A Message to

Business Office Managers

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

MEMORANDUM

TO: All AmeriHealth Participating Durable Medical Equipment Providers

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: August 5, 2003

SUBJECT: **J Code Update**

AmeriHealth has updated the reimbursement rate for the following inhalation solution drugs effective September 1, 2003 for the following plans: AmeriHealth HMO, AmeriHealth 65, AmeriHealth Point of Service and AmeriHealth Personal Choice.

For services provided on or after September 1, 2003 the reimbursement is indicated below.

Code	Description	Fee
J7618	ALBUTEROL, INHALATION SOLUTION, CONCENTRATED FORM	$0.70
J7619	ALBUTEROL, INHALATION SOLUTION, UNIT DOSE FORM	$0.70

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.

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