A Message to

Business Office Managers

8000 Midlantic Drive, Suite 333, Mt. Laurel N.J. 08054

MEMORANDUM

TO: All Contracting Durable Medical Equipment Providers

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: **January 11, 2002**

SUBJECT: J Code Update

The reimbursement rate for the following inhalation solution drugs has been updated effective January 1, 2002 for the following plans: AmeriHealth HMO, AmeriHealth 65, AmeriHealth Point of Service and AmeriHealth Personal Choice.

For services provided on or after January 1, 2002 the reimbursement is indicated below.

Code	Description	Fee
J2545	PENTAMIDINE ISETHIONATE , INHALATION SOLUTION	$89.00
J7648	ISOETHARINE HCL, INHALATION SOLUTION, CONCENTRATED	$1.60
J7649	ISOETHARINE HCL, INHALATION SOLUTION, UNIT DOSE	$1.60
J7658	ISOPROTERENOL HCL, INHALATION SOLUTION, CONCENTRATED	$12.00
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION, UNIT DOSE	$12.00
J7682	TOBRAMYCIN, INHALATION SOLUTION, UNIT DOSE	$44.00
J7683	TRIAMCINOLONE, INHALATION SOLUTION, CONCENTRATED	$28.00
J7684	TRIAMCINOLONE, INHALATION SOLUTION, UNIT DOSE	$28.00

As communicated previously, inhalation solution pricing is reviewed quarterly.

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.