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:** **June 26, 2001**

**SUBJECT:** J Code Update

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

For services provided on or after July 1, 2001 the reimbursement is indicated below.

| Code | Description | Fee |
|---|---|---|
| J7608 | ACETLCYSTEINE, INHALATION SOLUTION | $13.00 |
| J7631 | CROMOLYN SODIUM, INHALATION SOLUTION | $0.49 |

The pricing will be periodically reviewed.

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.