Certificate of Medical Necessity

Form for motorized wheelchair

BlueCross BlueShield of Kansas

Section 1A – Patient Information

CLEAR DATA

First Name | MI | Address

Last Name | Suffix | City

Phone Number | ID Number | State | ZIP Code | +4 | County

Date of Birth | Height | Weight

Section 1B – Supplier Information

Supplier Name | Address

Phone Number | NPI Number | City

State | ZIP Code | +4 | County

Section 1C – Physician Information

First Name | MI | Address

Last Name | Suffix | City

Phone Number | ID Number | State | ZIP Code | +4 | County

Section 2 – Medical Necessity Information

Note: Physician, if this section is blank, please complete.

Initial Certification Date | Revised Certification Date

Estimated length of need (number of months) _____
1 – 99 (99 = Lifetime)

Diagnosis codes (ICD-10) – separate with a comma:

What percent of the day does the patient usually spend in the wheelchair?

Yes	No	
☐	☐	Does the patient require use of a motorized wheelchair to move around in his/her residence?
☐	☐	Have all types of manual wheelchairs (including lightweights) been considered and ruled out?
☐	☐	Does the patient require a motorized wheelchair only for movement outside the residence?
☐	☐	Is the physician signing this form a specialist in physical medicine, orthopedic surgery, neurology or rheumatology?
☐	☐	Is the patient more than one day's round trip from a specialist in physical medicine, orthopedic surgery, neurology or rheumatology?
☐	☐	Does the patient's physical condition prevent a visit to a specialist in physical medicine, orthopedic surgery, neurology or rheumatology?

Please continue on the next page.

Section 2 – Medical Necessity Information

Itemization of items and charges for each (attach an additional sheet if necessary):

Section 3 – Physician Attestation and Signature

I certify that I am the physician identified in section 1C of this form. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge.

Your signature required

Physician's Signature (Signature and date stamps are not acceptable)

Date Signed