



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

Certification Type/Date: INITIAL ____/____/____ REVISED ____/____/____	
Members Name: _____	Members Medicaid Number (Do <u>Not</u> List Mother's ID): _____
Patient DOB ____/____/____ Sex ____ HT. ____ (in) WT. ____ (lbs.)	
Suppliers Name: _____  Suppliers NPI Number: _____	Suppliers Address and Telephone Number: _____ _____ _____
Physicians Name: _____  Physicians NPI Number: _____	Physicians Address and Telephone Number: _____ _____ _____
HCPCS Code(s)	_____
Place of Service	_____

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.**