

# Spinraza (nusinersen) — J2326 Billing Cheat Sheet

CareCost · Reviewed May 22, 2026 · [carecostestimate.com/drugs/spinraza](http://carecostestimate.com/drugs/spinraza)

## IDENTIFIERS

HCPCS	J2326 — "Injection, nusinersen, 0.1 mg"
Brand	Spinraza (Biogen / licensed from Ionis)
Generic splice modifier)	nusinersen (antisense oligonucleotide; SMN2
NDC (11)	64406-0058-12 — 12 mg / 5 mL single-dose vial
Route guidance)	Intrathecal injection (lumbar puncture, imaging
FDA approval	Dec 2016 (NDA 209531); first SMA treatment

## DOSING & UNIT MATH

Standard	<b>12 mg per injection</b> — fixed (not BSA/weight)
Loading	Days 0, 14, 28, 63 (4 doses)
Maintenance	12 mg every 4 months for life
Units/dose	<b>120 units</b> (12 mg × 10 units/mg)
Year 1	6 injections (4 loading + 2 maintenance)
Ongoing	3 injections/year
WAC	~\$125K per dose · ~\$750K Year 1 · ~\$375K/yr
ongoing	

## #1 DENIAL TRAP — ADMIN CODE

Use CPT 62321 (intrathecal LP w/ imaging guidance)  
 NOT 96365 (therapeutic IV)  
 NOT 96413 (chemo IV)  
 62322 if NO imaging (rare). 96450 historical; verify per payer.  
 Do NOT add 77003 — imaging is bundled into 62321 (NCCI edit).

## MODIFIERS

JZ **Required** on every claim — single-dose vial, no waste (12 mg = 12 mg dose)  
 JW Essentially never — only for documented procedural failure with partial discard  
 Modifier 25 Same-day E/M (baseline motor function assessment may qualify)  
 JG / TB 340B-acquired per MAC policy

## ICD-10 — SMA TYPES

CODE	TYPE	POPULATION
G12.0	SMA Type 1 (Werdnig-Hoffmann)	Infantile-onset, severe
G12.1	Other inherited SMA	Type 2 (intermediate)
G12.8	Other SMAs	Type 3 (Kugelberg-Welander), Type 4 (adult)
G12.9	SMA, unspecified	Use only if type undetermined

All payers require documented biallelic SMN1 mutation by genetic testing — ICD-10 alone is not sufficient.

## SMA LANDSCAPE (3 TREATMENTS)

DRUG	ROUTE	BENEFIT
<b>Spinraza</b> (J2326)	Intrathecal q4mo, lifetime	Medical (Part B)
<b>Zolgensma</b> (J3399)	One-time IV gene therapy (<2 yrs)	Medical (Part B)
<b>Evrysdi</b> (risdiplam)	Daily oral solution	Pharmacy (Part D)

Generally not concurrent — document transition rationale for switches.

## SITE OF CARE / POS

POS 22	Pediatric hospital outpatient (HOPD) — <b>preferred</b> for pediatric Type 1/2 (sedation + IR support)
POS 22	Adult neurology HOPD — standard for adult SMA
POS 24	ASC with IR capability — acceptable
POS 19	Off-campus PBD — acceptable
POS 11	Physician office — rare (requires office fluoroscopy)

## PAYER PA REQUIREMENTS

- Documented biallelic *SMN1* deletion/mutation (genetic test report)
- SMN2* copy number (informs severity)
- Baseline motor function: **CHOP-INTEND** (infants/Type 1), **HFMSE** (Type 2/3), **RHS** (adult)
- Not concurrent with Zolgensma or Evrysdi
- Renewal q6mo with documented motor function stability or improvement

## TOP DENIALS

- Wrong CPT (96365 instead of 62321) — #1 error
- SMN1 genetic confirmation missing
- Baseline motor function not documented
- Imaging guidance not documented (if 62321 billed)
- Age/type restriction (cite current label: all ages, all types)
- Drug + procedure on different DOS
- 77003 billed with 62321 (NCCI bundled)

## MEDICARE / REIMBURSEMENT

Part B (live-bound)	Physician-administered — ASP+6% per quarter
WAC	~\$125,000 per 12 mg dose
Sequestration	~2% reduction → effective ~ASP+4.3%
Admin (62321)	Reimbursed separately under PFS or OPFS
Coverage	All MACs, FDA-labeled SMA with SMN1 genetic doc
Code history	J2326 effective Jan 1, 2018 (pre: J3490 unclassified)

## PATIENT ASSISTANCE

## CLAIM FORM QUICK REFERENCE

FIELD	VALUE
-------	-------

**Hub** Biogen Above SMA — 1-844-422-6837 / spinraza.com  
**Copay** \$0 OOP for eligible commercial (excludes Medicare/Medicaid/federal)  
**PAP** Biogen Patient Assistance Foundation (uninsured/underinsured)  
**Foundation** Cure SMA (curesma.org) — equipment, family support, advocacy  
**Medicare** PAN, HealthWell, NORD, Good Days — verify open funds

24A shaded	N4 + 64406-0058-12 + ML + 5.0
24D drug line	J2326 + JZ · 120 units
24D proc line	62321 · 1 unit (same DOS)
24D sedation	99151–99153 or 00635 (if applicable)
Box 21	G12.0 / G12.1 / G12.8 / G12.9
Box 23	PA number (required by all major payers)