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: March 29, 2001

SUBJECT: **J Code Update**

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

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

Code	Description	Fee
J7668	METAPROTERENOL SULFATE,INHALATION SOLUTION	$14.00
J7669	METAPROTERENOL SULFATE,INHALATION SOLUTION	$14.00
J7680	TERBUTALINE SULFATE,INHALATION SOLUTION	$2.30
J7681	TERBUTALINE SULFATE,INHALATION SOLUTION	$2.30

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.