

A. Subject

This policy provides guidelines for the documentation and reimbursement of discarded drug wastage from single dose injectable vials.

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.



D. Policy

Modifier JW should be billed on the detail line that denotes the discarded portion of the drug or biological. The amount administered to the patient should be billed on a separate detail line without modifier JW. Both details are reimbursable.

- Caresource will consider reimbursement for:
 - I. A single-dose or single-use vial drug that is wasted, when Modifier JW is appended.
 - II. The wasted amount when billed with the amount of the drug that was administered to the member.

- CareSource will NOT consider reimbursement for:
 - I. The wasted amount of a multi-dose vial drug.
 - II. Any drug wasted that is billed when none of the drug was administered to the patient.
 - III. Any drug wasted that is billed without using the most appropriate size vial, or combination of vials, to deliver the administered dose.

E. Conditions of Coverage

- Providers must not use the JW modifier for medications manufactured in a multi-dose vial format.
- Providers must choose the most appropriate vial size(s) required to prepare a dose to minimize waste of the discarded portion of the injectable vials.
- Claims considered for reimbursement must not exceed the package size of the vial used for preparation of the dose. Providers must not bill for vial contents overfill.
- Providers must not use the JW modifier when the actual dose of the drug or biological administered is less than the billing unit.
- The JW Modifier is only applied to the amount of drug or biological that is discarded (wasted). The discarded (wasted) drug should be billed on a separate line with the JW modifier.
 1. Claim Line #1 – HCPCS code for drug administered and the amount administered to the patient.
 2. Claim Line #2 – HCPCS code for drug discarded (wasted) with JW modifier appended to indicate waste and the amount discarded (wasted).



G. Review/Revision History

| | DATE | ACTION |
|-----------------------|------------|--------|
| Date Issued | | |
| Date Revised | | |
| Date Effective | 01-22-2022 | |
| Date Archived | | |

H. References

1. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>
2. <https://www.kmap-state-ks.us/Documents/Content/Bulletins/16226%20-%20General%20-%20Modifier%20JW.pdf>
3. http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Procedure_Code_Modifiers_for_Professional_Claims.pdf

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.

