

Wheelchairs and Accessories

Policy Number: BIP196.I
 Effective Date: July 1, 2021

[Instructions for Use](#)

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Related Benefit Interpretation Policy

- [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/ Orthotics \(Non-Foot Orthotics\) and Medical Supplies](#)

Federal/State Mandated Regulations

Washington

<https://apps.leg.wa.gov/RCW/default.aspx?cite=48.43.290>

RCW 48.43.290

Coverage for prescribed durable medical equipment and mobility enhancing equipment—Sales and use taxes—Definitions.

- (1) Health plans issued or renewed on or after January 1, 2011, that include coverage for prescribed durable medical equipment and mobility enhancing equipment must include the sales tax or use tax calculation in plan payment, consistent with the application of sales tax in chapter [82.08](#) RCW or use tax in chapter [82.12](#) RCW.
- (2) The payment for covered durable medical equipment and mobility enhancing equipment must:
 - (a) Reflect the negotiated provider agreement for the prescribed equipment; and
 - (b) Separately identify the sales tax or use tax calculation that is included in the payment if the provider submitting a claim or invoice for reimbursement submits to the health plan a claim or invoice with a separate line item for the geographically adjusted sales tax.
- (3) The following definitions apply to this section unless the context clearly requires otherwise.
 - (a) "Durable medical equipment" means equipment, including repair and replacement parts for durable medical equipment that:
 - (i) Can withstand repeated use;
 - (ii) Is primarily and customarily used to serve a medical purpose;
 - (iii) Generally is not useful to a person in the absence of illness or injury; and
 - (iv) Is not worn in or on the body.
 - (b) "Mobility enhancing equipment" means equipment, including repair and replacement parts for mobility enhancing equipment that:
 - (i) Is primarily and customarily used to provide or increase the ability to move from one place to another and that is appropriate for use either in a home or a motor vehicle;
 - (ii) Is not generally used by persons with normal mobility; and
 - (iii) Does not include any motor vehicle or equipment on a motor vehicle normally provided by a motor vehicle manufacturer.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

- 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.
 - Standard Wheelchair
 - Lightweight Wheelchair
 - Specially sized Wheelchair
 - Electric Wheelchair
 - High Strength Lightweight Wheelchair
 - Power Mobility Devices (PMD) which include Power operated vehicle (POV), or scooters, and Power motorized wheelchairs
- 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](#).
- Accessories and Options: See the [Medicare Local Coverage Determinations \(LCD\)](#) for Wheelchair Options/Accessories and for Wheelchair Seating.

Not Covered

- Non-medically necessary deluxe items or optional features/accessories
- Wheelchair upgrades that are beneficial primarily in allowing the member to perform leisure or recreational activities
- POVs (power operated vehicle) that are primarily used to allow the member to perform leisure or recreational activities
- Items purchased for comfort or added convenience for the member or the member's caretaker
- Replacement of a wheelchair due to malicious damage, neglect or abuse
- A second piece of equipment with or without additional accessories that is for the same or similar medical purpose as existing equipment

Definitions

Types of Wheelchairs (include but are not limited to):

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

References

National Coverage Determination (NCD) [NCD for Mobility Assistive Equipment \(MAE\) \(280.3\)](#) (Accessed April 30, 2021)

Policy History/Revision Information

| Date | State(s) Affected | Summary of Changes |
|------------|-------------------|---|
| 07/01/2021 | All | Definitions <ul style="list-style-type: none">Added language to clarify types of wheelchairs include, but are not limited to, [the listed definitions] Supporting Information <ul style="list-style-type: none">Archived previous policy version BIP196.H |

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.