A Message to

Business Office Managers

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

MEMORANDUM

TO: All AmeriHealth Participating Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: January 9, 2002

SUBJECT: Precertification Changes

Effective January 1, 2002, the following procedures **will no longer require precertification when performed in an outpatient facility setting.** These procedures **will** continue to require a referral from the member's PCP.

If you have any questions regarding this bulletin, please contact your Hospital Coordinator at 856-778-6500.

Procedures that DO NOT require precertification, effective January 1, 2002	
Procedure Code	***Description***
43200–43259	Upper endoscopies
43450–43496	Esophagus dilation procedures
43600	Stomach biopsy by tube/capsule
43750–43761	Small intestine gastrostomy tube placement/manipulation
44100	Intestine biopsy by tube/capsule
44360–44397	Endoscopy of small bowel
44500	Insertion of Miller-Abbott tube
45300–45327	Rigid proctosigmoidoscopy procedures
45378–45387	Colonoscopic procedures
47000–47001	Liver biopsy
47500–47530	Liver tubes/stents/injections
47552–47556	Biliary endoscopies/stents
47630	Biliary stone extraction percutaneous
48102	Pancreas biopsy percutaneous needle
49080–49081	Peritoneocentesis, abdominal paracentesis or peritoneal lavage, diagnostic or therapeutic; initial and subsequent
49180	Abdominal mass needle biopsy
91000–91033	Esophagus motility/acid study
91052–91060	Gastric testing
91065	Breath hydrogen test
91100	Intestinal bleeding tube
91105	Gastric lavage
91122	Anorectal manometry
91132–91133	Electrogastrography

The following procedures performed in an outpatient facility setting will continue to **require precertification**, effective January 1, 2002:

Procedures that DO Require Precertification, effective January 1, 2002	
Procedure Code	***Description***
43260 – 43272	ERCP procedures
43499	Unlisted
43999	Unlisted stomach procedures
44799	Intestine unlisted procedure
45330 – 45345	Flexible sigmoidoscopy procedures
45355	Colonoscopy through colotomy
45900 – 45999	Rectal procedures
46600 – 46615	Anoscopic procedures
46900 – 46999	Anal/hemorrhoid procedures
47550	Biliary Endoscopy
47560-47579	Laparoscopy with guided transhepatic cholangiography without biopsy
47999	Unlisted
49320	Laparoscopy, abdomen, peritoneum, omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	Laparoscopy, surgical; abdomen, peritoneum, omentum; with biopsy (single or multiple)
49400	Peritoneal Air/contrast injection
91299	Unlisted GI procedures

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