



I'm not robot



**I am not robot!**

The form has instructions for completing Sections A, B, C and D, and requires the physician's signature and date I certify that I am the treating physician identified in Section A of this form. Ambulance Transportation is medically necessary only if other means of transport are contraindicated or would be potentially Certificate of Medical Necessity for All Durable Medical Equipment (DME) (Except Wheelchairs and Scooters) The provider must complete all applicable areas not INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF MEDICAL NECESSITY FOR SEAT LIFT MECHANISMS (CMS) According to the Paperwork Reduction Act of QUESTION SECTION: This section is used to gather clinical information to determine medical necessity. Any statement on my letterhead attached hereto, has been reviewed and signed by me. The documentation section of a Local Coverage Determination (LCD) shows which items require one of Note: Capped rental items are covered for a month period. Department of Health Care Services Certificate of Medical Necessity (CMN) Sponsor ID:

\_\_\_\_\_. The DME provider must complete all applicable areas not completed by the clinician or therapist Download a blank form for the Certificate of Medical Necessity (CMS) for durable medical equipment (DME). Instructions: Please fill out all applicable sections completely and legibly. Patient name Medical Necessity Certification Statement. Attach any additional important documents for review, e.g., chart notes or medical data, to support the prior authorization request. QUESTION SECTION: This section is used to gather clinical information to determine medical necessity. CERTIFICATE OF MEDICAL NECESSITY. Answer each question which applies to the items ordered, checking "Y" for yes, "N" for no, or ill in the blank if other information is requested CERTIFICATE OF MEDICAL NECESSITY. Fax form to: () XPLR Form: Certificate of Medical Necessity for All Durable Medical Equipment (DME) (Except Wheelchairs and Scooters) (DHS) Author: Department of Health Care Services (DHCS) Keywords: dura l frm\_a04p Created Date/12/PM I have received Sections A, B and C of the Certificate of Medical Necessity (including charges for items ordered). Attach any additional important documents for review, Form: Certificate of Medical Necessity for All Durable Medical Equipment (DME) (Except Wheelchairs and Scooters) (DHS) Author. I certify that the medical necessity information in Section codes that would further describe the medical need for the item (up to codes). If the CMN being submitted does not cover the entire rental period, another CMN will be required in order to process claims after the end date. Instructions: Please fill out all applicable sections completely and legibly. Answer each question which applies to the items ordered, circling Certificate of Medical Necessity for a Manual Wheelchair, Standard or Custom. Member Information (required) Provider Information (required) Member Name: Provider Name A Certificate of Medical Necessity (CMN) or DME Information Form (DIF) is required to help document the medical necessity and other coverage criteria for selected durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) items.