



Change to durable medical equipment wheelchair benefit limits

Please note, this communication applies to Anthem HealthKeepers Plus, Medallion and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) offered by HealthKeepers, Inc.

Effective January 1, 2022, HealthKeepers, Inc. will align the benefit limits for wheelchairs and accessories with Virginia Department of Medical Assistance Services (DMAS) benefit limits. The list of impacted codes is noted below. This change will affect the current reimbursement policy and related claims processing rules associated with wheelchairs and accessories.

HealthKeepers, Inc. will no longer reimburse for any supply amount that exceeds the DMAS benefit limits for Anthem HealthKeepers Plus members.

HealthKeepers, Inc. will only reimburse providers for quantities exceeding DMAS limits when prescribed by a physician, documented on a *Certificate of Medical Necessity*, and authorized by HealthKeepers, Inc. HealthKeepers, Inc. follows the same criteria as DMAS in determining all medical necessity approval.

We recommend that providers visit the online *Provider Manual* to review all authorizations, appeals, and reconsideration processes at

https://providers.anthem.com/docs/gpp/VA_CAID_ProviderManual.pdf?v=202105212022.

Code	Description	DMAS limit
E2630	Wheelchair accessory, shoulder elbow, mobile arm support monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	2/24 months
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	2/24 months
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker	2/24 months
E2633	Wheelchair accessory, addition to mobile arm support, supinator	2/24 months
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	2/24 months
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	2/24 months
E0970	No. 2 footplates, except for elevating leg rests	2/60 months
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	2/60 months
K0037	High mount flip-up footrest, each	2/60 months
K0038	Leg strap, each	2/24 months
K0039	Leg strap, H style, each	2/24 months
K0040	Adjustable angle footplate, each	2/60 months
K0041	Large size footplate, each	2/60 months
K0042	Standard size footplate, replacement only, each	2/60 months
K0050	Ratchet assembly, replacement only	2/36 months

<https://providers.anthem.com/va>

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Code	Description	DMAS limit
K0051	Cam release assembly, footrest or leg rest, replacement only, each	2/36 months
K0195	Elevating leg rest, pair	1/36 months
E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware	2/36 months
E0980	Safety vest, wheelchair	1/60 months
E0950	Wheelchair accessory, tray, each	1/60 months
E2326	Power wheelchair accessory, breathe tube kit for sip and puff interface	1/60 months
E1014	Reclining back, addition to pediatric size wheelchair	1/60 months
E1226	Fully reclining back, for customized wheelchair	1/60 months
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	2/24 months
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	2/24 months
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	2/24 months
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	2/24 months
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	2/24 months
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	2/24 months
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	2/24 months
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	2/24 months
E2219	Manual wheelchair accessory, foam caster tire, any size, each	2/24 months
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	2/24 months
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	2/24 months
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	2/24 months
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	2/24 months
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	2/24 months
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	2/24 months
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	2/24 months
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	2/24 months
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	2/24 months
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	2/24 months
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	2/24 months
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	2/24 months

Code	Description	DMAS limit
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	2/24 months
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	2/24 months
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	2/24 months
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	2/24 months
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	2/24 months
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	2/24 months
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	2/24 months
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	2/24 months
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	2/24 months
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	2/24 months
K0065	Spoke protectors, each	2/24 months
E1015	Shock absorber for manual wheelchair, each	2/24 months
E1016	Shock absorber for power wheelchair, each	2/24 months
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	2/24 months
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	2/24 months
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	1/36 months
E0958	Manual wheelchair accessory, one-arm drive attachment	1/60 months
E0959	Manual wheelchair accessory, adapter for amputee	1/60 months
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	2/60 months
E0969	Narrowing devices, wheelchair	1/60 months
E0986	Manual wheelchair accessory, push activated power assist, each	1/60 months
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	1/60 months
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	1/60 months
E2207	Wheelchair accessory, crutch and cane holder, each	1/60 months
E2208	Wheelchair accessory, cylinder tank carrier, each	1/60 months
E2210	Wheelchair accessory, bearings, any type, replacement only, each	1/60 months
K0105	IV hanger, each	1/60 months
K0098	Drive belt for power wheelchair, replacement only	1/36months
E2368	Power wheelchair component, drive wheel motor, replacement only	2/36 months

Code	Description	DMAS limit
E2369	Power wheelchair component, drive wheel, gear box, replacement only	2/36 months
E2378	Power wheelchair component, actuator, replacement only	1/36 month

If you have any questions about this communication, call Anthem HealthKeepers Plus, Medallion Provider Services at **800-901-0020** or Anthem CCC Plus Provider Services at **855-323-4687**.



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/2XEur24>).