

# Certificates of Medical Necessity (CMNs)

## General Information

For a number of DMEPOS items, a Certificate of Medical Necessity (CMN) is required to provide documentation to support the medical indication(s). These documents are Office of Management and Budget (OMB)-approved forms required by the Centers for Medicare & Medicaid Services (CMS) and are referred to by number. The DMERC form numbers are used to identify the CMN on electronic claims submitted to the DMERC in the National Standard Format (NSF). The "Documentation" sections of the applicable medical policies indicate which items require a CMN. Items requiring a CMN may also be found in "Types of CMNs" below.

## CMN Completion Instructions

**Section A:** Suppliers may complete Section A. Codes requiring a particular CMN must be listed in Section A of the CMN.

**Section B:** Section B must be completed by the treating physician, the treating physician's employee or other clinician involved in the care of the patient (e.g., nurse, physical therapist, occupational therapist, etc.) as long as that person is not the supplier or an employee of the supplier. A nurse practitioner, physician assistant or clinical nurse specialist may complete and sign Section B of the CMN if they are treating the beneficiary for the condition for which the item is needed, and they are practicing independently of a physician (except physician assistants - they must be practicing under the supervision of an MD or DO), and they bill Medicare for other covered services using their own provider number, and they are permitted to do all of the above in the state in which the services are rendered.

**Section C:** The supplier must complete Section C. This section reflects the requirements from the 1994 Amendments to the Social Security Act. It provides the opportunity for the ordering physician to review and confirm a detailed description of the item(s) provided to the beneficiary. If the information in Section C does not accurately represent the information provided by the physician or other qualified healthcare provider, the CMN should be returned unsigned to the supplier for correction. Section C also indicates the supplier's charge and what the Medicare fee schedule allowance will be, if applicable. Suppliers must furnish narrative descriptions of items delivered to beneficiaries as well as their charges to Medicare and Medicare fee schedule allowances in Section C of the CMNs before presentation to the physician, nurse practitioner, physician assistant, or clinical nurse specialist (as applicable) for their review, signature and date.

Section C contains a blank space that can be formatted in different ways. However, the following guidelines must be met:

- The description of the item provided must include not only those items listed in Section A of the CMN, but also any accessories, options, supplies or drugs that are related to the item and that are provided by the supplier. There should be a narrative description for each related item billed on a separate claim line. The exact HCPCS descriptor is not required; a reasonable, abbreviated descriptor may be substituted.
- For every item listed, the supplier must always specify their submitted charge. For purchased equipment, accessories, and options, the full charge must be specified. For rental equipment, accessories, and options, the supplier must specify "per month" or "/month." For accessories, supplies, nutrients, or drugs that are replaced regularly, the supplier must specify what time span the charge represents (e.g., per day, per week, per month).
- The supplier must list the Medicare fee schedule amount for each item, accessory and option, if applicable. The fee schedule allowance should reflect the same time span and quantity used in the submitted charge column. If the Medicare allowed amount is determined by methods other than a fee schedule (e.g., for drugs, enteral nutrients, miscellaneous codes, etc.), an "NA" (not applicable) should be put in the Medicare allowed charge column.

A sample Section C format is given in Example 1. Suppliers may use other formats as long as the required information is presented.

**Example 1**

ITEM	HCPCS CODE	DESCRIPTION	QUANTITY	SUPPLIER'S CHARGE	MEDICARE FEE SCHEDULE ALLOWANCE
A	K0004	High strength, lightweight wheelchair	1	\$115.00/month	\$110.31/month
B	K0195	Elevating leg rests, pair	1	\$25.00/month	\$19.20/month
C	K0028	Manual, fully reclining back	1	\$550.93	\$442.60
D	K0025	Hook-on headrest extension	1	\$70.00	\$61.90
E	K0020	Fixed, adjustable height armrests, pair	1	\$55.00	\$43.82

Note: Section C Continuation Forms may only be used as an addendum to Motorized Wheelchair CMNs and Manual Wheelchair CMNs. It may not be used in conjunction with any other CMN. If a Section C Continuation Form is used, it must have an original signed and dated physician or qualified nurse practitioner, physician assistant, or clinical nurse specialist's signature in addition to the original signed and dated physician, nurse practitioner, physician assistant, or clinical nurse specialist's signature on Motorized/Manual Wheelchair CMNs. The supplier or the physician, nurse practitioner, physician assistant must keep these original signature documents on file, or clinical nurse specialist in the patient's medical record and made available to the DMERC upon request.

**Section D:** Section D contains the physician's attestation statement, physician's signature, and date of signature. A nurse practitioner, physician assistant or clinical nurse specialist may complete and sign Section D of the CMN if they are treating the beneficiary for the condition for which the item is needed, and they are practicing independently of a physician (except physician assistants - they must be practicing under the supervision of an MD or DO), and they bill Medicare for other covered services using their own provider number, and they are permitted to do all of the above in the state in which the services are rendered. Claims submitted with a CMN lacking a physician, nurse practitioner, physician assistant, or clinical nurse specialist's signature will be denied. Suppliers billing electronically must indicate the presence of the physician, nurse practitioner, physician assistant, or clinical nurse specialist's original signature in the usual manner.

**CMN Cover Letters**

The Social Security Act was amended in 1994 to specify the types of information that suppliers may provide to physicians in a CMN. These are limited to an identification of the supplier and beneficiary, a description of the equipment and supplies being ordered, procedure codes for the equipment and supplies, and other administrative information, not related to the medical condition of the patient.

