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**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

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**APPENDIX H: PEDIATRIC HOSPITAL BED EVALUATION FORM**

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**PEDIATRIC HOSPITAL BED EVALUATION FORM**

A copy of the “State of Louisiana – DHH – Medicaid Pediatric Hospital Bed Evaluation” form must be used with all prior authorization requests for a pediatric hospital bed. A copy of the form can be downloaded from the following website:

<http://www.lamedicaid.com/provweb1/Forms/PAforms.htm>