

**Billing and Coding Guide for  
PERSERIS<sup>®</sup> (risperidone)  
for extended-release  
injectable suspension**

**WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS**

**Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. PERSERIS<sup>®</sup> is not approved for use in patients with dementia-related psychosis.**

Please see accompanying full [Prescribing Information](#), including **BOXED WARNING**, or go to [www.PERSERISHCP.com](http://www.PERSERISHCP.com).

This brochure is designed to help appropriate patients get access to Indivior medications by providing reimbursement information for healthcare providers (HCPs). HCPs are responsible for ensuring all information submitted on or with the claim is accurate, complete, and applicable to the claim being filed. Indivior makes no representations or warranties or guarantees of any kind relating to access, coverage, or reimbursement.

**INSUPPORT® was created by Indivior to provide information on the access and reimbursement processes on behalf of patients seeking treatment with PERSERIS® (risperidone) for extended-release injectable suspension. INSUPPORT provides information for HCPs and their offices in support of these patients, including:**



### TRANSITION OF CARE

- Assistance in the transition process for patients who are receiving treatment with PERSERIS and transitioning to a new healthcare setting to continue PERSERIS treatment



### BENEFIT COVERAGE INFORMATION

- Conduct benefit investigation of the patient's insurance coverage for PERSERIS for the patient's current site of care
- Provide information on the prior authorization and appeals process, and confirm product acquisition requirements from the patient's health insurance provider
- If applicable, determine eligibility and enroll an eligible patient for the INSUPPORT® Copay Assistance Program for PERSERIS, or provide alternate funding information



### COPAY ASSISTANCE PROGRAM

- Designed to help eligible<sup>a</sup> patients with the out-of-pocket costs for PERSERIS
- Eligible<sup>a</sup> patients may pay as little as \$5 per injection of PERSERIS. Restrictions apply



### PATIENT ACCESS SPECIALIST

- A local specialist who can provide in-person information about INSUPPORT, including patient insurance benefits and requirements



### INSUPPORT ONLINE

- Enroll patients electronically by submitting the PERSERIS patient enrollment form to [enroll@insupport.com](mailto:enroll@insupport.com)
- Find information about the steps in the patient access program, utilize tools, and access other resources on [www.INSUPPORT.com](http://www.INSUPPORT.com)

<sup>a</sup>The INSUPPORT® Copay Assistance Program is valid ONLY for patients with private insurance who are prescribed PERSERIS for on-label use. Patients with government insurance are not eligible for the Copay Assistance Program, including, but not limited to, Medicare, Medicaid, Medigap, VA, DoD, TRICARE, CHAMPVA, or any other federally or state-funded government-assisted program. Other restrictions apply. Visit [INSUPPORT.com](http://INSUPPORT.com) to view complete Terms & Conditions.

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# INTERNATIONAL CLASSIFICATION OF DISEASES, TENTH REVISION, CLINICAL MODIFICATION (ICD-10-CM) CODES FOR SCHIZOPHRENIA<sup>1</sup>

PERSERIS<sup>®</sup> (risperidone) IS INDICATED FOR THE TREATMENT OF SCHIZOPHRENIA IN ADULTS.

ICD-10-CM CODES	
<b>F20.0</b>	<b>Paranoid schizophrenia</b>
<b>F20.1</b>	<b>Disorganized schizophrenia</b>
<b>F20.2</b>	<b>Catatonic schizophrenia</b>
<b>F20.3</b>	<b>Undifferentiated schizophrenia</b>
<b>F20.5</b>	<b>Residual schizophrenia</b>
<b>F20.89</b>	<b>Other schizophrenia</b>
<b>F20.9</b>	<b>Schizophrenia, unspecified</b>

The individual or entity submitting a claim using INSUPPORT reimbursement and coding information must ensure that all information submitted on or with the claim is accurate, complete, and applicable to the claim being filed.

The above-listed codes are provided for informational, nonpromotional purposes only. Third-party coverage and reimbursement are complex and may change frequently. Providers are responsible for determining and submitting appropriate codes, charges, medical services, and products in accordance with providers' independent professional judgment.

Indivior makes no representations, warranties, or guarantees of any kind relating to access, coverage, or reimbursement.

The appropriateness of filing any particular claim is and remains the responsibility of that claim's submitter based on the submitter's own judgment.

## NATIONAL DRUG CODES (NDCs) AND CURRENT PROCEDURAL TERMINOLOGY (CPT) CODE

### NDCs FOR PERSERIS<sup>2</sup>

NDC	MILLIGRAMS
<b>12496-0090-01</b>	<b>90 mg</b>
<b>12496-0120-01</b>	<b>120 mg</b>

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## CPT CODE<sup>3,a</sup>

CPT CODE	DESCRIPTION
96372	<b>Therapeutic, prophylactic, or diagnostic injection; (specify substance or drug) subcutaneous or intramuscular</b>

**PERSERIS® (risperidone) is to be administered as a subcutaneous injection in the abdomen or back of the upper arm. Do not administer by any other route.**

<sup>a</sup>CPT Copyright 2022 American Medical Association. All rights reserved.  
CPT® is a registered trademark of the American Medical Association.

The individual or entity submitting a claim using INSUPPORT reimbursement and coding information must ensure that all information submitted on or with the claim is accurate, complete, and applicable to the claim being filed.

The above-listed codes are provided for informational, nonpromotional purposes only. The information provided is accurate on the publication date, but it should be independently verified.

The appropriateness of codes on a claim is and remains the responsibility of the HCP based on his/her own judgment.

## HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODES

### PRODUCT-SPECIFIC HCPCS CODES FOR PERSERIS<sup>4</sup>

HCPCS CODE	HCPCS DESCRIPTION	NUMBER OF UNITS	SITES OF CARE
J2798	<b>Injection, risperidone (PERSERIS), 0.5 mg</b>	<b>180</b> (for 90 mg dose)	<b>• Hospital outpatient clinic • Physician office</b>
		<b>240</b> (for 120 mg dose)	

A drug-specific J-code is used for products that have been assigned a permanent HCPCS Level II code. Even with a unique HCPCS code, it is important to confirm payer-specific coding requirements or contact INSUPPORT® at 1-844-INSPPRT for assistance. Contact the insurance company before submission to obtain payer-specific information.

Please note that some payers, including state Medicaid programs, require HCPs to report the 11-digit Health Insurance Portability and Accountability Act (HIPAA) compliant version of the National Drug Code (5-4-2 format) for a physician-administered drug along with its HCPCS code on paper claim forms and their electronic equivalents.<sup>5</sup>

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## HCPCS MODIFIERS FOR PERSERIS® (risperidone)<sup>4</sup>

HCPCS MODIFIER	MODIFIER DESCRIPTION	APPROPRIATE USE FOR PERSERIS	SITES OF CARE
JZ	Zero drug amount discarded/not administered to any patient	Append modifier to J2798 to identify that no amount of drug was discarded from a single-dose kit	<ul style="list-style-type: none"> <li>Hospital Outpatient Clinic</li> <li>Physician Office</li> </ul>
JG	Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes	Append modifier to J2798 to identify the drug was acquired under the 340B Drug Discount Program	<ul style="list-style-type: none"> <li>Hospital Outpatient Clinic</li> </ul>
TB	Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes for select entities	Append modifier to J2798 to identify the drug was acquired under the 340B Drug Discount Program while PERSERIS has temporary pass-through payment status	<ul style="list-style-type: none"> <li>Hospital Outpatient Clinic</li> </ul>

Modifier -JZ is effective January 1, 2023 and is required on Medicare claims with dates of service (DOS) on/after July 1, 2023. Please note, Medicare will start rejecting Part B claims for single-use packaged drugs without modifier -JZ when applicable effective DOS on/after October 1, 2023.<sup>6</sup>

Informational modifiers, -JG or -TB, are required on Medicare claims for 340B-covered entities that are paid under the Outpatient Prospective Payment System (OPPS) starting January 1, 2023. No later than January 1, 2024, 340B modifiers, -JG or -TB, are required on Medicare claims for separately payable Part B-covered drugs and biologicals for all 340B-covered entities, including hospital-based and non-hospital-based entities. Modifier -JG applies for products that do not have temporary pass-through status.<sup>7</sup> Modifier -TB, applies for products that do have temporary pass-through payment status.

Other modifiers may apply; check with individual payers to confirm the latest guidance.

## NDC FORMATTING ON MEDICAL CLAIMS

NDC	MILLIGRAMS	NDC FORMAT FOR CLAIMS	NDC LOCATION ON CLAIM FORMS
12496-0090-01	90 mg	N412496009001	<ul style="list-style-type: none"> <li>CMS-1500: Box 24A (shaded area)</li> <li>CMS-1450: Field 42</li> </ul>
12496-0120-01	120 mg	N412496012001	<ul style="list-style-type: none"> <li>CMS-1500: Box 24A (shaded area)</li> <li>CMS-1450: Field 42</li> </ul>

The individual or entity submitting a claim using INSUPPORT reimbursement and coding information must ensure that all information submitted on or with the claim is accurate, complete, and applicable to the claim being filed. The appropriateness of codes on any particular claim is and remains the responsibility of the HCP on his/her own judgment. Contact the insurance company before submission to obtain payer-specific information.

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## ADDITIONAL RESOURCES



INSUPPORT Patient  
Enrollment Form



INSUPPORT  
Copay Assistance  
Brochure



INSUPPORT  
Transition of Care  
Support

For more information on the INSUPPORT® program, call INSUPPORT at 844-INSPPRT (844-467-7778) or visit [www.INSUPPORT.com](http://www.INSUPPORT.com).


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## REFERENCES

1. Centers for Medicare & Medicaid Services (CMS). ICD-10-CM tabular list of diseases and injuries 2023. Accessed March 13, 2023. <https://www.cms.gov/medicare/icd-10/2023-icd-10-cm> 2. PERSERIS prescribing information. Indivior Inc. 3. 2023 Professional Edition, Current Procedural Terminology (CPT). Copyright 2022. American Medical Association; 2022. All rights reserved. 4. CMS. January 2023 Alpha-Numeric HCPCS File. Accessed March 13, 2023. <https://www.cms.gov/medicare/coding/hcpcsreleasecodesets/hcpcs-quarterly-update> 5. CMS. Medicare Learning Network. MLN Matters® Number: SE1234. Important information concerning the Medicare crossover process and state Medicaid agency requirements for National Drug Codes (NDCs) associated with physician-administered Part B drugs. September 5, 2012. Accessed March 13, 2023. <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/SE1234.pdf> 6. CMS. Medicare Program. Discarded drugs and biologicals – JW modifier and JZ modifier policy: frequently asked questions. Accessed March 13, 2023. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 7. CMS. Medicare-FFS Program Billing 340B Modifiers under the Hospital Outpatient Prospective Payment System (OPPS). Updated March 2023. Accessed March 13, 2023. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/billing-340b-modifiers-under-hospital-oppes.pdf>

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injectable suspension  
90 mg · 120 mg