



## **NEW POLICY UPDATES**

### **CLINICAL PAYMENT, CODING AND POLICY CHANGES**

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below chart of upcoming new policies.

Effective for dates of service beginning **November 1, 2024:**

#### **Drug and Biological Policy Processing and Policy Guidelines-Drug Wastage Modifiers JW and JZ-**

##### Appropriate Use of Modifier JW

According to our policy, which is based on CMS policy, the JW modifier is to be appended only for the discarded amount of the drug. This modifier, billed on a separate line from the portion administered to the patient, will provide payment for the discarded amount of the drug or biological.

##### Appropriate Use of Modifier JZ (Zero drug amount discarded/not administered to any patient)

According to our policy which is based on CMS policy, modifier JZ is a HCPCS Level II modifier that is used to attest that no amount of drug/biological reported on the claim was discarded and eligible for payment. The modifier should only be used for claims that bill for single dose container drugs. When a drug/biological from a single-dose container is reported and there are no discarded amounts, the drug/biological reported include the billing and payment code (such as HCPCS code) describing the given drug and the JZ modifier (attesting that there were no discarded amounts)..

##### Multi-Dose Vials and Modifiers JW/JX

According to our policy which is based on CMS policy, when a drug that is supplied only in multiple-dose formulations is billed, the use of modifier JW (Drug amount discarded/not administered to any patient) or modifier JZ (Zero drug amount discarded/not administered to any patient) is inappropriate.

##### Single-Dose Vials and Modifiers JW/JZ

According to our policy which is based on CMS policy, when a drug is supplied only as a single dose vial it is inappropriate to report both modifier JW and JZ on the same claim line.

#### **Drugs and Biologicals Policies:**

Aetna New Jersey supports FDA label, off-label compendia (Micromedex, Clinical Pharmacology, National Comprehensive Cancer Network, Lexi-Drugs, American Hospital Formulary Service Drug Information®), AMA/ CPT, state Medicaid guidelines and other sources for Drugs and Biologicals. These supported policies include:

- Indication (FDA-label and off-label approved compendia indications)
- Dosage (based on indication and supported by FDA-label and off-label approved compendia)
- Frequency (based on indication and supported by FDA-label and off-label approved compendia)
- Route of administration (based on category of drug, FDA-label, off-label approved compendia, and AMA/CPT guidelines)
- Age restrictions
- Combination therapy with other required drugs/substances (based on FDA-label and approved off-label compendia guidelines by indication)

##### New Drug/Biological Policies

Infliximab (J1745, Q5103, Q5104, Q5109, Q5121)

New policies for Infliximab:

Dosage-

- Daily limits added for patients aged 15 and 18 years of age and the diagnosis on the claim is plaque psoriasis (pediatric), pustular psoriasis, or regional enteritis (pediatric).
- Limits over time added for patients aged 15 and 18 years of age and the diagnosis on the claim is plaque psoriasis (pediatric) or regional enteritis (pediatric).
- Limits over time added for patients 18 years of age or older and the diagnosis on the claim is ulcerative colitis (adult).

Visits-

- Added limit of number of visits over time allowed for patients 18 years of age or older and the diagnosis on the claim is ulcerative colitis (adult)