



CERTIFICATION OF MEDICAL NECESSITY FOR PATIENT LIFT
PT/OT EVALUATION REQUIRED

Certification Type/Date: INITIAL ____/____/____		REVISED ____/____/____	
Members Name: _____		Members Medicaid Number (Do Not List Mother's ID): _____	
Patient DOB ____/____/____		Sex ____ HT. ____ (in) WT. ____ (lbs.)	
Suppliers Name: Professional Medical Home Healthcare		Suppliers Address and Telephone Number: 4855 Memorial Drive	
Suppliers NPI Number: 1942287131		Stone Mountain, GA 30083	
		404-292-9190	
Physicians Name: _____		Physicians Address and Telephone Number: _____	
Physicians NPI Number: _____		_____	
_____		_____	
HCCPS Code(s)	E0630		
Place of Service	HOME (12)		

Primary Diagnosis _____ ICD-10 Diagnosis Code _____

Secondary Diagnoses supporting medical necessity: _____
ICD-10 Diagnosis Code(s) _____

Has the member's PT/OT evaluation been reviewed by the ordering physician?

Yes No

Member's specific physical limitations (check appropriate boxes):

Cannot stand or walk Bedbound Bed to wheelchair bound

If less than 100 pounds, why can't caregiver weight shift without lift?

Who is the member's primary in-home caregiver? _____

What is the physical condition of the in-home caregiver? _____

Is the patient's caregiver able to use a non-hydraulic lift? YES NO

If "no", explain? _____

What is the expected length of need for use of the patient lift? _____ Months

What is the member's prognosis? _____

I certify that the patient lift is medically necessary for this member, and that I have had a face-to-face evaluation with this member within the six (6) months preceding this order, and I am enrolled with Georgia Medicaid for the purpose of ordering, referring, or prescribing medical services.

Date of face-to-face evaluation ____/____/____ (Must have occurred within 180 days prior to the order date)

Physician's Signature _____ Date ____/____/____

Stamps are not an acceptable form of authentication for the date or signature on a certificate of medical necessity or prescription/written order submitted to Georgia Medicaid.