



Change to DME incontinence 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 November 1, 2021, HealthKeepers, Inc. will align the benefit limits for catheters and irrigation 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 incontinence supplies.

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 (CMN)*, 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 authorization, appeals, and reconsideration processes at https://providers.anthem.com/docs/gpp/VA_CAID_ProviderManual.pdf?v=202105212022.

Code	Description	DMAS limit
E0275	Bed pan, standard metal or plastic	1/12 Months
E0276	Bed pan fracture metal or plastic	1/12 Months
E0325	Urinal, male, jug-type, any material	1/12 Months
E0326	Urinal, female, jug-type any material	1/12 Months
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)	2/Month
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	2/Month
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	2/Month
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)	1/Month
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	1/Month
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	1/Month
A4349	Male external catheter, with or without adhesive, disposable, each	60/Month
A4326	Male external catheter with integral collection chamber, any type, each	10/Month
A4327	Female external urinary collection device, metal cup, each	4/Month

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

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Code	Description	DMAS limit
A4328	Female external urinary collection device, pouch, each	31/Month
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	2/Month
A4332	Lubricant, individual sterile packet, each	180/Month
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	15/Month
A4334	Urinary catheter anchoring device, leg strap, each	1/Month
A4338	Indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	2/Month
A4340	Indwelling catheter, specialty type, (for example, coude, mushroom, wing, etc.), each	2/Month
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	2/Month
A4346	Indwelling catheter, Foley type three-way for continuous irrigation, each	3/Month
A4348	Male external catheter with integral collection compartment, extended wear	2/Month
A4351	Intermittent urinary catheter, straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	180/Month
A4352	Intermittent urinary catheter, coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	180/Month
A4353	Intermittent urinary catheter, with insertion supplies	180/Month
A4354	Insertion tray with drainage bag, but without catheter	1/Month
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each	2/Month
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	1/3 Months
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	2/Month
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	2/Month
A5102	Bedside drainage bottle, with or without tubing, rigid or expandable, each	1/3 Months
A5105	Urinary suspensory; with or without leg bag, with or without tube, each	1/Month
A5112	Urinary leg bag, latex	1/Month
A5113	Leg strap, latex, replacement only, per set	1/Month
A5114	Leg strap, foam or fabric, replacement only, per set	1/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**.