Frequently Overlooked Items/ Services In Hospital Charge Capture

July 14, 2021

Webinar FAQ Document

Question – Can you provide guidance on changes effective 4/5 with JA and JB modifiers?

Answer-

- https://med.noridianmedicare.com/web/jfa/article-detail/-/view/10529/self-administered-drug-exclusion-list-r21-effective-april-5-2021
- https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=58533&ver=20&keyword=JA+modifier&keywordType=starts&areaId=all&docType=NCA%2cCAL%2cNCD%2cMEDCAC%2cTA%2cMCD%2c6%2c3%2c5%2c1%2cF%2cP&contractOption=all&sortBy=relevance&KeyWordLookUp=Doc&KeyWordSearchType=Exact&bc=AAAAAAQAEAAAAAAA&
- Used for drugs with multiple routes of administration.
- Use the JA modifier if the route of administration is by intravenous method
    - Those with the JA Modifier will not be considered part of the SAD Exclusion
- Use the JB modifier if the route of administration is by the SQ method
- According to multiple MAC's the following applies (taken from Noridian):

Added the following in Article Guidance:

Route of Administration Modifier

The use of the JA and JB modifiers is required for drugs which have one HCPCS Level II (J or Q) code but multiple routes of administration. Drugs that fall under this category will be marked with an asterisk (*) and must be billed with JA modifier for the intravenous infusion of the drug or billed with the JB modifier for subcutaneous injection of the drug. Claims billed with the JA modifier are not part of the SAD exclusion. The Contractor will process claims with the JA modifier applying the policy that not only the drug is medically reasonable and necessary, but also that the route of administration is medically reasonable and necessary. Claims for drugs marked with an asterisk (*) billed without a JA or JB modifier will be denied.

CPT/HCPCS Modifiers

Group 1 Paragraph: Claim denials may occur when the appropriate modifier is not applied to a J code/medication, which has more than one route off administration.
Group 1 Codes:
JA - Intravenous administration
JB - Subcutaneous administration

Added a notice at the beginning of the article:

Noridian decided to defer additions to the Usually Self-Administered Drug (USAD) list at the start of the public health emergency (PHE) to decrease potential patient care burden. The PHE has now lasted nearly one year and will likely continue for some time. With this notice we will begin to add drugs to the USAD list when appropriate which may facilitate the ability of patients to self-inject and avoid further trips to offices and facilities and potential Covid-19 exposure.

Visit the Self-Administered Drugs (SADs) webpage to view the locally hosted Self-Administered Drug Exclusion List.

To view the complete listing of locally hosted coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the Medicare Coverage Articles webpage.

Question – When reporting - JW modifier for waste, does this include wasted product during pharmacy preparation?

- https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004990
- https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00142500
- https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf
- The short answer is that yes, it is appropriate if all guidelines and regulations are followed AND the wastage and reason for the wastage is documented in the medical record. Since most pharmacy do not record in the medical record this will present an operational challenge to some facilities
    - It is always essential that you review any questions you might have with your MAC and/or CMS to ensure that accurate and compliant procedures are created.

Question – Also do you have name of software you mentioned for charges below therapeutic range

Answer – VitalIntegrity; Vitalware by Health Catalyst

Question – How should pharmacy submit their requests to chargemaster for building CDMs into systems? Meaning, some clients submit a dose size, others a vial, somehow, they are administering, and others with the hcpcs desc. I have found it almost impossible to ensure that the multipliers are correct based on how pharmacy sends over their item, and then they may also charge it differently (vial vs. dose). Any suggestions are appreciated.

Answer-

- The key to this concern is to set up the actual charges in the CDM and Pharmacy dispensing based on the NDC code description. The actual name, and dosage (down to the lowest common denominator) must be added to the CDM then a direct link from pharmacy to the CDM to the claim's module must link and be tested. This becomes a bit harder when you "group" like and kind pharmacy items into one CDM line which would make it virtually impossible to have a correct multiplier.
- Recommend starting with G and K status indicators and work on them first (CMS OPPS Addendum B)
- All Self-Administered will be a unit of 1
- So, by drilling down to G and K status indicators from CMS you will decrease the list to a manageable amount.

Question –What billing unit should be set up in Epic for the following drugs: C9077 - Injection, cabotegravir and rilpivirine, 2mg/3mg.

Answer – These usually come in a dosage of 400/600 mg respectively. Using that we recommend billing 200 units of service.

Question- Can you clarify how long can one use c9399 code? I read in one of the mac documents that the idea of c9399 is for new drug until permanent code is created. So, what code do you use if drug was approved in 2010 but till now still has no unique hcpcs code. Do you use c9399?

Answer- CMS 100-04, Claims Processing Manual, Chapter 17 90.2 states:

- Under the OPPS, if commercially available products are being mixed together to facilitate their concurrent administration, the hospital should report the quantity of each product (reported by HCPCS code) used in the care of the patient. Alternatively, if the hospital is compounding drugs that are not a mixture of commercially available products, but are a different product that has no applicable HCPCS code, then the hospital should report an appropriate unlisted drug code (J9999 or J3490). In these situations, it is not appropriate to bill HCPCS code C9399. HCPCS code C9399, Unclassified drug or biological, is for new drugs and biologicals that are approved by FDA on or after January 1, 2004, for which a specific HCPCS code has not been assigned.