A Message to
Business Office Managers

800 Midlantic Drive, Suite 333, Mt. Laurel N.J. 08054

MEMORANDUM

TO: All Contracting Durable Medical Equipment Providers

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: **April 19, 2001**

SUBJECT: Additional Codes

AmeriHealth has expanded the Durable Medical Equipment (DME) fee schedule to include 7 additional DME HCPCS codes for the following plans: AmeriHealth HMO, AmeriHealth Point of Service, AmeriHealth 65, AmeriHealth Personal Choice and AmeriHealth Personal Choice 65.

A4570 - 00 (Splint).	$55.00
E0202 – RR (Phototherapy (Bilirubin) light with photometer), daily rental.	$32.85
E0602 - RR (Electric breast pump).	$50.00
K0548 - 00 (Insulin Lispro up to 50 units).	$2.00
K0549 - RR (Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress).	$167.56
K0549 - 00 (Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress).	$1675.56
K0550 - RR (Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress).	$167.56
K0550 - 00 (Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress).	$1675.56
L3100 - 00 (Hallus - valgus night dynamic splint).	$25.00

Please note that coverage for Durable Medical Equipment is dependent upon individual member benefits.

Please share this information with your staff. If you have any questions regarding this Bulletin, please contact Kimberly Lees-Pratt, Ancillary Coordinator, at (856) 778-6652.