

Meet Modifier -JZ: A Quick Guide to -JW's New Counterpart

Do you administer drugs that come in a single-dose container, vial, or package? Since Jan. 1, 2017, your practice should have been using modifier -JW *discarded drug not administered* to report unused and discarded amounts from single-dose containers. This enabled you to be reimbursed for all the drug in the container, not just the portion that was administered to the patient. But what if there is no wastage? This year, CMS introduced a new modifier: -JZ *zero drug amount discarded/not administered to any patient*.

Why the new modifier? In some circumstances, drug manufacturers that produce single-dose vials must refund CMS for part of the cost of discarded drugs. However, CMS found that modifier -JW was often omitted from claims, and the agency worried that this was often due to incorrect coding rather than an absence of discarded drugs. CMS believes that the new modifier will reduce errant coding and provide more accurate data for when the agency calculates the discarded drug refunds that some manufacturers must pay.

Timeline for using modifier -JZ. When CMS published the modifier -JZ in late 2022, it announced an extended timeline for its full implementation. Although the new modifier went into effect Jan. 1, 2023, you weren't required to use it for the first six months of the year. Starting with dates of service on

or after July 1, you must use modifier -JZ for claims involving single-dose containers in which there is no wastage. Failure to do so could result in audits. The next key date is Oct. 1, when CMS contractors will start returning claims as unprocessable if they don't use modifiers -JZ and -JW appropriately.

Use of modifier -JZ. Append modifier -JZ to the Healthcare Common Procedure Coding System (HCPCS) code that represents the drug used.

Don't use modifiers -JW and -JZ when using multidose containers.

Drugs in multidose containers can be administered to more than one patient. If you administer a drug from a multidose vial, you will be reimbursed only for the amount administered to the patient, not for any discarded amounts, and this means that modifiers -JW and -JZ don't apply. Report only the dosage and units used per patient.

How can you tell that a container is single-dose? Review a drug's FDA-approved labeling to confirm whether the container is considered single-dose or multidose. Some drugs—such as triamcinolone acetonide (Kenalog) and fluorouracil—can be distributed as either single-dose or multidose, so you should always confirm what type of container you are using. Additionally, the national drug code (NDC) may vary depending on whether the drug is in a single- or multidose container.

Only use for drugs that are “sepa-

rately payable.” Don't use modifiers -JW and -JZ for drugs that aren't separately payable under Medicare Part B. You wouldn't, for example, use them for sample drugs or for “white bagged” drugs, which is when a payer has a third-party specialty pharmacy fill the prescription and send the drug to you.

Not just for retina practices. Although the use of modifiers -JW and -JZ mostly impacts retina practices, they should be considered when any medication is used and reported.

Code This Case

How are the modifiers used in practice? Cases 1 and 2 demonstrate the use of modifier -JW, while cases 3 and 4 show the use of modifier -JZ.

Case 1: Visudyne. An intravenous infusion of Visudyne (verteporfin for injection) is performed for photodynamic therapy in the left eye. Based on the patient's weight, 12 mg of Visudyne was used and 3 mg wasted.

Key details:

- 12 mg of Visudyne used and 3 mg discarded.
- Relevant HCPCS code: J3396 *Injection, verteporfin, 0.1 mg*. (The code description indicates that 1 unit of the drug = 0.1 mg.)
- Single-dose vial contains 15 mg (150 units).
- Relevant CPT code: 67221 *Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy*.

What to report:

- 67221-LT.
- J3396, 120 units.

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- J3396–JW, 30 units.

Case 2: Botox. Botox (onabotulinumtoxinA) is injected to treat blepharospasm. A diagram of the injection sites on both sides of the face is documented, along with 40 units used, and 60 units wasted.

Key details:

- 40 units of Botox were injected and 60 units discarded
- Relevant HCPCS code: J0585 *injection, onabotulinumtoxinA, 1 unit*
- Single-dose vial 100 units
- Relevant CPT code: 64612 *Chemodenuvation of muscle(s); muscle(s) innervated by facial nerve, unilateral (e.g., for blepharospasm, hemifacial spasm)*

What to report:

- 64612–50
- J0585, 40 units
- J0585–JW, 60 units

Case 3: Vabysmo. An intravitreal injection of Vabysmo (faricimab-svoa) is performed in the right eye. The dosage is documented as 6 mg/0.05 mL from a single-dose vial. Any residual medication less than 1 unit, or overfill, was discarded.

Key details:

- 6 mg of Vabysmo injected

- Relevant HCPCS code: J2777 *faricimab-svoa, 0.1 mg*
- Single-dose vial 6 mg
- Relevant CPT code: 67028 *intravitreal injection of a pharmacologic agent*

What to report:

- 67028–RT
- J2777–JZ, 60 units

Case 4: Fluorouracil. From a single-dose vial, a subconjunctival injection of 5 mg of fluorouracil in the left eye is performed. The vial is 500 mg/10 mL and remaining medication is discarded.

Key details:

- 5 mg of fluorouracil injected
- Relevant HCPCS code: J9190, *fluorouracil, 500 mg*
- Single-dose vial 500 mg
- Relevant CPT code: 68200 *Subconjunctival injection*

What to report:

- 68200–LT
- J9190–JZ, 1 unit

Note: Although medication was discarded in case 4, the descriptor for code J9190 indicates that the billing unit is 500 mg. The –JW modifier is not appropriate when the discarded dose is less than the HCPCS billing unit.

Is Your Practice Using These Resources?

Make the most of the following Academy and AAOE resources.

The Coding for Injectable Drugs webpage. For guidance on billing for injectable drugs, visit aao.org/practice-management/coding/injectable-drugs.

The Practice Management for Retina webpage. For coding resources, including the Table of Common Retina Drugs, visit aao.org/practice-management/coding/retina.

The AAOE's coding products. Visit aao.org/codingtools to learn about the AAOE's coding products, including the following:

- *Ophthalmic Coding Coach: Complete Reference*
- *Retina Coding: Complete Reference Guide*
- *Fundamentals of Ophthalmic Coding*
- *2023 ICD-10-CM for Ophthalmology: The Complete Reference*
- *2023 CPT: Complete Pocket Ophthalmic Reference*
- *2023 Coding Assistant for Subspecialties*
- *2023 HCPCS Level II Professional Edition*

Practice Management Express. The weekly e-newsletter that alerts AAOE members to the latest developments in coding.

AAOE-Talk. AAOE members can join this online community to crowdsource solutions to their billing dilemmas. Learn more at aao.org/practice-management/aaoe-talk-overview.

Not an AAOE member? Learn about the AAOE member benefits at aao.org/member-services/join-aaoe.