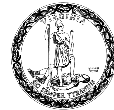
VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CERTIFICATE OF MEDICAL NECESSITY
DURABLE MEDICAL EQUIPMENT AND SUPPLIES



SECTION I **RECIPIENT DATA** **SERVICING PROVIDER**

RECIPIENT DATA		SERVICING PROVIDER	
I.D.#		I.D.#	
Name		Name	
D.O.B		Contact Person	
Phone #		Phone #	

SECTION II **RECIPIENT INFORMATION**

Answer all questions that are applicable to DME service being requested.
If answer is yes, you must describe/attach additional information.

DESCRIPTION/ADDITIONAL INFORMATION
(Additional space on reverse)

Does patient:	YES	NO
1. have impaired mobility?	❑	❑
2. have impaired endurance?	❑	❑
3. have restricted activity?	❑	❑
4. have skin breakdown? (Describe site, size, depth and drainage)	❑	❑
5. have impaired respiration? (Identify most recent PO2__________/Saturation level__________ for patients on oxygen)	❑	❑
6. require assistance with ADL's?	❑	❑
7. have impaired speech?	❑	❑
*** 8. a) require nutritional supplements? (If yes, answer b and c below.) b) sole source or primary source (circle one) c) height__________ weight__________	❑	❑

IS THE ITEM SUITABLE FOR USE IN HOME, AND DOES THE PATIENT/CAREGIVER DEMONSTRATE WILLINGNESS/ABILITY TO USE THE EQUIPMENT? YES__✓__ NO____

***** DATE PATIENT LAST EXAMINED BY PRACTITIONER ***** _____/_____/_____ (required)
MM DD YY

ICD9 Code	Clinical Diagnoses	Date of Onset: Less than 6 months	Date of Onset: Greater than 6 months

SECTION III **(ADDITIONAL SPACE ON REVERSE)**

Begin Service Date	HCPCS Code	Item Ordered Description*	Length of Time Needed	Quantity Ordered/ x1 Month*	Frequency of Use* Justification/Comments

SECTION IV **PRACTITIONER CERTIFICATION** (MUST BE SIGNED AND DATED BY PRACTITIONER)

I CERTIFY THAT THE ORDERED DME AND SUPPLIES ARE PART OF MY TREATMENT PLAN AND, IN MY OPINION, ARE MEDICALLY NECESSARY.

ORDERING PRACTITIONER'S NAME (print)	PRACTITIONER'S SIGNATURE*	DATE	I.D.#	PHONE

*Required fields. If any of these fields are blank the CMN is not valid.
**Practitioner will be a physician and a nurse practitioner.
Issuance of a PA does not guautentee payment. Payment is contingent upon all appropriate documentation being readily available for review.