



American Academy of Ophthalmic Executives® Fact Sheet: JW and JZ Modifiers

Published June 5, 2023

HCPCS Modifiers

- JW Drug amount discarded/not administered to any patient
- JZ Zero drug amount discarded/not administered to any patient

Policies

JW Modifier

Effective January 1, 2017, physicians must report the JW modifier on all claims that bill for drugs with unused and discarded amounts from single-dose containers, vials and packages. Chart documentation must state the amount of drug injected and wasted, which is consistent with the units reported on the claim submission.

JZ Modifier

Effective January 1, 2023, Medicare will use JW and JZ modifiers to calculate discarded drug refunds.

Effective July 1, 2023, physicians are required to report JZ modifier on all claims that bill for drugs supplied as single-dose vials, containers and packages based on FDA-approved labeling with no discarded amounts.

Exclusions

The use of JW or JZ modifiers are not appropriate when:

- Drugs are labeled as multidose vials or containers.
- The physician does not purchase the drug and it is not payable under Medicare Part B. This includes:
 - Specialty pharmacy drugs or “white bag” distribution
 - Sample medications

Single-dose and Multidose

Many commonly used ophthalmic drugs are distributed as pre-filled syringes (eg, Eylea), while others may be purchased in single-dose (eg, Vabysmo, Cimerli, Byooviz) or multidose vials (eg, Kenalog).

Read the medication vial label to identify and confirm the corresponding specific National Drug Code (NDC) for the product being administered. This is the NDC number to report on the CMS-1500 in item 24a or EDI equivalent. The type of vial would confirm if JZ/JW should be reported (single-dose) or if no modifier is required (multidose).

Report JZ modifier when the actual dose of the drug from a single-dose vial is less than the billing unit based on the HCPCS descriptor. JW modifier is reported only when the discarded drug is one unit or greater.

When the dosage is less than one unit, round up to the nearest unit.

Case Studies

JW Modifier

Example 1:

- 12 mg of Visudyne (verteporfin) used and 3 mg discarded
- HCPCS code J3396 injection, Verteporfin, 0.1 mg
- Single-dose vial 15 mg, 150 units
- **J3396, 120 units**
- **J3396 -JW, 30 units**

Example 2:

- 30 units of Botox (onabotulinumtoxinA) injected, and 70 units discarded
- HCPCS code J0585 injection, onabotulinumtoxinA, 1 unit
- Single-dose vial 100 units
- **J0585, 30 units**
- **J0585 -JW, 70 units**

Example 3:

- 2 mg of Kenalog (triamcinolone) injected and 38 mg discarded
- HCPCS J3301, triamcinolone acetonide, 10 mg
- **Single-dose** vial 40 mg (appropriate NDC reported)
- **J3301, 1 unit**
- **J3301 -JW, 3 units**

JZ Modifier

Example 1:

- 6 mg of Vabysmo (faricimab-svoa) injected
- HCPCS J2777, faricimab-svoa, 0.1 mg
- Single-dose vial 6 mg
- **J2777 - JZ, 60 units**

Example 2:

- 10 mcg of Durysta implanted
- HCPCS J7351, injection, bimatoprost, intracameral implant, 1 microgram
- Single-use implant, 10 mcg
- **J7351 -JZ, 10 units**

Example 3:

- 5 mg of fluorouracil injected
- HCPCS J9190, fluorouracil, 500 mg
- **Single-dose** vial 500 mg (appropriate NDC reported)
- **J9190 -JZ, 1 unit**

No JZ or JW Modifier

Example 1:

- 2 mg of Kenalog (triamcinolone) injected
- HCPCS J3301, triamcinolone acetonide, 10 mg
- **Multi-dose** vial 40 mg (appropriate NDC reported)
- J3301, 1 unit

Example 2:

- 5 mg of fluorouracil injected
- HCPCS J9190, fluorouracil, 500 mg
- **Multi-dose** vial 500 mg (appropriate NDC reported)
- J9190, 1 unit

Additional Resources

Visit the Coding for Injectable Drugs webpage at <https://www.aao.org/practice-management/coding/injectable-drugs> to learn more and to download these articles and tables: “Correct Coding for Single-Use Vials,” “How to Get Reimbursed for Multidose Vials,” Table of Common Drugs and Table of Common Retina Drugs.

Sources

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