Following the FDA approval of physician-administered therapies, physician 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.

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.

For more information regarding billing and coding, please contact the payer or BMS Access Support®.


*The NDC is preceded by the qualifier N4 and followed by the quantity qualifier (ML) and the quantity administered beginning in position 14.1 For example, use “N400003712511ML20” for the 20-mL vial.2
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References


