

Get Rolling: Tips on Paying For the Mobility Equipment You Need

NAVIGATING MEDI-CAL

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Introduction

Have you seen those ads on TV that show how much better life is with a power chair or scooter? You know, the ones that show smiling happy people using their power chair at the park. They tell you to call their 800 numbers and trust them, it will be easy to get your chair through Medicare. Well the process isn't so simple. Wheelchairs, power chairs and scooters are expensive. Most people can't afford the cost on their own. Most people need help from insurance, or if eligible from government programs like Medicare or Medicaid (called Medi-Cal in California) to help pay. Don't be tricked by those TV ads. If you call them they may encourage you to pay for your equipment yourself. They will tell you Medi-Cal won't pay for your equipment. Or they may only offer you one choice in a power chair or scooter. Would you choose to buy a chair without researching what you need or without driving it? If you choose a chair through a TV ad, that is what you would be doing. You have to go through several steps to get Medi-Cal to pay for your chair, but these steps can help you choose the chair you need. Below are tips to help you navigate the Medi-Cal approval process.

General Tips

1. **Wheelchairs Approved Once Every 5 Years:** Government programs and Insurance only pay for wheelchair, power chair or scooter (mobility equipment) once every five years.¹ It's important for you to choose a chair that is easy to use, fits you well and meets your needs. If you have a change in your medical condition (including weight gain) that requires a different wheelchair configuration or a power chair if you have a manual chair, Medi-Cal may cover a replacement chair sooner than five years. ⁱ

¹ Similar to Medicare, Medi-Cal will provide you with a new wheelchair, power wheelchair or scooter but only after it has reached its Reasonable Useful Lifetime (RUL). Reasonable Useful Lifetime (RUL) is estimated at, but no fewer than, five years. RUL begins on the day you receive your equipment

2. **Once you get your chair or scooter it can't be returned.** Like a new car, once you get your equipment in most cases it cannot be returned, so it's important to pick the right equipment for you. However, you have rights that protect you against defective equipment. If you purchase a power chair or scooter and it is defective you may have rights through the [California's Lemon Law, The Song-Beverly Consumer Warranty Act. CA Civil Code Section 1790-1795.8](#) that requires the wheelchair supplier to repair or the manufacturer to replace the equipment.

Medicaid in California Called Medi-Cal

Contrary to common belief, Medi-Cal (Also called Medicaid) is not a single program, rather there are different Medi-Cal programs for different groups of individuals. For example, there is Medi-Cal for pregnant women, people with physical and/or mental health disabilities, children with developmental disabilities, low- income families and the elderly. Each program has different eligibility requirements and different benefits. Furthermore every state has their own version of the Medicaid programs and calls the program by a different name. In California, Medicaid is called Medi-Cal. When discussing wheelchair and scooter coverage we will discuss Medi-Cal Benefits, other states' Medicaid rules may not be the same. Check here for a link to [Medicaid resources for all 50 states](#) which could help you find the program in your state. The [Medicaid Clearinghouse](#) is another useful site where you may find more information about coverage for your equipment if you live in a state other than California.

Medi-Cal Health Plan ii iii

Medi-Cal does pay for both wheelchairs and power wheelchairs or scooters and has specific criteria for what gets approved and how. For most people on Medi-Cal, you receive services through a Medi-Cal health plan. You have different choices of what [health plans](#) you can join based on the county you live in. Once you enroll in Medi-Cal, you should receive a packet in the mail telling you the health plans you can choose from and how to enroll. If you are enrolled in a Medi-Cal Health Plan and want to choose another health plan for any reason, you may leave the health plan and join a different one. If you want more information about joining a Medi-Cal Health Plan [Health Care Options \(HCO\) Representative](#) at 1-800-430-4263, between 8:00 a.m. to 5:00 p.m.

For more information on Medi-Cal health plans, see Disability Rights California's publication on Medi-Cal Managed Care Health Plans. What are they? What do I need to know about them? <http://www.disabilityrightsca.org/pubs/549501.pdf> for background information about health plans and about an overview of your options if you have problems.

