

accepted for drugs that are from multiple-dose containers. These modifiers do not apply for drugs that are not separately payable for packaged Outpatient Prospective Payment System (OPPS) or Ambulatory Surgical Center (ASC) drugs, or drugs administered in Federally Qualified Health Centers (FQHC) or RHC facilities. This requirement for reporting the modifiers on all professional and institutional claims for physician administered or dispensed drugs and biologicals is encouraged to report the use of these drugs in the most efficient and clinically appropriate manner.

CMS 1500 FORM

Begin entering the NDC in the shaded area of box 24A when an NDC code is required for an administered drug item starting with a 2-digit qualifier “N4” followed by the 11-digit NDC code in the shaded area above the Dates of Service followed by 3 spaces, followed by one of the 2-digit Unit of Measure code and the number of units with up to three decimal places.

- The four (4) units of measure qualifiers are:

F2 - International Unit GR - Gram
 ML - Milliliter UN - Units

Enter the “JW” or “JZ” modifier in box 24D shown below:

	24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPST Family Plan	I. ID DUAL	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From	To	MM	DD			YY	CPT/HCPCS							
1															
2															
3															
4															
5															
6															

Billing the JW and JZ Modifier

Claim form instructions can be found on the New Mexico Medicaid Portal website:

<https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#FormsPubs>. Information can be found on the website for item numbers 24A-J on requirements to identify the services performed.

In addition to entering an NDC, a valid HCPCS or CPT code and a “JW” or “JZ” modifier in 24D, the unit of service for the HCPCS or CPT code is also required in 24G. Units for injections must be billed consistent with the HCPCS or CPT description of the code.

Example 1: To submit claims for a waste-required claim, submit TWO complete claim lines.

Claim line #1:

- HCPCS code for drug given
- No modifier
- Number of units given in the unit field
- Calculated submitted price for ONLY the amount of drug given

Claim line #2:

- HCPCS code for drug wasted
- JW modifier to indicate waste
- Number of units discarded in the unit field
- Calculated submitted price for ONLY the amount of the drug waste

Documentation must clearly indicate the number of units administered and amount discarded in the patient's medical record.

- A provider or supplier uses a single-dose container that is labeled to contain 100 mg of a drug to administer 95 mg to the patient and 5 mg are discarded. The drug dose description is 1 mg per unit. The 95 mg dose is billed on one line, with the calculated submitted price for only the amount of the drug given, while the discarded 5 mg must be billed on another line with the JW modifier with the calculated submitted price for only the amount of the drug wasted. Both line items would be processed for payment.
- Drug code - JXXXX
- Single-dose container - 1 mg = 1 unit
- Labeled - 100 mg
- 95 mg administered
- 5 mg discarded

24A. NDC code is required for an administered drug item starting with a 2-digit qualifier "N4" followed by the 11-digit NDC code in the shaded area above the Dates of Service followed by 3 spaces, followed by one of the 2-digit Unit of Measure code and the number of units with up to three decimal places

24. A. DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPBDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
From	To												
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER					
24A. NDC #							JXXXX	No Modifier	95.00	95		NPI	
24A. NDC #							JXXXX	JW	5.00	5		NPI	

When you administer a separately payable drug under Medicaid from a single-dose container and there are **no discarded amounts**, file a claim on one detail line using the JZ modifier:

Example 2: To submit claims for a non-discarded claim, submit ONE complete claim line.

- HCPCS code for drug given
- JZ modifier to indicate no waste
- Number of units given to the patient
- Calculate submitted price for the amount given

A provider or supplier uses a single-dose container that is labeled to contain 100 mg of a drug to administer all 100 mg with nothing discarded. The drug dose description is 1 mg per unit. The claim line should be billed on one line showing the 100 mg dose using the JZ modifier attesting that there were not discarded amounts.

- Drug code - JXXXX
- Single-dose container - 1 mg = 1 unit
- Labeled - 100 mg
- 100 mg administered
- Zero discarded

24. A. DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPBDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
From	To												
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER					
24A. NDC #							JXXXX	JZ	100.00	100		NPI	

JW modifier is not permitted when the actual dose of the drug administered is less than the HCPCS billing unit. In this situation, the billing provider or supplier would report administering the full billing unit along with the JZ modifier.

UB-04 FORM

A valid NDC must be entered in box 43, currently labeled as “description” and a 4-digit revenue code must be entered in form locator 42 and a HCPCS or CPT code must be entered in form locator 44 with the 2-digit modifier code “JW” or “JZ” after the procedure code with no spaces.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
42	43	44	45	46	47	48	

Claim form instructions can be found on the New Mexico Medicaid Portal website:

<https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#FormsPubs>. Information can be found on the website for item numbers 42-48 on requirements to identify services performed.

Medicaid Managed Care claims shall require the manufacturer assigned NDC identifier, a valid HCPCS or CPT code, a “JW” or “JZ” modifier, and the unit of service for the HCPCS or CPT. This provision is for the purposes of acquiring data and does not dictate pricing. Reimbursement logic is considered confidential based on contractual agreements between each MCO and their providers.

Questions regarding this Supplement can be directed to the Medical Assistance Division at MADInfo.HCA@hca.nm.gov.