

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.