



# NETWORK *Notification*

**Notice Date:** November 4, 2024  
**To:** All Ohio Medicaid, Ohio MyCare, OHW/SRS Providers  
**From:** CareSource  
**Subject:** Modifiers JZ and JW

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## Summary

CareSource enforces the Single Dose Vial policies approved on July 1, 2023, which define the appropriate billing and coding of Single Dose Vial drug claims. The policy can be reached using the following applicable links for each plan:

Plan	Link
Ohio Medicaid	<a href="https://www.caresource.com/documents/medicaid-oh-policy-reimburse-py-pharm-0100-20230701.pdf">https://www.caresource.com/documents/medicaid-oh-policy-reimburse-py-pharm-0100-20230701.pdf</a>
Ohio MyCare	<a href="https://www.caresource.com/documents/mycare-oh-policy-reimburse-py-pharm-0101-20230701.pdf">https://www.caresource.com/documents/mycare-oh-policy-reimburse-py-pharm-0101-20230701.pdf</a>

## Impact

You may receive a claim line denial for a drug with the remittance advice remark code (RARC) stating 'Missing Procedure Modifier.' Single Dose Vial drugs need to be coded with appropriate modifiers as follows:

- If you fully administer the contents of the entire vial for the member, you must enter a JZ modifier on the claim line.
- If you partially administer the contents of the vial for a member, the drug claim must be billed with two separate lines. The first claim line should specify the amount administered to the member and does not require a modifier. The second line would specify the amount discarded, which requires a JW modifier.

If responding to a claim denial, simply submit a corrected claim using the instructions above. No need to dispute or appeal for the corrected claim to be reimbursed.

## Importance

Process is necessary to ensure that most efficient vial size has been used for member care and to accurately reflect waste portion of a Single Dose Vial, thus avoiding claims overpayment.

## Questions?

For additional questions, please reach out to Provider Services at **1-800-488-0134**.

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