

MEDICAID DENIAL CHART

Name – Medicaid Recipient (Last, First, MI)	Date of Report
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The following item(s) has/have been obtained on behalf of the person named above, and paid for with CIP II, CIP 1A, CIP 1B, or COP-W funding; item(s) is/are not fundable under Medicaid. **Note:** This is not an all-inclusive list.

Adaptive Aids - SPC 112.99		Adaptive Aid – Vehicle – SPC 112.57	
Item	Date Purchased	Item	Date Purchased
<input type="checkbox"/> The Arthwriter	_____	<input type="checkbox"/> Air conditioning (if medically necessary)	_____
<input type="checkbox"/> Bed shampoo tray	_____	<input type="checkbox"/> Hand controls	_____
<input type="checkbox"/> Braille clock	_____	<input type="checkbox"/> Tie-downs	_____
<input type="checkbox"/> Button aid	_____	<input type="checkbox"/> Wheelchair lift	_____
<input type="checkbox"/> Checking writing guide	_____	<input type="checkbox"/> Zero-resistance steering wheel	_____
<input type="checkbox"/> Clothes dryer (front loading, accessible)	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Clothes washer (front loading, accessible)	_____	Specialized Medical Supplies – SPC 112.55	
<input type="checkbox"/> Cutting board—adaptive	_____	Item	Date Purchased
<input type="checkbox"/> Dishwasher	_____	<input type="checkbox"/> Air conditioner (window)	_____
<input type="checkbox"/> Door knob extender or levers	_____	<input type="checkbox"/> Air purifier	_____
<input type="checkbox"/> Electric shaver	_____	<input type="checkbox"/> Bolsters or bed wedges	_____
<input type="checkbox"/> Electric toothbrush and replacement brushes	_____	<input type="checkbox"/> Cold air humidifier	_____
<input type="checkbox"/> Flashing, signaling devices	_____	<input type="checkbox"/> Dehumidifier	_____
<input type="checkbox"/> Foam rubber handle for eating utensils	_____	<input type="checkbox"/> Exercise/fitness equipment	_____
<input type="checkbox"/> Gail belt, Wanderguard	_____	<input type="checkbox"/> Hot water bottle	_____
<input type="checkbox"/> Jar opener	_____	<input type="checkbox"/> Medical alert bracelet	_____
<input type="checkbox"/> Lift chair	_____	<input type="checkbox"/> Nicotine patches, Nicorette gum	_____
<input type="checkbox"/> Magnifying glass	_____	<input type="checkbox"/> Nutritional liquid supplement (Ensure, Boost, Carnation, etc.)	_____
<input type="checkbox"/> Microwave oven	_____	<input type="checkbox"/> Scale	_____
<input type="checkbox"/> One-handed electric can opener	_____	<input type="checkbox"/> Space heater	_____
<input type="checkbox"/> Over-the-bed hospital tables	_____	<input type="checkbox"/> Waterproof vinyl sheeting	_____
<input type="checkbox"/> Pill box	_____	<input type="checkbox"/> Wheelchair gloves	_____
<input type="checkbox"/> Portable wheelchair ramp	_____	<input type="checkbox"/> Whirlpool – portable	_____
<input type="checkbox"/> Rubber stamp w/signature	_____	<input type="checkbox"/> Whirlpool tub	_____
<input type="checkbox"/> Standers	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Stove knob turner	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Talking clock	_____	Communication Aids – SPC 112.47	
<input type="checkbox"/> Talking scale	_____	Item	Date Purchased
<input type="checkbox"/> Telephone—large button	_____	<input type="checkbox"/> Answering machine	_____
<input type="checkbox"/> Telephone—with amplifier	_____	<input type="checkbox"/> Cellular phone (basic monthly rate)	_____
<input type="checkbox"/> Telephone—with speaker	_____	<input type="checkbox"/> Cellular phone	_____
<input type="checkbox"/> Trays for walkers, standers	_____	<input type="checkbox"/> Cordless phone	_____
<input type="checkbox"/> Walker or wheelchair/backpack or basket	_____	<input type="checkbox"/> Intercom/room monitor (not in substitute care facilities)	_____
<input type="checkbox"/> Zipper pulls	_____	<input type="checkbox"/> Interpreter services (either sign or foreign language)	_____
<input type="checkbox"/>	_____	<input type="checkbox"/> Pocket talkers	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
SIGNATURE – Care Manager			