

Marketplace National Regional Benefit Interpretation Document

Benefit Name	WHEELCHAIRS AND ACCESSORIES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses wheelchairs and applicable repairs, replacements, maintenance, accessories, and options.</p> <p>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.</p> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>None</p> <p>B. STATE MARKET PLAN ENHANCEMENTS</p> <p>None</p> <p>C. COVERED BENEFITS</p> <p>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.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p>POWERED/MOTORIZED WHEELCHAIRS</p> <p>ALL STATES:</p>

Powered/motorized wheelchairs, with or without power seating systems or power operated vehicles (POVs) may be covered when all medical criteria are met.

Repairs and replacements of a powered/motorized wheelchair or POV may be covered when medical criteria are met when needed for normal wear or accidental damage.

POWER SEATING SYSTEMS

ALL STATES:

Power seating systems may be covered when medical criteria are met

ULTRA-LIGHTWEIGHT WHEELCHAIR

ALL STATES:

An ultra-lightweight manual wheelchair is considered medically necessary when all of the medical criteria is met within the Medical Management Policy.

Repair and replacement of an ultra-lightweight manual wheelchair may be covered if medical criteria are met when needed for normal wear or accidental damage.

MORE INFORMATION:

NEW MEXICO:

Durable Medical Equipment: This plan covers equipment that meets the following standards: Equipment that is medically necessary for the treatment of an illness or accidental injury or to prevent further deterioration. Equipment must be designed for repeated use, including oxygen equipment, functional wheelchairs, and crutches.

Equipment that is considered standard and/or basic as defined by nationally recognized guidelines.

Repair and replacement of durable medical equipment, prosthetics and orthotic devices must comport with state law. Repair and replacement are covered when medically necessary due to change in the members condition, wear or after the products normal life expectancy has been reached. One-month rental of a wheelchair is covered if the member owns the wheelchair that is being repaired.

Please refer to the Benefit Interpretation Policy titled **Durable Medical Equipment (DME), Prosthetics and Medical Supplies**

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

WHEELCHAIRS/ACCESSORIES

ALL STATES:

Molina and Passport may not cover wheelchairs and accessories when medical criteria are not met provided within the Medical Management Policy.

UTAH:

The following are excluded from the Durable Medical Equipment benefit:

- Handgrip replacement (cane, crutch, walker, wheelchair, etc.)
- Lift platform, wheelchair, van or home
- Tips, replacement (wheelchair, walker, crutches, etc.)
- Tray, Desk, Drafting Table, Easel, Caddy Tray, Cup Holder, etc. (wheelchair)
- Wheelchair Ramp
- Wheelchair, auto carrier
- Wheelchair, backpacks, caddy, carrier, baskets, etc.
- Wheelchair, heel, toe Loops replacement
- Wheelchair, Spoke Protectors
- Wheelchair, Stand-Up
- Wheelchair, Tune-up
- Wheelchair, Utility Tray

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
7/1/2023	<ul style="list-style-type: none"> • Added NV 2024 EOC Language

Prior
Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:
a. Covered and No PA Required

	<p>b. Not Covered</p> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>			
Approval	Departments	Product	CIM	Clinical Management
	Date	12/13/2022	4/5/2023	12/13/2022
	Revised (for 1/1/2024)	12/7/2023		12/8/2023