



**PROVIDER BULLETIN**  
#01-2017

**TO:** Participating home infusion vendors that provide covered services to AmeriHealth Pennsylvania members  
**FROM:** Daniel Brown  
Director, Provider Reimbursement  
**DATE:** January 24, 2017  
**SUBJECT:** Update: Home Infusion Standard Fee Schedule

We are sending this bulletin to provide you with an updated Home Infusion Standard Fee Schedule due to an additional code that was identified. We apologize for any inconvenience.

The following code has been added for dates of service on or after February 1, 2017:

CPT <sup>®</sup> /HCPCS code	Description	New base rate	Update type
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	██████	Add

Please note that coverage for home infusion services is determined by the member's benefits program and eligibility.

Attached for your reference is the updated fee schedule.

If you have any questions about this bulletin, please contact your Network Coordinator.

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**We encourage you to share this information with appropriate members of your staff.**

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For a copy of the Home Infusion Fee Schedule, please contact your Network Coordinator.