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Update your provider information with us

Have you made any changes to your key practice information, such as your mailing address or the name of your practice? If so, please be sure to notify us.

We value your help in keeping our data files current. Accurate data files allow us to continue to provide you with important information on billing, claims, changes or additions to policies, and announcements of administrative processes.

Professional providers
Please send any changes to your information by submitting the Provider Change Form, which is available on the NaviNet® web portal or on our website at www.amerihealth.com/providerforms. You may also call your Network Coordinator to report changes.

Facility and ancillary providers
You are required to submit any changes to your information in writing. This request should be sent directly to the appropriate senior vice president of contracting and the legal department at the addresses below:

AmeriHealth New Jersey
Attn: Senior Vice President of Contracting
259 Prospect Plains Road, Building M
Cranbury, NJ 08512

AmeriHealth
Attn: Senior Vice President of Contracting
1901 Market Street, 35th Floor
Philadelphia, PA 19103

AmeriHealth
Attn: Legal Department
1901 Market Street, 36th Floor
Philadelphia, PA 19103

Note: Thirty days’ advance notice is required for processing.

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AmeriHealth 65+ NJ HMO has an accreditation status of Excellent from NCQA.

Partners in Health Update℠ is a publication of AmeriHealth HMO, Inc. and its affiliates (AmeriHealth) created to provide valuable information to the AmeriHealth participating provider community. This publication may include notice of changes or clarifications to administrative policies and procedures that are related to the covered services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ancillary facility contract with AmeriHealth. This publication is the primary method for communicating such general changes. Suggestions are welcome.

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Thirty days’ advance notice is required for processing.

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This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Program (HMO, PPO, etc.), and/or employer groups. Providers should call Provider Services for the member’s applicable benefits information. Members should be instructed to call the Customer Service telephone number on their ID card.

The third-party websites mentioned in this publication are maintained by organizations over which AmeriHealth exercises no control, and accordingly, AmeriHealth disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided or advertised in these third-party sites. URLs are presented for informational purposes only. Certain services/treatments referred to in these sites may not be covered by all benefits plans. Members should refer to their benefits contract for complete details of the terms, limitations, and exclusions of their coverage.

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For articles specific to your area of interest, look for the appropriate icon:
Upcoming CFID provider audits

In addition to the Corporate and Financial Investigation Department’s (CFID) role in preventing fraudulent practices against AmeriHealth, CFID is also tasked with conducting audits of facility, professional, and ancillary service providers. CFID’s goal in these audits is to control medical costs and prevent increases in member premiums by ensuring that all claims submitted to AmeriHealth have been coded and billed correctly and have been paid in accordance with our provider agreements. The audit staff is comprised of nurses and coding professionals, as well as experienced claims data analysts, who collaborate with AmeriHealth medical directors and reimbursement specialists to identify and correct questionable trends and patterns in coding and billing.

Facility provider audits:

- **Credit balance audits** correct overpayments that can adversely affect the balance sheets of both AmeriHealth and its hospital providers. Credit balance audits are conducted onsite by CFID auditors or HIPAA-compliant vendors selected for productivity and reliability.
- **DRG audits** focus on the correct coding of documented medical information by analysis of medical records for inpatient claims. Based on the recommendations of the Office of the Inspector General and the Centers for Medicare & Medicaid Services, AmeriHealth auditors select a number of high-risk inpatient claims to review each year for almost every provider of inpatient care.
- **Outpatient fee schedule audits** select claims for review based on either government edits (e.g., National Correct Coding Initiative [NCCI] edits, Medically Unlikely Edits [MUEs]) or on those procedure codes that have been identified as frequently miscoded and incorrectly billed, such as surgical debridement versus wound care, or cosmetic procedures.
- **AmeriHealth medical policy audits** are conducted to ensure that facilities are aware of, and follow, AmeriHealth medical and claim payment policies as they pertain to our members. Likewise, CFID conducts audits to make sure the rules and guidelines outlined in the *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers* are applied correctly when billing AmeriHealth.
- **Never Event audits** are audits of claims containing code information about Serious Reportable Adverse Events (also known as “Never Events”). These audits fulfill government reporting requirements and ensure that our members are receiving quality care in a safe medical environment.

