

Change to durable medical equipment 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 March 1, 2022, HealthKeepers, Inc. will align the benefit limits for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); beds and mattresses; diabetic supplies; and intravenous (IV) supplies 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 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, and for EPDST-related approvals, also does a secondary review under the “correct, maintain, ameliorate” standard.

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.

EPSDT

Code	Description	DMAS limit
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	1/12 months
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	1/12 months
A8002	Soft protective helmet, custom	1/12 months
A8003	Hard protective helmet, custom	1/12 months
T5001	Positioning seat for persons w/special orthopedic needs, for use in vehicles (previously <i>Customized Seating System For Use In Vehicle; Special Pediatric/Young Adult</i>) EPSDT item	1/60 months

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

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Diabetic supplies

Code	Description	DMAS Limit
A4250	Urine test or reagent strips or tablet	3/2 months
A4256	Normal, low, and high calibrator solution/chips	1/month
A4258	Spring-powered device for lancet	1/month
A4259	Lancets	3/2 months
A4245	Alcohol wipes	1/month
A4230	Infusion set for external insulin pump, non-needle cannula type	16/month
A4231	Infusion set for external insulin pump, needle type	16/month
A4232	Syringe with needle for external insulin pump, sterile 3cc	16/month
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	16/month
E0784	External ambulatory infusion pump, insulin	1/60 months
A9276	Sensor; invasive (such as subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit	10/month
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	1/36 months
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	2/6 months
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	2/6 months
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	2/6 months
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	2/6 months

Beds and mattresses

Code	Description	DMAS limit
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	1/60 months
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	1/60 months
E0182	Pump for alternating pressure pad, for replacement only	1/60 months

E0184	Dry pressure mattress	1/36 months
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	1/36 months
E0186	Air pressure mattress	1/24 months
E0187	Water pressure mattress	1/36 months
E0197	Air pressure pad for mattress, standard mattress length and width	1/36 months
E0198	Water pressure pad for mattress, standard mattress length and width	1/36 months
E0199	Dry pressure pad for mattress, standard mattress length and width	1/2 months
E0271	Mattress Innerspring	1/60 months
E0272	Mattress, foam rubber	1/60 months
E0273	Bed board	1/60 months
E0280	Bed cradle, any type	1/36 months
E0305	Bedside rails, half-length	2/60 months
E0310	Bedside rails, full length	2/60 months

IV supplies

Code	Description	DMAS limit
A4207	Syringe with needle, sterile 2cc, each	31/month
A4208	Syringe with needle, sterile, 3cc, each	31/month
A4209	Syringe with needle, sterile, 5cc or greater, each	31/month
A4210	Needle-free injection device, each	31/month
A4212	Non coring needle or stylet with or without catheter	5/month
A4213	Syringe, sterile, 20cc or greater, each	31/month
A4215	Needles only, sterile, any size, each	6/month
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	60/month
A4245	Alcohol wipes	1/month
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion eight hours or greater	1/60 months

E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than eight hours	1/60 months
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	1/60 months
E0784	External ambulatory infusion pump, insulin	1/60 months
S1015	IV tubing extension set	5bxs/2 months
S5518	Home infusion therapy, all supplies necessary for catheter repair	2/month
S5521	Midline catheter for parenteral infusion home infusion therapy, all supplies (including catheter), necessary for midline catheter insertion	4/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>).