



Administration of Injectable Drugs Now Billable

From: Passport Health Plan
 Sent: January 5, 2017
 To: Passport Behavioral Health Providers

Background:

Effective February 1, 2017, Passport Health Plan (Passport) will begin reimbursing for the administration of injectable drugs using CPT code 96372.

Provider Action Needed:

To be reimbursed for injectable drugs, please submit your claims to Passport using the CPT code 96372 along with the injectable drug codes below:

J Code	Brand Name	Label Name	NDC
J0400	ABILIFY	ABILIFY 9.7 MG/1.3 ML VIAL	59148001665
J0401	ABILIFY MAINTENA	ABILIFY MAINTENA ER 300 MG SYR	59148004580
J0401	ABILIFY MAINTENA	ABILIFY MAINTENA ER 300 MG VL	59148001871
J0401	ABILIFY MAINTENA	ABILIFY MAINTENA ER 400 MG SYR	59148007280
J0401	ABILIFY MAINTENA	ABILIFY MAINTENA ER 400 MG VL	59148001971
J3360	DIAZEPAM	DIAZEPAM 10 MG/2 ML CARPUJECT	00409127332
J2680	FLUPHENAZINE DECANOATE	FLUPHENAZINE DEC 125 MG/5 ML	42023012901
J2680	FLUPHENAZINE	FLUPHENAZINE	63323027205

	DECANOATE	DEC 25 MG/ML VIAL	
J1631	HALOPERIDOL DECANOATE	HALOPERIDOL DEC 100 MG/ML VIAL	53150048505
J1631	HALOPERIDOL DECANOATE	HALOPERIDOL DEC 100 MG/ML VIAL	63323047101
J1631	HALOPERIDOL DECANOATE	HALOPERIDOL DEC 100 MG/ML VIAL	63323047105
J1631	HALOPERIDOL DECANOATE	HALOPERIDOL DEC 100 MG/ML VIAL	67457038158
J1631	HALOPERIDOL DECANOATE	HALOPERIDOL DEC 100 MG/ML VIAL	67457040913
J1631	HALOPERIDOL DECANOATE	HALOPERIDOL DEC 50 MG/ML VIAL	63323046901
J1631	HALOPERIDOL DECANOATE	HALOPERIDOL DEC 50 MG/ML VIAL	67457041013
J1631	HALOPERIDOL DECANOATE	HALOPERIDOL DECAN 50 MG/ML AMP	10147092103
J1631	HALOPERIDOL DECANOATE 100	HALOPERIDOL DEC 100 MG/ML AMP	10147092205
J1630	HALOPERIDOL LACTATE	HALOPERIDOL LAC 5 MG/ML VIAL	63323047401
J1630	HALOPERIDOL LACTATE	HALOPERIDOL LAC 5 MG/ML VIAL	67457042612
J2426	INVEGA SUSTENNA	INVEGA SUSTENNA 117 MG/0.75 ML	50458056201
J2426	INVEGA SUSTENNA	INVEGA SUSTENNA 156 MG/ML SYRG	50458056301
J2426	INVEGA SUSTENNA	INVEGA SUSTENNA 234 MG/1.5 ML	50458056401
J2426	INVEGA SUSTENNA	INVEGA SUSTENNA 78 MG/0.5 ML	50458056101
J2426	INVEGA TRINZA	INVEGA TRINZA 410 MG/1.315 ML	50458060701
J2426	INVEGA TRINZA	INVEGA TRINZA 546 MG/1.75 ML	50458060801
J2426	INVEGA TRINZA	INVEGA TRINZA 819 MG/2.625 ML	50458060901
J2060	LORAZEPAM	LORAZEPAM 2 MG/ML VIAL	00409677802

J2060	LORAZEPAM	LORAZEPAM 2 MG/ML VIAL	00641604401
J2060	LORAZEPAM	LORAZEPAM 2 MG/ML VIAL	00641604425
J2794	RISPERDAL CONSTA	RISPERDAL CONSTA 12.5 MG SYR	50458030911
J2794	RISPERDAL CONSTA	RISPERDAL CONSTA 25 MG SYR	50458030611
J2794	RISPERDAL CONSTA	RISPERDAL CONSTA 37.5 MG SYR	50458030711
J2794	RISPERDAL CONSTA	RISPERDAL CONSTA 50 MG SYR	50458030811
J3490	VALPROATE SODIUM	VALPROATE SOD 500 MG/5 ML VL	00143963710
J2315	VIVITROL	VIVITROL 380 MG VIAL	65757030001
J2315	VIVITROL	VIVITROL 380 MG VIAL + DILUENT	65757030001
J2358	ZYPREXA RELPREVV	ZYPREXA RELPREVV 300 MG VL KIT	00002763611

Please be sure to use both codes or the claim will deny.

Questions:

If you have any questions, please contact Provider Services (800) 578-0775 or your [Provider Relations Specialist](#).