Message to

Business Office Managers

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

Memorandum

TO: Directors of Outpatient Admissions and Business Office Managers at AmeriHealth Participating Hospitals in Southern New Jersey

FROM: Kimberly Lees-Pratt
Hospital Coordinator, Provider Relations

DATE: October 14, 2002

SUBJECT: CHANGE IN PRECERTIFICATION REQUIREMENTS FOR INTERVENTIONAL RADIOLOGY PROCEDURES

The purpose of this bulletin is to inform you that, for services rendered on and after August 1, 2002, AmeriHealth no longer requires precertification for the following interventional radiology procedures when performed in the hospital outpatient department. A referral from the Primary Care Physician is required for payment:

Procedure Code	Description
10021	Fine needle aspiration, without imaging guidance
10022	Fine needle aspiration, with imaging guidance
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19290	Preoperative placement of needle localization wire, breast
19291	Preoperative placement of needle localization wire, breast; each additional lesion
19295	Image-guided placement, metallic localization clip, percutaneous, during breast biopsy
36002	Injection procedure for percutaneous treatment of extremity pseudoaneurysm