



**PROVIDER BULLETIN**  
#24-2017

**TO:** Participating hospitals and select ambulatory surgical centers that provide covered services to AmeriHealth Pennsylvania members

**FROM:** Daniel Brown  
Director, Provider Reimbursement

**DATE:** December 29, 2017

**SUBJECT:** 1st Quarter 2018 Billing Updates

We are sending this bulletin to inform you of changes to the following fee schedules effective for dates of service on or after January 1, 2018:

- **Outpatient Fee Schedule.** The *Outpatient Fee Schedule Changes* document lists the additions, updates, and deletions that will be made to the various fee schedules, including changes related to medical and claim payment policies. Notifications for policy changes are posted on our website at [www.amerhealth.com/medpolicy](http://www.amerhealth.com/medpolicy) in the Active Notifications section.
- **Outpatient Pharmacy Fee Schedule.** The *Outpatient Pharmacy Fee Schedule Changes* document lists the additions, updates, and deletions that will be made to the pharmacy fee schedule.
- **Outpatient Cost-Based Pharmacy Fee Schedule.** The *Outpatient Cost-Based Pharmacy Fee Schedule Changes* document lists the additions, updates, and deletions that will be made to the cost-based pharmacy fee schedule.

Attached for your reference are the changes to these fee schedules. Please review those that apply per your AmeriHealth Hospital Agreement. Complete fee schedules can be requested by submitting the [Provider Contract or Provider Fee/Rate Schedule Request](#) form.

In addition, the attached **Surgical Procedure Code List** document has been updated to reflect additional codes that are effective January 1, 2018.

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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 *Outpatient Fee Schedule Changes*, *Outpatient Pharmacy Fee Schedule Changes*, *Outpatient Cost-Based Pharmacy Fee Schedule Changes*, or *Surgical Procedure Code List* document, please submit a request using the [Provider Contract or Provider Fee/Rate Schedule](#) Request form.