

	Modifiers JW and JZ	
	<b>Policy Number: POL-PP-234</b>	<b>Original Creation Date: 9/1/2022</b>
	<b>Version Number: 6</b>	<b>Version Effective Date: 9/1/2025</b>
	<b>Policy Status: Active</b>	<b>Next Review Date: 9/01/2026</b>

**NOTICE**

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Kansas City (Blue KC).

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP <sup>1</sup>	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA <sup>2</sup>	<input checked="" type="checkbox"/> FEP <sup>3</sup>	<input type="checkbox"/> DENTAL

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

**Disclaimer**

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

**Description/Application**

When the total volume of a single use/dose vial (SDV) of a drug or biological cannot be administered to a patient, and unused quantity is appropriately discarded (i.e., drug wastage), the appropriate drug or biological code along with

the JW modifier can be reported and is eligible for reimbursement in addition to the amount of the drug administered, up to the amount of the drug or biological as indicated on the SDV or package label. If there is no amount of drug from a single-dose container that was discarded, modifier JZ should be used.

**Policy**

The medical record must clearly document the exact dosage administered and the exact amount of the discarded portion of the drug or biological. Providers are expected to use the drug or biological in a responsible way to avoid drug wastage. If a patient needs 45 mg of a drug, and the product comes in a 50 mg and 100 mg single use vials, the 50mg vial should be used to minimize wastage.

When submitting a claim for a single use vial, packaged, and dispensed for use on a single patient, the unused portion of the single use vial may not be used on or billed for a different member.

When submitting a claim for a multi-dose vial, the provider may not bill for the unused portion of the multi-dose vial.

The units billed must correspond with the smallest dose (vial) available according to national compendia that could provide the appropriate dose for the patient. The JW modifier only applies to drugs that are designated as single-use or single dose on the FDA-Approved label or package insert. Please refer to the FDA website for more information.

Example:

- 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

Providers shall not charge, bill, or collect a fee for drug wastage (modifier JW) when the units billed do not correspond with the smallest dose (vial) available to provide the proper dose for the patient.

Effective 1/1/2023, 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.

Example:

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

**Coding**

Modifier	Description
JW	Drug amount discarded/not administered to any patient

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

**References and Resources**

Centers for Medicare and Medicaid Services

**Related Documents**

Blue KC Payment Policy POL-PP-108 Modifiers

**Revision History**

<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
003	9/1/2022	Initial version
004	9/1/2023	Annual review, no updates, or changes were made to the policy
005	9/1/2024	Annual review, modifier JZ was added to policy
006	9/1/2025	Annual review, no updates, or changes were made to the policy