

Standard Wheelchair

Review Date _____ PA # _____ Approved Denied

Comments _____

Signature _____

Reconsideration Date _____ Approved Denied

Comments _____

Signature _____

Revised: October 2019

- Patient is Medicaid eligible
- ACHN Referral
- EPSDT Screening if applicable
- Pull and print PAR screen to include in packet
- Physician's Prescription
- Medical documentation of patient's condition
- Ensure that wheelchair has not been authorized and purchased for patient in a period of less than five years
- If patient meets criteria, conditionally approve request until delivery ticket received—then do final approval