If applicable, report the PA number here.

Field 24a: In the shaded area, list the N4 indicator, the 11-digit NDC (e.g., 73150015006), and the unit of measure qualifier (e.g., ML6, ML18). In the non-shaded area, list the date of service.

Field 24D: Enter the appropriate HCPCS code J2329 for BRIUMVI and/or CPT codes as required by the payer.
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: Include the appropriate number of units for J2329 (i.e., 150 for 150 mg, 450 for 450 mg) and/or CPT code required by the payer and administration duration.



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REFERENCE

1. CMS Forms CMS-1500. CMS.gov. Accessed June 8, 2023. https://www.cms.gov/Medicare/CMS-Forms/.

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 June 2023. 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 any party's 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	J2329		Injection, ublituximab-xiiy, 1 mg
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

REFERENCES

1. Find-A-Code. Accessed June 8, 2023. https://www.findacode.com/index.html.

2. CMS.gov. Physician Fee Schedule - January 2023 release. Accessed June 8, 2023. https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/rvu23a.

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