Facility audits may change and expand as new issues are identified that affect patient care. CFID can identify new issues when needed using specially designed data-mining software.

Professional provider audits:

- **Inpatient and outpatient evaluation and management (E&M) services audits** ensure that appropriate levels are billed and paid, including consultation codes and the use of modifiers 24 and 25 with E&M claim submissions.
- **Office site-of-service audits** ensure that services receiving a site-of-service differential were rendered and billed in the office where the service took place.
- **Modifier 25 audits** look at E&M codes billed with modifier 25 on the same day as preventive medicine codes were billed to ensure that the documentation that supports the E&M service was for a significant and separately identifiable service from the preventive medicine service.
- **New patient E&M code audits** verify that a patient has not received a new patient E&M service, within the past three years, from any physician of the same specialty in the group. If the patient has, a follow-up E&M would need to be billed.
- **Electronic health record audits** ensure that medical records do not contain inaccurate information that may indicate that the provider documented more work than he/she actually did or needed to do.
- **Single- versus multiple-unit audits** ensure that the correct units are billed as defined for CPT® codes.
- **High-dollar medications audits** focus on high-dollar medications that are administered in a physician’s office to ensure the accuracy of claims billed.
- **Duplicate billing audits** ensure that duplicate claims are denied appropriately.
- **Split billing audits** look at claims for the same member, from the same provider, for the same date of service and visit.

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Administrative

Upcoming CFID provider audits (continued)

Ancillary provider audits:

- **High-dollar medications audits** review high-dollar medications administered in the home setting to assure the accuracy of claims billed.
- **Durable medical equipment audits** ensure that claims accurately reflect services rendered.
- **Medication compounding audits** ensure that necessary and appropriate compounding and billing are done only when commercially prepared mixtures are unavailable.

Health care fraud is a violation of state and federal law. An easy-to-use process exists for reporting any suspected fraud, waste, or abuse. If you are suspicious of any health care-related activity, please visit www.amerihealth.com/antifraud or call our toll-free Corporate Compliance and Fraud Hotline at 1-866-282-2707. These tips can lead to audits, fraud investigations, or both, that may result in monetary recoveries that help keep health care costs down.

Medical

Performing EGD and colonoscopy procedures on the same day

Patients who have unexplained anemia due to blood loss or other reasons often undergo two diagnostic endoscopic procedures: esophagastroduodenoscopy (EGD) and colonoscopy. These two procedures can be safely performed together on the same day.

Performing these endoscopic procedures on the same day offers several important advantages to our members:

- **Safety.** Patients are only administered one dose of anesthesia, rather than two.
- **Convenience.** For patients who are actively employed, they will only need to miss one day of work rather than two. In addition, they only need to arrange once for help with transportation to and from the office and with child care, if applicable. Finally, patients will only have to prepare once for the procedures.
- **Cost-savings.** Members who have these two procedures on the same day are only required to pay cost-sharing (i.e., copayment, deductible, or coinsurance) once. Members who get these procedures on separate dates of service will pay cost-sharing twice.

In addition to affording advantages to our members, performing these endoscopic procedures on the same day also helps reduce health care costs, as the procedures performed on the same day are paid as one facility charge and one anesthesia charge.

Hashem B. El-Serag, MD, chief of gastroenterology and hepatology at Baylor College of Medicine, led a research effort to analyze nearly 13,000 Medicare beneficiaries who underwent both a colonoscopy and EGD within 180 days of one another. ÊSixty-three percent of the procedures were performed on the same day, or “bundled.” However, procedure bundling was not used for 37 percent of the beneficiaries. Among these unbundled procedures, 20 percent were performed within 30 days of each other. Even more notable, nearly 30 percent of the unbundled procedures were performed within four days of one another. There were no significant differences with regard to gender or age between the three groups of patients (i.e., those who had bundled procedures, those who had them within 30 days, and those who had them within 31-180 days).

