

**Standard Wheelchair
Prior Authorization (PA) Request Form**
(Incomplete Form May Delay Processing)

Provider Information		Member Information
Ordering Physician Name:	NPI #:	Member Name:
Office Phone#: Office Fax#:	Contact Name:	Member ID #:
Vendor Name:	NPI #:	Member's Date of Birth:
Vendor Phone #: Vendor Fax #:	Contact Name:	Member's Phone #:

ICD-10 Code(s):

Please answer questions below

HCPCS code(s) (REQUIRED): _____

***For accessories and add-on features, please list codes and provide supporting documentation**

HCPCS code(s) for accessories: _____

Is this for a rental or purchase? Rental Purchase

What is the delivery date for the wheelchair? __/__/____

Will this be the member's only wheelchair? Yes No

Please answer the following questions for K0001-K0008, E1161 and transport chairs E1037- E1039:

- What is the member's mobility limitation that significantly impairs his/her ability to participate in mobility-related activities of daily living (MRADLs), such as toileting, bathing, feeding, dressing?

- Does the member require a wheelchair to participate in one or more MRADLs? Yes No
- Will the wheelchair significantly improve his/her ability to participate in one or more MRADLs? Yes No
- Will the member use the wheelchair on a regular basis in the home? Yes No
- Can the member's mobility limitations be sufficiently resolved by the use of a cane or walker? Yes No
- Does the member's home provide adequate access between rooms and surfaces for use of the wheelchair?
..... Yes No
- Has the member expressed an *unwillingness* to use a manual wheelchair in the home? Yes No
- Does the member have the capabilities to safely self-propel the wheelchair provided, or does the patient have a caregiver who can provide assistance with the wheelchair? Yes No

Please answer the following additional questions as applicable:

- If requesting a **standard hemi – wheelchair (K0002)**:
 - Does member require a lower seat height (17" to 18") because of short stature or to allow propulsion by using feet? Yes No



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- 2. If requesting a lightweight wheelchair (K0003):
a. Is the member unable to self-propel using a standard wheelchair in the home?
b. Is the member able to self-propel using lightweight wheelchair?
3. If the request is for a high strength lightweight wheelchair (K0004):
a. Will the member self-propel the wheelchair while engaging in frequent activities in the home that cannot be performed in standard or lightweight wheelchair?
b. Does the member require a seat width, depth, or height that cannot be accommodated by a standard, lightweight, or hemi-wheelchair?
c. Will the member be in the wheelchair for at least 2 hours per day?
d. Will the member require use of the wheelchair greater than 3 months?
4. If the request is for an ultra-lightweight manual wheelchair (K0005):
a. Is the member a full-time wheelchair user?
b. Does the member require individualized fitting and adjustments for one or more feature, such as axle configuration, wheel camber or seat and back angles, that cannot be accommodated by a K0001-K0004 manual wheelchair?
c. Can the member's needs to be accommodated by a K0001 - K0004 manual wheelchair?
d. Did the member have a specialty evaluation completed by a licensed/certified medical professional (LCMP), such as a PT or OT, or MD with specialized training/experience in rehabilitation wheelchair evaluations which documents the medical necessity for the wheelchair and its special features?
e. Does the LCMP have a financial relationship with the vendor?
f. Will the wheelchair be provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA - certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct in-person involvement in the wheelchair selection?
5. If the request is for a heavy duty wheelchair (K0006):
a. Does the member weigh > 250 lbs?
b. Does the member have severe spasticity?
6. If the request is for an extra heavy duty wheelchair (K0007):
a. Does the member weigh >300 lbs?
7. If the request is for a manual wheelchair with tilt in space (E1161):
a. Did the member have a specialty evaluation completed by a licensed/certified medical professional (LCMP), such as a PT or OT, or MD with specialized training/experience in rehabilitation wheelchair evaluations which documents the medical necessity for the wheelchair and its special features?
b. Does the LCMP have a financial relationship with the vendor?
c. Will the wheelchair be provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA - certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct in-person involvement in the wheelchair selection?



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8. If the request is for a **custom manual wheelchair (K0008)**:
- a. Can the specific configuration required to address the member's physical and/or functional deficits be met using one of the standard manual wheelchair bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated)? .. Yes No
 - b. Will the member be required to use the wheelchair for > 3 months? Yes No

Does the member require any additions or accessories? Yes No

- a. If yes, please provide code(s) at top of document and submit documentation to support the need for each.

I certify that I have appropriate authority to request an organization determination for the item(s) indicated on this request. I further certify that the patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information.

Signature: _____ Date: _____

Please Return Completed Form to:

Fax: 1-336-794-1556

For questions, please call Care Management at 1-888-296-9790.

Blue Cross and Blue Shield of North Carolina is an HMO/PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.