INSTRUCTIONS
CERTIFICATE OF MEDICAL NECESSITY FOR DURABLE MEDICAL EQUIPMENT/SUPPLIES

SECTION A: TO BE COMPLETED BY DME PROVIDER

* Enter recipient’s full name
* Enter the date this form is prepared (mm/dd/yy)
* Enter recipient’s Medicaid identification number
* Enter recipient’s height and weight
* Enter DME provider’s name
* Enter DME provider’s street address, city and state
* Enter name of contact person to call if RI Medicaid has questions
* Enter contact person’s 10-digit telephone number
* Print ordering prescriber’s name
* Enter the correct HCPCS procedure code and NPI

SECTION B: TO BE COMPLETED OR REVIEWED AND SIGNED BY PRESCRIBER

* Enter Face-to-Face visit date if applicable, Enter diagnosis code
* Check off the functional level that applies to recipient
* Describe item ordered
* If dressing supplies are being ordered, please indicate the frequency of use
* Enter number of months item will be needed-not to exceed 12

Prescriber certification

* Print ordering prescriber’s name
* Signature must be that of the ordering prescriber
* The date of this signature is also required

Any Certificate of Medical Necessity is valid for one year.

For specific Certificate of Medical Necessity forms, such as Oxygen- please click on this link: http://www.eohhs.ri.gov/ProvidersPartners/FormsApplications.aspx for all Prior Authorization Forms.