Wheelchairs and Accessories: Benefit Interpretation Policy (Effective 06/01/2019)

UnitedHealthcare of California (HMO)
UnitedHealthcare Benefits Plan of California (EPO/POS)
UnitedHealthcare® West
BENEFIT INTERPRETATION POLICY

WHEELCHAIRS AND ACCESSORIES

Policy Number:  BIP195.H
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Table of Contents

A. FEDERAL/STATE MANDATED REGULATIONS............ 1
B. STATE MARKET PLAN ENHANCEMENTS............... 1
C. COVERED BENEFITS........................................ 1
D. NOT COVERED............................................. 2
E. DEFINITIONS.............................................. 2
F. REFERENCES............................................... 2
G. POLICY HISTORY/REVISION INFORMATION......... 3

Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.

Essential Health Benefits for Individual and Small Group
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

None

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

1. The following are covered when criteria are met. See the CMS Mobility Assistive Equipment Clinical Criteria for coverage criteria. Wheelchairs are covered only if the member has a DME benefit.
   a. Standard Wheelchair
b. Lightweight Wheelchair

c. Specially sized Wheelchair

d. Electric Wheelchair

e. High Strength Lightweight Wheelchair

f. Power Mobility Devices (PMD) which include Power operated vehicle (POV), or scooters, and Power motorized wheelchairs

2. Repairs, replacements and maintenance criteria-refer to the Benefit Interpretation Policy titled Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies.

3. Accessories and Options: See the Medicare Local Coverage Determinations (LCD) for Wheelchair Options/Accessories and for Wheelchair Seating.

D. NOT COVERED

1. Non-medically necessary deluxe items or optional features/accessories

2. Wheelchair upgrades that are beneficial primarily in allowing the member to perform leisure or recreational activities

3. POVs (power operated vehicle) that are primarily used to allow the member to perform leisure or recreational activities

4. Items purchased for comfort or added convenience for the member or the member's caretaker

5. Replacement of a wheelchair due to malicious damage, neglect or abuse

6. A second piece of equipment with or without additional accessories that is for the same or similar medical purpose as existing equipment

E. DEFINITIONS

Extra Heavy Duty Wheelchair: A wheelchair with a weight capacity of greater than 300 pounds

Heavy Duty Wheelchair: A wheelchair with a weight capacity of greater than 250 pounds

High Strength, Lightweight Wheelchair: A wheelchair that weighs less than 34 pounds and has a life-time warranty on side frames and cross-braces

Lightweight Wheelchair: A wheelchair that weighs 34-36 pounds; with weight capacity of 250 pounds or less

Standard Hemi (low seat) Wheelchair: A wheelchair that weighs greater than 36 pounds, but the seat is lower to the floor in order to accommodate shorter stature or for a patient who self-propels with their feet on the floor; with seat height less than 19 inches and weight capacity of 250 pounds or less

Standard Wheelchair: A wheelchair that weighs greater than 36 pounds; with seat height of 19 inches or greater and weight capacity of 250 pounds or less

Ultralight-weight Wheelchair: A wheelchair that weighs less than 30 pounds; with adjustable rear axle position and has a lifetime warranty on side frames and cross-braces

F. REFERENCES

National Coverage Determination (NCD) for NCD for Mobility Assistive Equipment (MAE) (280.3) (Accessed May 2, 2019)
## G. POLICY HISTORY/REVISION INFORMATION

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<th>Date</th>
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<tbody>
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<td>06/01/2019</td>
<td>• Routine review; no change to benefit coverage guidelines</td>
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