CIMERLI®
(ranibizumab-eqrn) injection

# SANDOZ ONE SOURCE®
# CO-PAY SAVINGS PROGRAM OPERATIONAL GUIDE

For claim submission and payment

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## The Sandoz One Source® Co-pay Savings Program

**The Co-Pay Savings Program may cover out-of-pocket expenses associated with CIMERLI®
and the injection procedure for eligible patients with commercial insurance.***

**As little as $0** | **Per dose of CIMERLI including injection** | **Maximum annual benefit of $16,000 per calendar year**

Now, it's so SIMPLE to enroll and use the Sandoz One Source Co-pay Savings Program:

Visit Sandoz-OneSource.com/CIMERLI to :
- Access the HCP Portal
- Enroll your patients online
- Submit Co-Pay Claims

## Submitting Medical Claims Through Sandoz One Source Co-pay Program
### Methods of claims submission

| **The Sandoz One Source Co-Pay Program has 3 methods of submitting claims:** | | |
|---|---|---|
| **Fax** | Submit claims using paper claims form. Fax: 1-833-966-3046. | |
| **Online** | Submit claims through your office billing software. | Submit claims through your office billing software by submitting a secondary ANSI ASC X12N electronic claim using Payer ID# 56155, Group #00003696 and the patient's CIMERLI co-pay member ID number. **OR** Visit Sandoz-OneSource.com/CIMERLI, click "Submit a Co-Pay Claim", and upload claim documentation.† |
| **Virtual Debit Card** | If you would like to receive reimbursement via secure Virtual Debit Card: Submit ONLY a primary explanation of benefits (EOB) or Remittance Advice (RA) AND approved Virtual Debit Card fax coversheet‡ by fax, or online at Sandoz-OneSource.com/CIMERLI. | |

## Fax or Online: Submit Claims Using Paper Claims Form

A co-pay claim form is submitted after the patient is approved and enrolled in the **Sandoz One Source® Co-pay Program**.

Two types of paper claim forms can be submitted to the program: the **CMS-1500** claim form and the **UB04 claim form**.

The primary explanation of benefits (EOB) or Remittance Advice (RA) must be submitted with the paper claim form.

These forms can be filled out and faxed to 1-833-966-3046 or submitted online at Sandoz-OneSource.com/CIMERLI. Examples of these forms are provided for your reference.

## Submitting Medical Claims Through Sandoz One Source Co-pay Program

### Fax: Submit Claims Using Paper Claims Form

### CMS-1500 Claim Form

Below is an example of a **CMS-1500 claim form** with notations to help your billing office with filling out and submitting these forms. Please be sure to include a copy of the **Explanation of Benefits (EOB)** when submitting your claim.

**Box 21 Diagnosis**
Enter the appropriate ICD-10-CM diagnosis code(s) based on clinical diagnosis

**Box 24A Date(s) of Service**
- In the shaded area enter qualifier "N4", the 11-digit National Drug Code, the UOM (mL) and the unit quantity.
  - [70114-0441-01]: 0.5 mg/0.05 mL (10 mg/mL) vial
  - [70114-0440-01]: 0.3 mg/0.05 mL (6 mg/mL) vial
- Enter Date(s) of Service

**Box 24D Description of procedures and services**
Indicate appropriate HCPCS and CPT codes for product and services:

For example:
- Administration: 67028 for intravitreal injection
- Drug: Q5128 for CIMERLI

**Box 24E Diagnosis Pointer**
Specify diagnosis from Item 21, relating to each HCPCS code listed in item 24D

**Modifiers**
To denote site of administration, enter appropriate modifiers, −LT, −RT, or −50 for bilateral injection.

Please use modifier JZ to denote administration of full vial (no discarded amounts) if applicable

**Item 24G Billable Units**
Specify the billing units.

Billable units for CIMERLI® are in 0.1 mg increments.

For example
- 0.5 mg = 5 billable units
- 0.3 mg = 3 billable units



This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating CIMERLI treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Sandoz does not guarantee CIMERLI coverage or reimbursement.

# Submitting Medical Claims Through Sandoz One Source® Co-pay Program (continued)

## Fax: Submit Claims Using Paper Claims Form

### UB04 (CMS-1450) Claim Form

Below is an example of a **UB04 (CMS-1450) claim form** with notations to help your billing office with filling out and submitting these forms. Please be sure to include a copy of the **Explanation of Benefits (EOB)** when submitting your claim.

**Box 42 Revenue Codes**

Outpatient Clinic: 510

Drugs requiring detailed coding: 636

Note: Other revenue codes may apply

**Box 43 Description of Product or Procedure**

For example:

Product: Enter qualifier "N4", the 11-digit National Drug Code, the UOM (mL) and the unit quantity at the end.

**Box 67 Diagnosis Code**

Enter the appropriate ICD-10-CM code diagnosis(es).

**Box 44 HCPCS/CPT**

For example:

**Administration:** 67028 for intravitreal injection.

To denote site of administration, enter appropriate modifiers, −LT, −RT, or −50 for bilateral injection.

