A Message to
Business Office Managers

800 Midatlantic Drive, Suite 333, Mt. Laurel NJ 08054

Memorandum

TO: Director of Outpatient Registration, Director of Outpatient Radiology and Business Office Manager at AmeriHealth Participating Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: June 14, 2002

SUBJECT: MAMMOGRAPHY BENEFIT ENHANCEMENTS

We are pleased to announce enhancements that have been made to our x-ray mammography benefit policies. The changes outlined below, which are effective immediately, will make it easier for our female members with coverage under one of our managed care programs to receive mammography services.

Please Note: The most significant change impacting our participating facilities is the elimination of all member copayments, deductibles or coinsurance **for both screening and diagnostic mammographies performed at network radiology facilities.**

AmeriHealth HMO/POS Members Only:

- Elimination of Referral Requirement for Mammograms: A health plan referral form from a member's Primary Care Physician (PCP) or Gynecologist is no longer needed for the provision or payment of mammographies.
- Increased Access: Members may have their mammographies done at any network radiology site.

AmeriHealth HMO/POS and Personal Choice Members:

- Elimination of copayments, deductibles and coinsurance for mammograms: As long as our members have their mammograms, both screening and diagnostic, performed at a network radiology site, the procedures will be covered in full and **will not be subject to any copayments, deductible or coinsurance.**
- Elimination of frequency distinctions: There is no limit to the number of medically required mammograms our members can have within a given time period.
- Elimination of age limits for mammograms: There are no longer any age restrictions on the provision and payment of mammograms.

Elimination of the need for a referral for a mammography is intended to increase our members' satisfaction and accessibility to services. AmeriHealth does not require a written prescription to process a mammography claim. However, if your hospital policy requires a physician's written prescription prior to providing mammography services, please communicate this to the patient when they call to schedule their screening or diagnostic mammography.

If you have any questions about this Bulletin, please contact your Hospital Service Coordinator or the Hospital Services Department at 856-778-6500.