Once you join a Medi-Cal health plan available in your county, the plan will work

with you to get evaluated by your doctor, use the approved equipment vendor and get approval for your equipment. The State of California tells the health plans what rules they should follow to determine if you get the equipment.

Similar to Medicare, in order to get approval you have to prove you cannot perform activities of daily living. However, Medi-Cal is much more flexible about the requirement to demonstrate the need for your equipment in your home. Medi-Cal covers medically necessary equipment when it “is appropriate for use in or out of the patient's home.” Medi-Cal health plans must cover your equipment regardless of whether your needed equipment will be used inside or outside of your home. A prescription for a wheelchair or scooter may not be denied solely on the grounds that it is for use outside of the home when determined to be medically necessary for the beneficiary's medical condition. Similar to Medicare, your inability to manage activities of daily living is something that must be determined by a physician. A friend or family member cannot simply make that determination and expect your Medi-Cal health plan to pay for the wheelchair.

Like Medicare, to get your equipment approved Medi-Cal requires a face-to-face examination by a licensed clinician and an evaluation performed by a qualified provider who has specific training and/or experience in wheelchair evaluation and ordering. During the face-to-face process your doctor and your wheelchair evaluation person will use a series of questions to decide if you have difficulty doing everyday activities including difficulty with one or more of the following:

- **Mobility related activities of daily living (ADL)** including dressing/bathing, eating, ambulating (walking), toileting, hygiene and activities either in or out of your home.
- ***Instrumental activities of daily living (IADL)*** are those activities that allow an individual to live independently in a community and include shopping, housekeeping, accounting, food preparation, taking medications as prescribed, use of a telephone or other form of communication, and accessing transportation within one's community.

Your wheelchair evaluation team will recommend equipment that if used will allow you to better perform these activities in your home or in the community. This equipment will be provided at no cost to you. State law does not allow your equipment supplier to charge you for your equipment.

You will work directly with your Medi-Cal health plan to get the wheelchair or scooter you need. Contact your Medi-Cal health plan's customer service department for more information.

Problems Getting Your Equipment and Appeal Process

You have several options if your Medi-Cal health plan doesn't approve your wheelchair or scooter, so don't give up!

1. If your supplier says that your health plan will not pay for your equipment. Contact your Medi-Cal health plan because the supplier may have made a mistake in submitting your request. If your equipment supplier tries to make you pay for your wheelchair, contact your Medi-Cal health plan. Your equipment supplier cannot charge you for your wheelchair or scooter. This is called balanced billing, it is illegal and your supplier can be fined by the State of California if they try to collect money from you.^{iv}
2. If your Medi-Cal health plan does not approve your wheelchair you will receive A Notice of Action (NOA) letter, that tells you and your supplier why a medical service has been delayed, modified or denied and what you, your doctor or anyone that you appoint, may do in order to have the decision reconsidered through an appeal (sometimes called a grievance).
3. A grievance is a written complaint to your health plan. The complaint explains why you think your health plan made a wrong decision. You must file the grievance with your Medi-Cal health plan within ninety (90) days from the date you received the NOA letter. You can file a grievance by contacting your Medi-Cal Health Plan by phone. Your health plan has 30 days to respond in writing to your grievance. If the matter is urgent, your health plan must respond to your grievance within 3 days.^v
4. Independent Medical Review (IMR): An Independent Medical Review (IMR) is a review of your health plan's decision by doctors that don't work for your plan. If your health problem is urgent, if you already filed a complaint (grievance / appeal) with your health plan and are not satisfied with the decision, or it has been more than 30 days since you filed a complaint with your health plan you may submit an Independent Medical Review Application/Complaint Form with the Department of Managed Health Care. If you need assistance you may contact the Help Center at 1-888-466-2219.
5. You must file an IMR within 6 (six) months of the plan's response to your grievance.
6. The Department of Managed Health Care must give you a written decision on your IMR within 30 days.^{vi}
7. Request a Fair Hearing: A Medi-Cal fair hearing is another way of challenging a decision about your Medi-Cal that you think is wrong. You can file for a Medi-Cal fair hearing if the issue is regarding whether the service is covered by Medi-Cal or medically necessary. The hearing is held before an Administrative Law Judge who works for the Department of

Social Services (CDSS). The CDSS hearing website is here: <http://www.dss.cahwnet.gov/shd/default.htm>. Information about requesting a fair hearing is here: <http://www.dss.cahwnet.gov/shd/PG1104.htm> (or you can call 1-800-952- 5253 (Voice); 1-800-952-8349 (TDD)).

