



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

CERTIFICATE OF MEDICAL NECESSITY FOR DISPOSABLE GLOVES

Sterile (A4930) and non-sterile (A4927) gloves require prior authorization. Gloves for dressing changes and catheter management are limited to use by non-agency caregivers when documented by the prescriber that the beneficiary is at risk for contamination from the caregiver(s). Gloves are not billable by a home health agency or other service provider in order to meet OSHA guidelines. Gloves supplied by RI Medicaid are for non-agency caregiver's use. Agency staff should use gloves supplied by the Home Care Agency (non-sterile).

Prescriber: Please complete all items and indicate the need for at least one procedure in either the A or B category listed below.

Beneficiary Name: _____ DOB: _____

Is the beneficiary at risk for contamination from the caregiver(s)? Yes _____ No _____

Start/Stop dates of treatment: _____

Frequency of treatment: _____ per day or _____ per month

A. Procedures for which non-sterile gloves will be used: (please check all that apply)

- _____ Tracheal suctioning
- _____ G/J or N/G tube feeding
- _____ Bladder catheterization
- _____ Colostomy/ileostomy care
- _____ Dressing changes
- _____ Wound management

B. Procedures for which sterile gloves will be used:

- _____ Central venous line
- _____ Wound management/debridement
- _____ Active infectious diseases requiring sterile procedures

Gloves for use while performing hygiene care, including routine incontinence care, are not covered.

Prescriber Name (printed) _____ NPI _____

Prescriber Signature: _____ Date: _____

By signature, the Prescriber confirms the criteria information above is accurate, verifiable by patient records and available upon request.

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