Dr. El-Serag concluded that performing these procedures on the same day “is likely to reduce the overall costs to the health care system by saving the facility fees, anesthesia, and work days lost.”

The majority of AmeriHealth-participating providers are correctly performing these procedures; however, there is a concern with those providers who regularly perform these services on different dates of service. In most cases, this behavior will present an unnecessary safety risk, as well as additional inconvenience and cost, to our members. Whenever medically appropriate, we encourage our network providers to perform these endoscopic procedures on the same date of service for those patients with indications for both procedures.

1El-Serag, H. (May 2011). Bundling in Medicare Patients Undergoing Both Colonoscopy and EGD. How Often Does It Happen? Presented at Digestive Disease Week, Chicago, IL.
Policy notifications posted as of July 25, 2012

All policies are posted prior to their effective date. Below is a listing of the policy notifications that we have posted to our website as of July 25, 2012.

<table>
<thead>
<tr>
<th>Policy effective date</th>
<th>Policy No.</th>
<th>Notification title</th>
<th>Notification issue date</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1, 2012</td>
<td>00.10.01s</td>
<td>Services Paid Above Capitation for Health Maintenance Organization (HMO) Primary Care Physicians</td>
<td>July 2, 2012</td>
</tr>
<tr>
<td>August 8, 2012</td>
<td>11.02.01i</td>
<td>Treatment of Varicose Veins of the Lower Extremities and Perforator Vein Incompetence</td>
<td>May 10, 2012</td>
</tr>
<tr>
<td>August 15, 2012</td>
<td>07.07.03i</td>
<td>Photodynamic Therapy (PDT) Using Levulan® Kerastick® (Aminolevulinic Acid HCl [ALA]) or Metvixa® (Methyl Aminolevulinate [MAL])</td>
<td>July 16, 2012</td>
</tr>
<tr>
<td>August 21, 2012</td>
<td>08.00.68d</td>
<td>Ibandronate Sodium (Boniva®) for Intravenous Injection</td>
<td>May 23, 2012</td>
</tr>
<tr>
<td>September 1, 2012</td>
<td>00.03.02m</td>
<td>Diagnostic Radiology Services Included in Capitation</td>
<td>June 1, 2012</td>
</tr>
<tr>
<td>September 18, 2012</td>
<td>11.03.01c</td>
<td>Repair of Cleft Lip and/or Cleft Palate</td>
<td>June 21, 2012</td>
</tr>
<tr>
<td>October 1, 2012</td>
<td>12.01.01o</td>
<td>Experimental/Investigational Services</td>
<td>June 29, 2012</td>
</tr>
<tr>
<td>October 3, 2012</td>
<td>07.13.05f</td>
<td>Photodynamic Therapy (PDT) Using Verteporfin (Visudyne®)</td>
<td>July 3, 2012</td>
</tr>
</tbody>
</table>

To view the policy notifications, go to www.amerihealth.com/medpolicy, select Accept and Go to Medical Policy Online, and click on the Policy Notifications box. You can also view policy notifications using the NaviNet® web portal by selecting Reference Tools from the Plan Transactions menu, then Medical Policy. Once these policies are in effect, they will be available by using the Search box on the Medical Policy homepage. Be sure to check back often, as the site is updated frequently.

Retrospective chart review program

AmeriHealth recently launched the 2012 Retrospective Chart Review Program for our Medicare Advantage HMO benefits plan. We contracted with MediConnect Global, Inc. (MediConnect), a division of Verisk Health, a health care consulting company, to gather records for this review. As a Medicare Advantage Managed Care Organization, AmeriHealth is required to meet the standards set by the Centers for Medicare & Medicaid Services.

If you are selected to participate, a MediConnect representative will contact you to share further details about this review and to determine the most appropriate method of retrieving charts from your practice. In an effort to make this process easier for our provider community, this year we have additional options for chart submission. You may:

- upload medical record images to a secure portal at www.submitrecords.com;
- send a secure fax of the medical records to 1-800-391-5325;
- mail copies of the medical records to the address listed in the letter you receive.

