AmeriHealth

**MEMORANDUM**

**TO:** AmeriHealth Participating Hospitals in New Jersey

**FROM:** Kathleen Sullivan R.N.
Director, Hospital and Ancillary Contracting

**DATE:** September 23, 2004

**SUBJECT: HMO HIGH-RISK ULTRASOUND BILLING AND REIMBURSEMENT**

The purpose of this bulletin is to reinforce the procedures for providing high-risk ultrasounds for HMO members:

- A referral from the member's OB/GYN is **always** required. This applies to high-risk ultrasounds performed at the member's primary care physician's designated radiology site or at any other AmeriHealth participating radiology provider.

- Claims for high-risk ultrasounds performed at the member's primary care physicians radiology site will be processed with the message "pre-paid, included in capitation."

- High-risk ultrasounds must be billed with the **primary diagnosis of V23.x** with one of the following radiology service codes:

| | | |
|---|---|---|
| 76801 | 76812 | 76819 |
| 76802 | 76815 | 76830 |
| 76805 | 76816 | 76856 |
| 76810 | 76817 | 76857 |
| 76811 | 76818 | |

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

Cc: Outpatient Registration Department