



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Certified Nurse Midwives (CNMs), Physician Assistants (PAs) and Family Planning Clinics
RE: JW Modifier

As previously communicated in Provider Bulletin 2016-99, the Department of Social Services (DSS) will mirror Medicare by requiring the JW modifier, “Drug amount discarded/Not administered to any patient,” for claims with unused single-use drugs or biologicals. When a provider must discard the remainder of a single-use vial or other single-use package after administering a dose of the drug or biological, DSS will reimburse for the amount of drug/biological that was administered, as well as discarded, with the use of the JW modifier.

For example, a single use vial that is labeled to contain 100 units of a drug has 95 units administered to a HUSKY Health member with 5 units discarded. The 95 units are billed on one detail line, while the discarded 5 units are billed on a separate detail line with the JW modifier. Both details will process for payment.

Documentation of the discarded drug/biological must be in the HUSKY Health client’s medical record. The provider must accurately document the amount administered, as well as the amount of the discarded drug or biological. The JW modifier is only applied to the amount of drug or biological that is discarded. Multi-use vials are not subject to payment for discarded drugs or biologicals.

DSS is mirroring Medicare’s requirements for the use of the JW modifier as outlined in the Medicare Learning Network (MLN) article “JW Modifier: Drug Amount Discarded/Not Administered to any Patient”.

This MLN is posted at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9603.pdf>.

Accordingly, Connecticut Medical Assistance Program (CMAP) providers must also comply with those requirements.