We appreciate your assistance in this important program. To offset any administrative expenses you may incur due to your participation in this effort, we will reimburse your office $10 per chart scanned.
Each month, AmeriHealth will feature an example of how ICD-9 codes will translate to ICD-10 codes. We will present coding examples from different specialties and popular disease categories to demonstrate the granularity that the new ICD-10 code set will provide.

**CODING CONVENTION: CLINICAL TERMINOLOGY CHANGES IN ICD-10**

These coding examples will demonstrate the new clinical terminology changes conveyed in ICD-10. These changes reflect standardization of the terms that are used today.

Several terminologies used in ICD-9 have been changed in ICD-10. Some of the names and definitions of disorders have been updated in ICD-10 to reflect more current clinical terminology and standardization of the terms used to diagnose certain conditions and disorders. These changes reflect standardized terminology that clinicians and health care personnel use today for patient care and data reporting.

Although not completely eliminated, commonly used terms such as “senile”, are no longer used for certain conditions. Another differentiation involves acute myocardial infarction (AMI). This condition not only includes updated terminology, it also has notable definition changes in ICD-10.

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senile cataract</td>
<td>Age-related cataract</td>
</tr>
<tr>
<td>Intermediate coronary syndrome</td>
<td>Unstable angina</td>
</tr>
<tr>
<td>Acute myocardial infarction*</td>
<td>ST elevation (STEMI) or non-ST elevation (NSTEMI) myocardial infarction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9: Clinical terminology</th>
<th>ICD-10: Clinical terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senile cataract</td>
<td>Age-related cataract</td>
</tr>
<tr>
<td>366.10 Unspecified senile cataract</td>
<td>H25.9 Unspecified age-related cataract</td>
</tr>
<tr>
<td>Intermediate coronary syndrome</td>
<td>Unstable angina</td>
</tr>
<tr>
<td>411.1 Intermediate coronary syndrome</td>
<td>I20.0 Unstable angina</td>
</tr>
<tr>
<td>Acute myocardial infarction*</td>
<td>ST elevation (STEMI) or non-ST elevation (NSTEMI) myocardial infarction</td>
</tr>
<tr>
<td>410.02 Acute myocardial infarction of anterolateral wall, subsequent episode of care</td>
<td>I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall</td>
</tr>
<tr>
<td>410.70 Acute myocardial infarction, subendocardial infarction, episode of care unspecified</td>
<td>I21.4 Non-ST elevation (NSTEMI) myocardial infarction</td>
</tr>
</tbody>
</table>

*In ICD-9-CM, the initial time frame for acute myocardial infarction (AMI) treatment is within eight weeks of onset. In ICD-10-CM, the initial time frame for acute treatment is within four weeks of onset.

For additional information related to the AmeriHealth transition to ICD-10, please visit [www.amerihealth.com/icd10](http://www.amerihealth.com/icd10). On this site you will also find other examples of how ICD-9 codes will translate to ICD-10 codes in the ICD-10 Spotlight: Know the codes booklet.
New initiative promotes the use of generic drugs

In an effort to bring more value to our members’ prescription drug benefits, we are actively promoting the use of generic drugs to members who are taking brand-name drugs. If our records show that members are filling prescriptions for brand-name drugs when a generic drug is available, we will send these members a letter that encourages them to fill their prescription with a generic drug instead.

Substituting generic drugs for brand-name drugs, when possible, is beneficial to our members in the following ways:

- Generic drugs are safe and effective.
- Generic drugs are lower in cost and help our members save on health care expenses. Paying less for their prescription drugs may help our members fill and take their medications more consistently, thereby potentially reducing hospitalizations and emergency room visits and maintaining better overall health.

Initially, we will focus on drugs that have a high utilization of brand-name versions. Examples may include the following:

- Adderall XR®
- Atacand®
- Avapro®
- Cozaar®
- Effient®
- Micardis®
- Nuvigil®
- Plavix®
- Provigil®
- Teveten®

Each member letter will list the brand-name drug for which the member recently filled a prescription, the generic equivalent or therapeutic alternative, as applicable, and a comparison of the copayments for each.

