



## **New JZ Claims Modifier for Certain Medicare Part B Drugs**

### **Clarification to communication posted on June 27**

Please follow the Centers for Medicare & Medicaid Services guidelines for JZ modifier for HAP Medicare Advantage claims. See details below.

Per CMS, effective July 1, 2023:

- You must report the JZ modifier on all claims that bill for drugs separately payable under Part B when there's no discarded amount from single-dose containers or single-use packages.
- For the amount you administer, the claim line should include:
  - The billing and payment code, such as a HCPCS code, describing the given drug;
  - The JZ modifier showing there were no discarded amounts, and
  - The number of units administered in the units' field

The JZ modifier requirements apply to:

- All separately payable drugs with status indicators:
  - "G" (pass-through drugs and biologicals) or
  - "K" (non pass-through drugs and nonimplantable biologicals, including therapeutic radiopharmaceuticals) under the Outpatient Prospective Payment System (OPPS)
- All separately payable drugs assigned payment indicator "K2" (drugs and biologicals paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate) under the ASC payment system

There are no changes regarding the reporting of the JW modifier.