For Help With Grievances, Independent Medical Reviews and State Fair Hearings

1. Contact the [Medi-Cal Managed Care Office \(MMCD\) of the Ombudsman](#) at 1-888-452-8609 for more information about your rights under Medi-Cal Managed Care.
2. If you don't get the help you need contact [Disability Rights California](#) to understand your rights at 1-800-776-5746
3. Contact the [Department of Managed Health Care](#), 1-888-466-2219 or (TTY) 1-877-688-9891 for more information about grievances and IMRs.
4. Department of Social Services State Hearing Division for information about asking for a [Medi-Cal state hearing](#), 1-800-952-5253, 1-800- 952-8349 (TTY)
5. Contact [Health Consumer Alliance](#), to find the local legal services program closest to you.

If you have Medicare and Medi-Cal (Dual Eligible) also called Coordinated Care Initiative – Cal MediConnect

If you are Dual Eligible (have Medicare and Medi-Cal), both programs help cover the costs of your medical equipment. Similar to Medi-Cal, in most cases, you will be required to join a health plan. Being Dual eligible means Medicare pays the 80% cost of the equipment and Medi-Cal is required to pay for whatever Medicare doesn't pay for. Under California State Law, your equipment supplier can't bill you for the Medicare 20% co-payment or for any part of the equipment Medicare does not pay for.^{vii viii ix} For more information about requirements to join a health plan see, <http://www.calduals.org/>.

Challenging Process But Don't Give Up

The process can seem complicated and sometimes you may have trouble getting approval for the equipment the first time. Many people give up too soon. Just because the insurance company or a government program such as Medicare or Medi-Cal (Medicaid) said they wouldn't pay for a chair the first time doesn't mean with a well written appeal they may not approve it. Persistence, patience and understanding the process and your available resources will be your best strategies for a successful outcome.

Disclaimer: This article is a general summary of third-party payer guidelines including Medi-Cal and Medicare benefit determination criteria for wheeled mobility devices,” including manual wheelchairs, power wheelchairs and scooters (also called power operated vehicles, POV) and is not intended to be an exhaustive representation of Medicare, Medi-Cal and private insurance’s official guidelines. This article makes no promises of, nor guarantees, Medicare, Medi-Cal’s or private insurance approval for mobility deviecs based solely on the contents contained herein. Readers are encouraged to review their insurance company’s Evidence of Coverage (EOC) information, Centers for Medicare & Medicaid Services’ guidelines for Medicare, or the California Department of Health Care Services’ website for Medi-Cal for more detailed and specific information. This article is for informational and educational purposes only and is not intended to replace professional medical advice.