If you have any questions about this initiative, please call Customer Service at 1-800-275-2583.

Encourage your older adult patients to get moving

You know your patients probably need to get more physical activity — and they probably know it too. But that doesn’t change the fact that less than 5 percent of adults in the United States perform the 30 minutes of activity on most days of the week that is deemed necessary for good health. Further, nearly one third of people between the ages of 65 and 74 get no exercise at all.

Physicians who provide primary care are in a key position to motivate their older adult patients to be more active; however, this opportunity is often underutilized. The Medicare Health Outcomes Survey (HOS) tracks the percentage of senior plan members who discussed their physical activity with their physician during the last year and who were advised to either start exercising or increase or maintain their level of physical activity. Only 48 percent of survey respondents reported being asked about their activity level during an office visit.

Make the case for exercise

There are compelling reasons why your older adult patients should start an activity program, even if they previously have been sedentary. Compared with inactive individuals of a similar age, older adults who exercise are at lower risk of illness or death from any cause. In addition, there is strong evidence that physically active people are less likely to get colon or breast cancer or become obese. Regular exercise in midlife and beyond also helps stave off depression and cognitive decline in later years.

Develop an activity plan with your patients

It is important to set safe activity goals with your older adult patients, particularly those who have a chronic health condition like diabetes, cardiovascular disease, or arthritis. Activities should be tailored to the individual’s ability and general health.

A balanced activity plan includes aerobic exercise for cardiovascular fitness with strength-training to maintain muscle and bone mass. In addition, stretching and balance exercises can help reduce the risk of falls. A successful program for older adults addresses each of these components and specifies when, where, and how the activities should be performed.

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Encourage your older adult patients to get moving (continued)

The basic guidelines for older adults include 150 minutes of moderate-intensity aerobic activity, or 75 minutes of vigorous activity, per week. Aerobic exercise should be performed most days of the week for periods lasting at least ten minutes. It may be easier for some people to reach their weekly total by combining several short exercise sessions rather than attempting fewer longer ones.3

Strength-training exercises that work all major muscle groups should be performed at least two days a week. Recommended activities include calisthenics, weight-lifting (machines or handheld weights), exercise bands, and Pilates.3 Balance and stretching exercises, such as yoga and tai chi, can be added to promote flexibility and help reduce the risk of falls. In addition, let patients know that household chores and yard work, such as vacuuming, raking, and carrying groceries, can help contribute to the overall activity total.3

Tips for physicians3
Consider the following during office visits with your older adult patients:

- Ask your patients at every visit about their activity level.
- Enumerate the health benefits of getting regular exercise.
- Screen for health problems that would require further evaluation before prescribing an exercise program to your patients.
- Suggest ways that inactive patients can make simple changes, such as taking the stairs instead of the elevator or walking 10–20 minutes each day.
- Write an “exercise prescription.”
- Refer patients to exercise programs designed for older adults at community centers and health clinics.
- Discuss ways for patients who are somewhat active to use exercise to achieve greater health benefits.

SilverSneakers® is available
Did you know that AmeriHealth Medicare Advantage HMO members have access to the SilverSneakers Fitness Program? Through this program, these members can take advantage of nearly 10,000 fitness and wellness centers across all 50 states, the District of Columbia, and Puerto Rico. Participating SilverSneakers locations are equipped with treadmills, free weights, and other fitness equipment and also offer the signature SilverSneakers Fitness Program classes, designed specifically for older adults and taught by certified instructors.

Note: SilverSneakers is offered to AmeriHealth 65® NJ HMO members at no cost. To enroll in the program, members should bring their SilverSneakers ID card to a participating SilverSneakers location. Members can visit the SilverSneakers website at www.silversneakers.com or call 1-888-423-4632 for a complete list of locations.