**Drug: Q5128** for CIMERLI Please use modifier JZ to denote administration of full vial (no discarded amounts) if applicable.

**Box 46 Units**

Billable units for CIMERLI are in 0.1 mg increments.

For example:

- 0.5 mg = 5 billable units
- 0.3 mg = 3 billable units



This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating CIMERLI treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Sandoz does not guarantee CIMERLI coverage or reimbursement.

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MEDICAL CLAIMS

# Submitting Medical Claims Through Sandoz One Source®
# Co-pay Program (continued)

## Online: Submit Claims Through Your Office Billing Software

We know that billing software can vary and that interfaces are all different. Irrespective of submission method, payment will be received in the way you have been accustomed via the designated channel you have set-up. Below are some basic steps to ensure that you can properly submit a claim through your office billing software.

## Billing Software Setup

**First, make sure that the Payer ID 56155 is an available Payer ID in your system.***

**If the Payer ID is available:** You can begin submitting electronic claims through your system.

**If the Payer ID is not available,** give us a call for assistance with figuring out how to add the ID to your system.

Once Payer ID 56155 is available in your system, please add the **Sandoz One Source Co-Pay Program** to your patients' insurance profile as a secondary or tertiary payer. Include the **Group Number 00003696**, Payer ID, and the patient's unique Member ID, or the claim will be rejected in your system.

If you do not receive remittance back, then you can ask your practice and billing vendor to allow the reception of electronic remittance advice (ERA) [EDI 835] messages from **Payer ID 56155** in order to receive claims adjudication results.

## Clearinghouse Setup

**The Sandoz One Source Co-pay Program** and its co-pay payment partner have developed relationships with several software vendors and all major clearinghouses in order to ensure that the claims are routed properly to the program for processing.

If you are having trouble submitting claims to the program, please contact us at 1-844-4SANDOZ (1-844-472-6369).

*If your system requires a 4 digit Relay Health Payer ID, please use the following as appropriate: Relay Professional Claims Payer ID: 7821 or Relay Institutional Claims Payer ID: 9532.

# Leveraging the Pharmacy Benefit

In certain cases, CIMERLI® may be covered under the patient's pharmacy benefits.

**For claims that process through the pharmacy benefit:**

1. Use patient's prescription insurance for the primary claim.

2. Process a COB claim to PDMI as the secondary claim.

*Please note: There is no PCN number for this co-pay program, providers will need to leave this section blank.

**Please see appropriate Sandoz details below:**

Rx BIN Number: 610020

Group ID: 99994346

Patient ID:
Unique to each patient

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**Medical Copay Claims**
PAYER ID: 56155
GROUP: 00003696
MEMBER ID: <XXXXXXXXX>

**Pharmacy Copay Claims**
BIN: 610020
GROUP: 99994346
MEMBER ID: <XXXXXXXXXXX>

Pay as little as $0 per treatment

For questions, call Sandoz One Source for Cimerli toll-free at
1-844-4SANDOZ (1-844-472-6369).
Visit https://www.cimerli.com/support for program eligibility details.

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- The pharmacy processes the co-pay claim and collects any additional balance due from the patient.

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# Billing and Coding Are Made Easy With Support From Sandoz One Source®

## CIMERLI® BILLING CODES*

| HCPCS Code* | Description |
|---|---|
| **Q5128** | Injection, ranibizumab-eqrn (CIMERLI), biosimilar, 0.1 mg |
| *Q5128 should be used for CIMERLI administered on or after 4/1/2023. | |

| Billable Units | Example |
|---|---|
| 0.1 mg | 0.5 mg = 5 billable units<br>0.3 mg = 3 billable units |

| HCPCS Modifier | Description |
|---|---|
| JZ | Zero drug amount discarded/not administered to any patient<br>(New modifier to indicate administration of the full vial.) |

| CPT Codes | Description |
|---|---|
| 67028 | Intravitreal injection of a pharmacologic agent (separate procedure) |

| CPT Modifier | Description |
|---|---|
| −RT | Right eye modifier |
| −LT | Left eye modifier |
| −50 | Bilateral |

| Patient Diagnosis Codes | Description |
|---|---|
| ICD-10-CM | ICD-10 codes vary by patient diagnosis |

| NDC | Description |
|---|---|
| 70114-0441-01 | 0.5 mg/0.05 mL (10 mg/mL) vial (one carton) |
| 70114-0440-01 | 0.3 mg/0.05 mL (6 mg/mL) vial (one carton) |

The coding information contained herein is for informational purposes only and is not a guarantee of coverage or reimbursement for any product or service. This information is not intended to substitute for the physician's independent diagnosis or treatment of each patient.

**For questions regarding CIMERLI billing and coding, please call Sandoz One Source at 1-844-4SANDOZ (1-844-472-6369) from 8 AM to 8 PM ET, Monday through Friday or visit CIMERLI.com.**

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