References

- ⁱ Medicare Benefits Policy Manual, Ch 15, Sec.110.2 Repairs, Maintenance, Replacements and delivery. (Rev 212, 11/5/05) <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf> Accessed 4/11/16.
- ⁱⁱ Medi-Cal Manual, DME Section. [https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=\(%23filename+*%a00*.doc+OR+%23filename+*%a00*.zip+OR+%23filename+*%a04*.doc+OR+%23filename+*%a04*.zip+OR+%23filename+*%z00*.doc+OR+%23filename+*%z00*.zip+OR+%23filename+*%z02*.doc+OR+%23filename+*%z02*.zip\)&wFLogo=Durable+Medical+Equipment+and+Medical+Supplies+\(DME\)&wFLogoH=52&wFLogoW=516&wAlt=Durable+Medical+Equipment+and+Medical+Supplies+\(DME\)&wPath=N](https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=(%23filename+*%a00*.doc+OR+%23filename+*%a00*.zip+OR+%23filename+*%a04*.doc+OR+%23filename+*%a04*.zip+OR+%23filename+*%z00*.doc+OR+%23filename+*%z00*.zip+OR+%23filename+*%z02*.doc+OR+%23filename+*%z02*.zip)&wFLogo=Durable+Medical+Equipment+and+Medical+Supplies+(DME)&wFLogoH=52&wFLogoW=516&wAlt=Durable+Medical+Equipment+and+Medical+Supplies+(DME)&wPath=N) Accessed 4/20/16.
- ⁱⁱⁱ California Department of Health Care Services. All Plan Letter 15-018, CRITERIA FOR COVERAGE OF WHEELCHAIRS AND APPLICABLE SEATING AND POSITIONING COMPONENTS. July 9th 2015. <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-018.pdf>. Accessed 4/20/16.
- ^{iv} California Health Line Daily Edition, Advocates Say Balance Billing of Medi-Cal Patients on the Rise, 9/18/15. <http://californiahealthline.org/morning-breakout/advocates-say-balance-billing-of-medical-patients-on-the-rise/> Accessed 7/31/16
- ^v Health & Safety Code § 1368.01(b). 28 C.C.R. § 1300.68 (a) As cited in Disability Rights California Publication, An Independent Medical Review (IMR) is One Way to Change a Medi-Cal Managed Care Plan’s No to Yes (pdf) (rtf) (January 2014, #5534.01)<http://www.disabilityrightsca.org/pubs/553401.pdf> Access 7/29/16
- ^{vi} Health & Safety Code §1374.33(c), As cited in Disability Rights California Publication, An Independent Medical Review (IMR) is One Way to Change a Medi-Cal Managed Care Plan’s No to Yes (pdf) (rtf) (January 2014, #5534.01)<http://www.disabilityrightsca.org/pubs/553401.pdf> Access 7/29/16.
- ^{vii} Welfare and Institution Code, Sec on 14019.4. (a): “A provider of health care services ... shall not seek reimbursement nor attempt to obtain payment for the cost of those covered health care

services from the eligible applicant or recipient....” <http://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14019-4.html> Accessed 4/11/16.

It should be noted, however, that state law limits Medi-Cal’s reimbursement on Medicare claims to an amount that, when combined with the Medicare payment, does not exceed Medi-Cal’s maximum allowed for similar services, (W&I Code, Section 14109.5). This means that if the Medi-Cal rate is 80 percent or less of the Medicare rate for the service rendered, Medi-Cal will not reimburse anything on these crossover claims. This has been state law for over 30 years. Since Medi-Cal reimbursements are generally lower than Medicare reimbursements, Medi-Cal will owe reimbursement for only a few services on Medicare claims. Welfare and Institution Code on 14109.5: “Not with standing the provisions of Section on 14109, effective January 1, 1982, the reimbursement rate for costs specified in Sec14109 for all services, including, but not limited to, hospital inpatient services, shall, to the extent feasible, not exceed the reimbursement rate for similar services established under this chapter. For purposes of this sec effective on October 1, 1992, the reimbursement rates established under this chapter for hospital inpatient services shall be no greater than the amounts paid by the Medicare program for similar services.” This would only impact the DME supplier and not the beneficiary since per Welfare and Institution Code, Sec on 14019.4. (a) the beneficiary cannot be billed for an difference in reimbursement. See CalDuals website related to the Cal MediConnect Program (duals) for a provider bulletin citing this statute. http://www.calduals.org/wp-content/uploads/2014/07/FFS-Medicare-Services_7.18.14.pdf Accessed 4/11/16. <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artful/dme201501.asp>

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ix Burke, Georgia, Justice in Aging Presentation, California Balanced Billing Protections –What Advocates need to know. 6/25/15. <http://cahealthadvocates.org/wp-content/uploads/2016/04/Hanoudt-Balance-billing.pdf> Accessed 7/31/16.