



**State of Rhode Island
Executive Office of Health and Human Services
Medicaid Program**

CERTIFICATE OF MEDICAL NECESSITY

EXTERNAL INFUSION PUMP			
SECTION A	Certificate Type/Date: _____	INITIAL _____	REVISED _____ RECERTIFICATION _____
PATIENT NAME:	_____	SUPPLIER NAME:	_____
ADDRESS:	_____	ADDRESS:	_____
PHONE NUMBER:	_____	PHONE NUMBER:	_____
PT DOB _____	SEX _____ (M/F)	PRESCRIBER NAME:	_____
HEIGHT _____ (inches)	WEIGHT _____ (lbs.)	ADDRESS:	_____
HCPCS Code: _____		PHONE NUMBER:	_____
		NPI # _____	_____

SECTION B		Information in this Section May Not Be Completed by the Supplier of the Items/Supplies.
EST. LENGTH OF NEED (# OF MONTHS): _____ (Not to exceed 12)		DIAGNOSIS CODES: _____
ANSWERS	ANSWER QUESTIONS 1- 6 for Infusion Pumps. (Circle Y for Yes, N for No)	
_____	1. Enter the date of initial face-to-face evaluation.	
1 2 3	2. Circle number of pump which has been prescribed: 1. External infusion pump (non-disposable) 2. Implantable infusion pump 3. Disposable infusion pump (e.g. elastomeric)	
HCPCS Code: _____	3. Provide the HCPCS code and description for the drug that requires the use of the pump. Description:	
_____	4. If a NOC (not otherwise classified) HCPCS Code is listed in Question 2, print name of drug.	
1 2 3	5. Circle number for method for route of administration: 1. Intravenous 2. Epidural 3. Subcutaneous	
1 2 3	6. Circle number for method of administration. 1. Continuous 2. Intermittent 3. Bolus	

SECTION C	Additional Comments

SECTION D	Prescriber Attestation and Signature/Date
<p>I certify that I am the physician identified above. I certify that the information on this certificate of medical necessity and any information on any attached documents signed and dated by me is true to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.</p>	
<p>PRESCRIBER SIGNATURE: _____ DATE: _____ (SIGNATURE AND DATE STAMPS ARE NOT ACCEPTABLE.)</p>	

Proof of medical necessity is valid for 12 months from the date of issue