

New Discarded Drugs and Biological Policy

Effective April 19, 2019, for Tennessee

UnitedHealthcare Community Plan is implementing a new Discarded Drugs and Biological Policy that applies to claims with dates of service on or after April 1, 2019, for members in Tennessee.

The new reimbursement policy will allow payment for the amount of drug or biological administered as well as the amount discarded. This is covered up to the amount of the drug or biological indicated on a single-use vial or package.

Coding Procedures

The Healthcare Common Procedure Coding System (HCPCS) code representing the amount administered should be submitted on one line. The HCPCS code representing the amount discarded should be submitted on a separate line with JW appended.

The JW modifier is not permitted when the actual dose of the drug or biological is less than the billing unit. The units billed must correspond with the smallest dose (vial) available for purchase from the manufacturers that could provide the appropriate dose for the patient while minimizing any waste.

Modifier JW can't be used to identify discarded amounts from a multi-dose vial. The amount of the drug administered as well as the discarded drug or biological must be documented in the patient's medical record. This policy applies to professional (CMS-1500 form) and outpatient claims (UB-04 form).

Learn More

You can view the full policy at [UHCprovider.com](https://www.uhcprovider.com) > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community Plan.

We're Here to Help

If you have questions, please call Provider Services at the number on the back of the member's ID card.

Note About Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents. Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail.