

J2329

Injection, ublituximab-xiiy, 1 mg

Available for dates of service on or after July 1, 2023



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

Annotated CMS-1450/UB-04¹

1		2		3a PAT. CNTL # b. MED. REC. #		4 TYPE OF BILL																																			
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM THROUGH																																					
8 PATIENT NAME a				9 PATIENT ADDRESS a																																					
10 BIRTHDATE		11 SEX		12 DATE		13 HR		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 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42		43		44		45		46		47		48		49					
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50		51		52		53		54		55		56		57		58		59		60		61		62	
PAGE		OF		CREATION DATE		TOTALS																																			
50 PAYER NAME				51 HEALTH PLAN ID				52 REL. INFO		53 ASG. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID		58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME							
66 DX		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84					
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE CODE		81 OTHER PROCEDURE CODE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE		86 OTHER PROCEDURE CODE		87 OTHER PROCEDURE CODE		88 OTHER PROCEDURE CODE		89 OTHER PROCEDURE CODE		90 OTHER PROCEDURE CODE		91 OTHER PROCEDURE CODE		92 OTHER PROCEDURE CODE					
80 REMARKS		81CC a		81CC b		81CC c		81CC d		82 ATTENDING NPI		83 ATTENDING QJAL		84 ATTENDING LAST FIRST		85 OPERATING NPI		86 OPERATING QJAL		87 OPERATING LAST FIRST		88 OTHER NPI		89 OTHER QJAL		90 OTHER LAST FIRST		91 OTHER NPI		92 OTHER QJAL		93 OTHER LAST FIRST									

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.

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.

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

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

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

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

8. RESERVED FOR NUCC USE

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

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.

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

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? \$ 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

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS F. G. H. I. J.

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 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#

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

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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-xiyy)
	73150-150-06	73150-0150-06	
Drug: HCPCS Level II		J2329	Injection, ublituximab-xiyy, 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/medicare/medicare-fee-service-payment/physicianfeeschedpfs-relative-value-files/rvu23a>.

