

Dear Medicaid Provider:

Effective July 1, 2010, and as published in the July 2010 Medicaid Information Bulletin, a bill cannot be submitted for a power wheelchair or customized wheelchair until the subsequent evaluation is completed by a Physical Therapist or Occupational Therapist. Below is the final evaluation form providers are required to complete and maintain in the client's file to document services and training were provided.

Motorized or Customized Wheelchair Final Evaluation

Patient Name: _____

Prior Authorization Number(s) for Wheelchair: _____

Evaluation:

1. Does the wheelchair properly fit the patient? Yes No

2. Has the client / caregiver been trained on how to properly use this chair and demonstrated their capability? Yes No

3. The frame, attachments, and components are present as approved on the Prior Authorization? Yes No

NOTE:

If the answer is "No" to any of the above questions a copy of this evaluation must be faxed to the Wheelchair Prior Authorization Nurse with an explanation of how the problem will be resolved. FAX: 801-536-0975.

Name and phone number of therapist performing follow-up evaluation (**PRINTED**):

Therapist Signature: _____ Date: _____

Vendor Name: _____ Date: _____

Vendor Signature: _____

Recipient Statement: The motorized or customized wheelchair I received fits my needs and is what was prior authorized.

Patient Name / Responsible Party: _____

Patient / Responsible

Party Signature: _____ Date: _____