



Physician Quality Reporting Initiative (PQRI) Measures and Specifications

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the 2007 Physician Quality Reporting Initiative (PQRI) Quality Measures and Specifications are now available. To access both the measures and measure specifications documents, visit the PQRI web page at <http://www.cms.hhs.gov/PQRI> on the CMS website. Once there, go to the Measures/Codes section of the page and scroll down to the Downloads section. **Please note that many of the quality codes are new and will be rejected by Medicare claims processing systems prior to the July 1, 2007 HCPCS update.**

MLN Matters Number: MM5520 **Revised**

Related Change Request (CR) #: 5520

Related CR Release Date: May 25, 2007

Effective Date: July 1, 2007

Related CR Transmittal #: R1248CP

Implementation Date: July 2, 2007

Revisions to the Medicare Claims Processing Manual, Chapter 17, Sections 40 and 100, Regarding Discarded Drugs and Biologicals and Submission of Claims With the Modifier JW, "Drug Amount Discarded/Not Administered to Any Patient"

Note: This article was also revised on October 28, 2010, to add a link to MM7095 (<http://www.cms.gov/MLN MattersArticles/downloads/MM7095.pdf>) to clarify that Medicare contractors have the discretion as to whether the JW modifier is required to report discarded drugs and biologicals and will notify their providers of the documentation requirements, regarding the use of modifier JW. All other information remains the same.

Provider Types Affected

Physicians, hospitals, other providers, and suppliers who bill Medicare contractors (carriers, fiscal intermediaries (FI), regional home health intermediaries (RHHI), Part A/B Medicare Administrative Contractors (MACs), Durable Medical Equipment Medicare Administrative Contractors (DME MACs)) for administering or supplying drugs and biologicals.

What You Need to Know

CR 5520, from which this article is taken, revises the Medicare Claims Processing Manual, Chapter 17, Sections 40 and 100.2.9 to include language that references payment for administering (and discarding) both single use vials and single use packages. Specifically, the change is to clarify that Medicare will cover the

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amount of a single use vial or single use package of a drug or biological that was discarded along with the amount of that single use vial/package that was administered to the Medicare patient.

Background

CR 5520, from which this article is taken revises the *Medicare Claims Processing Manual*, Chapter 17 (Drugs and Biologicals), Sections 40 (Discarded Drugs and Biologicals) and 100.2.9 (Discarded Drugs and Biologicals) to ensure the proper billing of discarded drugs and biologicals in both single use vials and single use packages.

These revisions are summarized as follows:

- The Centers for Medicare and Medicaid Services (CMS) encourages physicians, hospitals and other providers to schedule patients in such a way that they can use drugs or biologicals most efficiently, in a clinically appropriate manner.
- Section 40 of Chapter 17 is amended to address single use vials/packages of drugs and biologicals. If after administering a dose/quantity of the drug or biological to a Medicare patient, a physician, hospital, or other provider must discard the remainder of a single use vial or other single use package, the program provides payment for the amount of drug or biological administered and the amount discarded, up to the total amount of the drug or biological as indicated on the vial or package label.
- Section 100.2.9 is amended to show that CMS will reimburse physicians, providers and suppliers for the amount of a drug or biological administered (and for the amount discarded) when:
 - The participating competitive acquisition program (CAP) physician has made a good faith effort to minimize the unused portion of the CAP drug or biological in scheduling patients and in ordering, accepting, storing, and using the drug or biological;
 - In its process of supplying the drug or biological to the participating CAP physician, the approved CAP vendor has made a good faith effort to minimize the unused portion of the drug or biological.

NOTE: Multi-use vials are not subject to payment for discarded amounts of drug or biological.

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Additional Information

You can view CR 5520, the official instruction issued to your Medicare contractor, by visiting <http://www.cms.hhs.gov/Transmittals/downloads/R1248CP.pdf> on the CMS website. You will find the revised *Medicare Claims Processing Manual*, Chapter 17 (Drugs and Biologicals), Sections 40 (Discarded Drugs and Biologicals) and 100.2.9 (Discarded Drugs and Biologicals) as an attachment to that CR. If you have any questions, please contact your FI, RHHI, carrier, A/B MAC, or DME MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

For additional clarification on the use of the JW modifier, please go to <http://www.cms.gov/MLNMattersArticles/downloads/MM7095.pdf> on the CMS website.

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