

Date: 10/15/08

# Web Announcement 219

## **Mobility Assessment and Prior Authorization for Mobility Devices, Wheelchair Accessories and Seating Systems (form FH-1B)**

Attention Provider Types 14, 20, 24, 33, 34 and 77: This announcement extends the deadlines previously identified in [Web Announcement 203](#) dated July 31, 2008, for implementation of a new form: Mobility Assessment and Prior Authorization for Mobility Devices, Wheelchair Accessories and Seating Systems ([form FA-1B](#)). FH-1B must be used when requesting prior authorization (PA) for any Mobility Assistive Equipment (MAE) item, wheelchair accessory or seating system with a reimbursement rate or usual and customary charge of \$500 or more. For PA requirements and rates, refer to the DMEPOS Fee Schedule at <http://dhcfp.state.nv.us/RatesUnit.htm>.

The implementation date for FH-1B has been extended to Nov. 15, 2008. Providers may continue using the Durable Medical Equipment Prior Authorization Request ([form FA-1](#)) for review of all MAE-related items until Nov. 14, 2008.

All clinical qualifications for the requested device(s) must be supported by documentation and submitted with PA regardless of the form used or mode of transmission. To review the policies, refer to Medicaid Services Manual, Chapter 1300, Appendix B at <http://dhcfp.state.nv.us/MSM%20Table%20of%20Contents.htm>.

Mobility Assessment and Prior Authorization for Mobility Devices, Wheelchair Accessories and Seating Systems (form FH-1B) and the Instructions ([FA-1B-I](#)) are available at <https://medicaid.nv.gov/providers/forms/forms.asp>.