



POWER WHEELCHAIR

PRIOR AUTHORIZATION REQUEST

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Provider # Provider NPI #

Provider name, address & phone #

PA does not guarantee eligibility.

If service is not covered by KMAP, PA is void.

PA does not override Primary Care Network (PCN) referral limitation.

PA does not override program limitations.

GENERAL BENEFICIARY INFORMATION

Beneficiary Medicaid ID #	Beneficiary name (last, first, MI)	Date of birth
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Diagnosis description

Ht. Wt. Is condition stable? Yes No

Approved HCPC code/procedure code

Manufacturer name Model

Date of service: From To Reimbursement amt: \$

The following must be included with request:

- Manufacturer retail pricing including wheelchair options (or invoice if renting a used in-stock wheelchair)
- Signed/dated prescription including medical necessity for any wheelchair options being requested
- Signed/dated verification of school or work including the number of hours attending or working

(2) Is the beneficiary in an adult care facility? Yes No

(3) How long has the doctor indicated the wheelchair will be needed? (months)

(4) Does the beneficiary need the wheelchair to be mobile? Yes No

(5) What distance can the beneficiary ambulate? (feet)

(6) Does the beneficiary have a manual wheelchair? Yes No Age

(7) How many hours per day is the manual wheelchair used?

(8) Can the beneficiary operate the manual wheelchair without the help of attendant?

Yes No



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PRIOR AUTHORIZATION REQUEST (continued)

(9) How many hours per day will the power wheelchair be used?

(10) How many hours per day of attendant care?

What type of services were performed?

(11) Has the beneficiary demonstrated the ability to operate power wheelchair controls independently? Yes No

(12) Documentation must be provided indicating why a manual wheelchair does not meet the beneficiary's needs.

(13) Provide written verification of the number of hours the beneficiary works or attends school.

(14) How has the beneficiary been managing without a power wheelchair up until now? What are the plans/options for the beneficiary if a power wheelchair is not provided?

(15) Does the home environment allow appropriate access with a power wheelchair including maneuvering space and appropriate surfaces? Yes No

The reimbursement approved includes the assembly of the wheelchair and all components of the wheelchair.

Wheelchair rental includes all repairs or modifications needed.

Provider signature Date

**Fax completed forms to 1-800-913-2229 or 785-274-5956.
This form will be returned unprocessed if it is not completed in its entirety.
If this request is not received within 15 working days, PA will be denied.
Prior Authorization: 1-800-933-6593**