References

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SilverSneakers is a registered mark of Healthways, Inc.
Introducing the Connections℠ Provider Portal

The 2012 release of the SMART® Registry, which was mailed to provider's offices in July, announced the launch of the Connections Provider Portal, a website for network clinicians. The Connections Provider Portal is accessible 24 hours a day, 7 days a week, and is designed to make it easy for you and your office staff to view patient reports, refer an eligible patient to a Health Coach, and link to patient education materials and physician support information.

By logging on to the Connections Provider Portal you can:

- view and download your SMART Registry reports;
- access health coaching and Shared Decision-Making℠ information;
- refer patients to a Health Coach at no cost to them;
- link to up-to-date clinical guidelines, patient education materials, and physician support information;
- print and download individual, detailed patient profile reports;
- make inquiries and provide feedback about the Connections program.

To learn more about the Connections Provider Portal or the services available to your patients, please contact a Connections Program Specialist by calling the Connections Provider Support Line at 1-866-866-4694 or www.hdproviderportal.com/amerihealth.

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Shared Decision-Making℠ is a registered trademark of the Foundation for Informed Medical Decision Making. Used with permission.

Case management Help for your patients when they need it

Sometimes members need extra support. Registered nurse case managers from AmeriHealth are available to provide telephone support and information to your patients who are experiencing complex health issues or are facing challenges in meeting health care goals. Consider making a referral to case management if any of your patients need help with the following:

- wound care
- cancer treatment education
- complications of pregnancy
- adherence to treatment plan
- community resource information
- coordination of home care services
- complex pediatric medical conditions
- socioeconomic support (medications)
- investigation of benefits for medical equipment
- chronic condition with multiple comorbid conditions

The case manager will work with your office to find out how best to support the member in following your treatment plan.

To refer a patient to case management, call 1-800-313-8628, or complete an online referral form at www.amerihealth.com/case_mgmt_ref_form.
IMPORTANT RESOURCES

AmeriHealth Direct Ship Injectable Program (medical benefits)  
www.amerihealth.com/directship

Anti-Fraud and Corporate Compliance Hotline  
1-866-282-2707  
www.amerihealth.com/antifraud

Care Management and Coordination  
Case Management  
1-800-313-8628

Baby FootSteps®  
215-241-2198  
1-800-598-2229

Connections™ Health Management Programs  
Connections™ Health Management Program Provider Support Line  
1-866-866-4694

Connections™ Complex Care Management Program  
1-800-313-8628

Connections™ Provider Portal  
www.hdproviderportal.com/amerihealth

Credentialing Violation Hotline  
215-988-1413

Credentialing and recredentialing inquiries (NJ only)  
1-866-227-2186

Credentialing and recredentialing inquiries (NJ only)  
1-866-227-2186

Customer Service/Provider Services  
• Provider Automated System (eligibility/claims status/referrals)
• Connections Health Management Programs
• Precertification/maternity requests  
  — Imaging services (PA and DE only) (CT, MRI/MRA, PET, and nuclear cardiology)
  — Authorizations  
  1-800-275-2583

Precertification/maternity requests  
1-800-275-2583

Provider Services user guide  
www.amerihealth.com/providerautomatedsystem

eBusiness Help Desk  
215-241-2305

FutureScripts® (pharmacy benefits)  
Prescription drug prior authorization  
1-888-678-7012  
1-888-671-5285

Direct Ship Specialty Pharmacy Program  
Fax  
1-888-678-7012  
1-888-671-5285

Mail order program toll-free fax  
1-877-228-6162

Blood Glucose Meter Hotline  
1-888-678-7012

Pharmacy website (formulary updates, prior authorization)  
www.amerihealth.com/rx

FutureScripts® Secure (Medicare Part D)  
1-888-678-7015

Formulary updates  
www.amerihealthmedicare.com

Mail order program toll-free fax  
1-877-344-1318

Imaging services (NJ only) (CT, MRI/MRA, PET, and nuclear cardiology)  
1-800-859-5288

Medical Policy website  
www.amerihealth.com/medpolicy

NaviNet® portal registration  
www.navinet.net

Provider Supply Line  
1-800-858-4728  
www.amerihealth.com/providersupplyline

Visit our website:  
www.amerihealth.com/pnc