A Message to
Business Office Managers

AmeriHealth

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: J Code Correction

Please disregard the J Code Update mailing dated March 5, 2001. The pricing for J7668 and J7669 was incorrectly noted.

The reimbursement rate for the following inhalation solution drugs is effective January 1, 2001 for the following plans: AmeriHealth HMO, AmeriHealth 65, AmeriHealth Point of Service, AmeriHealth Personal Choice and AmeriHealth Choice 65.

For services provided on or after January 1, 2001 the reimbursement is as follows.

Code	Description	Fee
J7668	**METAPROTERENOL SULFATE,INHALATION SOLUTION**	**$1.40**
J7669	**METAPROTERENOL SULFATE,INHALATION SOLUTION**	**$1.40**
J7680	TERBUTALINE SULFATE,INHALATION SOLUTION	$2.30
J7681	TERBUTALINE SULFATE,INHALATION SOLUTION	$2.30

Please note that only Durable Medical Equipment providers with valid pharmacy licenses are approved by AmeriHealth to supply inhalation solutions.

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.