Neighborhood Health Plan OF RHODE ISLAND™

Clinical Medical Policy

Repairs to Complex Wheelchairs by Qualified Complex Rehabilitation Technology Suppliers for Medicaid & Commercial Lines of Business - PA-003

Last reviewed: 08/19/26

Purpose:

The purpose of this policy is to provide guidance and clarity to the actions that Neighborhood is taking surrounding prior authorization to meet the requirements spelled out in the Right to Consumer Access to Powered Wheelchair Repairs Act (H5017A) passed during the 2025 session of the R.I. General Assembly. This legislation pertains to Section 6-61 of the Rhode Island General Laws (RIGL 6-61). This policy pertains to all Medicaid and Commercial Lines of Business which are covered by this legislation.

Policy Statement:

A significant change regarding prior authorizations for repairs to consumer-owned complex wheelchairs when performed by a qualified complex rehabilitation technology supplier was approved in Rhode Island during the 2025 session of the General Assembly. The Right to Consumer Access to Powered Wheelchair Repairs Act states:

A health plan's coverage and payment of complex wheelchair repairs shall not require:
(1) A qualified complex rehabilitation technology supplier to obtain any form of prior authorization; or
(2) Any medical documentation to complete repairs for consumer-owned complex rehabilitation technology.

The main goal of this initiative is to ensure equipment owners have access to the necessary documentation, parts, software, and tools needed to service their equipment. Additionally, it also aims to prevent access issues caused by health plan prior authorization requirements. Neighborhood Health Plan of Rhode Island (Neighborhood) is committed to meeting the requirements of this legislation with the following interpretations and guidelines.

Guidelines for Providers:

In alignment with the legislative language, the following Guidelines are clarified for Neighborhood Providers.

1. Prior Authorizations and/or medical documentation for the parts and associated labor will not be required if:
    a. Repairs are being done to a consumer-owned complex wheelchair; and
    b. The repair is being completed by a qualified complex rehabilitation technology supplier.

2. A qualified complex rehabilitation technology supplier is defined as a company or entity that meets all of the following criteria:
    a. Is accredited by a recognized accrediting organization as a supplier of complex rehabilitation technology;
    b. Is an employer of at least one qualified complex rehabilitation technology professional to analyze the needs and capacities of the complex needs consumer in consultation with qualified healthcare professionals, to participate in the selection of appropriate complex rehabilitation technology for those needs and capacities of the complex needs consumer, and to provide training in the proper use of the complex rehabilitation technology;
    c. Requires a qualified complex rehabilitation technology professional to be physically present for the evaluation and determination of appropriate complex rehabilitation technology for a complex needs consumer;

d. Has the capability to provide service and repair by trained technicians for all complex rehabilitation technology it sells; and
e. Provides written information at the time of delivery of the complex rehabilitation technology to the complex needs consumer stating how the complex needs consumer may receive service and repair for the complex rehabilitation technology.

3. The eligible qualified complex rehabilitation technology supplier is enrolled, credentialed, and contracted with Neighborhood or its delegate.

4. A qualified complex rehabilitation technology professional is defined as an individual who is certified as an assistive technology professional (ATP) by a professional organization providing certification of assistive technology professions.

5. A consumer is defined as a member of a health carrier who or that uses a complex wheelchair with which the complex wheelchair supplier has a contractual relationship.

6. A complex wheelchair is defined as items that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs and capacities for basic activities of daily living and instrumental activities of daily living identified as medically necessary, and shall include options and accessories related to any of such items. Current healthcare common procedure coding system (HCPCS) shall fall under the definition of complex rehabilitation technology, and any amendments to HCPCS subsequently added or created by the federal government shall be included within the definition of complex rehabilitation technology and shall be added to the covered HCPC list.

7. Medical documentation is defined as any chart notes, letters of medical necessity, prescriptions, or other clinical documentation demonstrating the initial or continued medical necessity of qualifying complex rehabilitation technology.

8. The complex rehabilitation technology supplier shall maintain documentation of any repairs and/or maintenance completed for consumer-owned complex wheelchairs. Such documentation shall not be subject to general audits.

9. Neighborhood has identified the following HCPCS codes as in-scope for this legislation, depending on benefit plan coverage.

➢ Please refer to Neighborhood's Durable Medical Equipment (DME) Guide for Frequency, Quantity Limits, and Prior Authorization Requirements (DME FQLI Grid) for guidance on coverage for each line of business.

E0950	E0981	E1017	E2205	E2226	E2327	E2378	E2603	E2624	K0042	K0195
E0951	E0982	E1018	E2206	E2227	E2328	E2381	E2604	E2625	K0043	K0669
E0952	E0986	E1020	E2207	E2228	E2329	E2382	E2605	E2626	K0044	K0733
E0953	E0988	E1028	E2208	E2230	E2330	E2383	E2606	E2627	K0045	K0739
E0954	E0990	E1029	E2209	E2231	E2331	E2384	E2607	E2628	K0046	
E0955	E0992	E1030	E2210	E2291	E2351	E2385	E2608	E2629	K0047	
E0956	E0994	E1032	E2211	E2292	E2359	E2386	E2609	E2630	K0050	

E0957	E0995	E1033	E2212	E2293	E2361	E2387	E2610	E2631	K0051	
E0958	E1002	E1034	E2213	E2294	E2363	E2388	E2611	E2632	K0052	
E0959	E1003	E1085	E2214	E2295	E2365	E2389	E2612	E2633	K0053	
E0960	E1004	E1086	E2215	E2310	E2366	E2390	E2613	K0015	K0056	
E0961	E1005	E1089	E2216	E2311	E2367	E2391	E2614	K0017	K0065	
E0966	E1006	E1130	E2217	E2312	E2368	E2392	E2615	K0018	K0069	
E0967	E1007	E1140	E2218	E2313	E2369	E2394	E2616	K0019	K0070	
E0968	E1008	E1225	E2219	E2321	E2370	E2395	E2617	K0020	K0071	
E0970	E1009	E1226	E2220	E2322	E2371	E2396	E2619	K0037	K0072	
E0971	E1010	E1250	E2221	E2323	E2373	E2397	E2620	K0038	K0073	
E0973	E1012	E1260	E2222	E2324	E2374	E2398	E2621	K0039	K0077	
E0974	E1015	E1285	E2224	E2325	E2375	E2601	E2622	K0040	K0098	
E0978	E1016	E1290	E2225	E2326	E2376	E2602	E2623	K0041	K0108	

10. Out of Scope for this legislation and/or policy are:
    a. Services for members not enrolled with Neighborhood at the time of purchase and/or repair.
    b. Purchases of new complex wheelchairs as defined above.
    c. Modifications to complex wheelchairs as defined above.
    d. Repairs to old complex wheelchairs that have since been replaced with a same or similar piece of equipment.
    e. Equipment that is not included within a member's benefits or is excluded from coverage based on regulations.
    f. Repairs that are not medically necessary.
    g. Repairs to equipment that does not meet the definition of a complex wheelchair (see definition above).
    h. Repairs due to damage that are the result of consumer use or misuse of the equipment.
    i. Repairs that are covered under warranty.
    j. Members covered by Medicare (INTEGRITY for Duals, and Dual CONNECT members).
    k. Individual providers with a documented history of fraud, waste, or abuse may be an exception and still be required to submit prior authorization requests, according to the Rhode Island Attorney General's Office.

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Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

- **H5017A from General Assembly: Section 6-61 of the Rhode Island General Laws (RIGL 6-61) entitled Right to Consumer Access to Powered Wheelchair Repairs.**