The cover letter is a form of communication between the supplier and physician that is neither required by CMS nor regulated by CMS.

Information contained in cover letters should address issues relating to CMS regulation/policy changes, brief descriptions of the item(s) being provided, and changes in the patient regimen. Suppliers are encouraged to include language in their cover letters to remind physicians of their responsibility to determine both the medical need for, and the utilization of, all healthcare services, and to assure that information relating to the beneficiary's condition is correct.

Section C of the CMN was designed not only to provide the physician with charge information, but also to function as a confirmation of the physician's order. However, if suppliers wish to duplicate physician order information in a cover letter, they should feel free to do so.

### **Transmission of the CMN**

The supplier must either mail the two-sided CMN or send a facsimile image to the physician, nurse practitioner, physician assistant, or clinical nurse specialist for completion of Sections B and D. It is in the supplier's interest to maintain in their files or be able to access electronically what they transmitted to the physician, nurse practitioner, physician assistant, or clinical nurse specialist. When a facsimile image is completed and returned, only the front side must be transmitted and retained by the supplier.

The CMN may be in the form of a facsimile image, photocopy, electronically maintained or "pen and ink" document. Upon request by the DMERC, the supplier must provide the CMN in a format the DMERCs can accept in a timely manner. In addition, it will be the supplier's responsibility to prove the authenticity/validity of the signature on the CMN or order, or any other questionable portion thereof. If the DMERC is unable to verify that the item was ordered by physician, nurse practitioner, physician assistant, or clinical nurse specialist or determines that the document was falsified, the DMERC will consider the service not reasonable and necessary and initiate appropriate administrative actions, including but not limited to denial of the claim.

CMNs are audited periodically to validate proper completion and compliance with statutory requirements. In addition, physicians, nurse practitioners, physician assistants and clinical nurse specialists are surveyed to ascertain compliance with the statutory requirements. Suppliers found to be in non-compliance are subject to civil monetary penalties of up to \$1,000 per offense (each CMN found to be in non-compliance).

### **Changes to a Completed CMN**

If there is a change made to any section of the CMN, the physician must signify approval of the change by making a line through the error, inserting the corrected information then initialing and dating the correction. As an alternative method of change approval, the supplier may choose to have the physician complete a new CMN.

### **Physicians Charging for CMN Completion**

Charging suppliers a fee for completing Medicare required certificates of medical necessity (CMNs) may be considered a potential felony by the Office of Inspector General (OIG). When physicians bill for their services, including examination, diagnosis, and treatment, any costs associated with paperwork are considered part of the charges made for their professional services. If a physician's patient genuinely needs an item of durable medical equipment, the completion of a CMN is a service to the physician's patient rather than the supplier.

### **CMNs as Orders and Claim Submission**

Suppliers must maintain a copy of the completed CMN in their records. The supplier may dispense an item using the facsimile image, photocopy, electronically maintained or original "pen and ink" CMN as long as it is sufficiently detailed as described in the "Documentation Requirements" section of "Getting Started with CareCLAIM"

For items requiring a written order prior to delivery (seat lift mechanisms), the CMN may serve as the written order as long as the description in Section C is sufficiently detailed (see "Documentation Requirements"); otherwise, a separate, written order, in addition to a subsequently completed, signed and dated CMN, is necessary.

The supplier must have a completed facsimile image, photocopy, electronically maintained or original "pen and ink" CMN in their records prior to submitting any claim to the DMERC. The CMN may serve as the written order **if** the narrative description in Section C is sufficiently detailed (see "Documentation Requirements"). The CMN may also serve as the written order for accessories, supplies and drugs **if** the narrative description in Section C is sufficiently detailed (see "Documentation Requirement").

In cases where two or more suppliers merge, the resultant supplier should make all reasonable attempts to secure copies of all active CMNs from the supplier(s) purchased. These documents should be kept on file by the resultant supplier for future presentation to the DMERC.

For items requiring them, CMNs must accompany claims for purchase (including replacement), for the first month rental of equipment and for any required revised certifications or recertifications. Submitting CMNs when they are

**not** required (e.g., subsequent months on rental items) may cause claim-processing problems/delays and is discouraged. CMNs represent a summary of an evaluation by the treating physician of a beneficiary's condition for which an item of medical equipment is being ordered. It may also serve as a substitute for a physician's order. For this reason, if too much time passes between the time a CMN is completed by the physician and the item is delivered to the beneficiary, the item may no longer be medically necessary or appropriate because of changes in the beneficiary's medical condition. Therefore, if more than three months pass between the "Initial Date" of the CMN or the time the CMN is completed and signed by the physician, and the date the ordered item is delivered, a new CMN will have to be completed and signed before claim submission for reimbursement.

## **TYPES OF CMNs**

### **Certificate of Medical Necessity (CMN) Form 07.02A – Seat Lift Mechanisms**

A CMN for Seat Lift Mechanisms, which has been completed, signed, and dated by the treating physician, nurse practitioner, physician assistant or clinical nurse specialist must be kept on file by the supplier, and made available to the DMERC upon request. The initial claim must include the CMN.

### **Certificate of Medical Necessity (CMN) Form 10.02B – Enteral Nutrition**

A CMN for Enteral Nutrition, which has been completed, signed, and dated by the treating physician, nurse practitioner, physician assistant or clinical nurse specialist must be kept on file by the supplier, and made available to the DMERC upon request. The initial claim must include the CMN.

An Initial Certification (CMN) is required when (1) a formula with a different code that has not been previously certified is ordered, or (2) enteral nutrition services are resumed after they have not been required for two consecutive months.

A Revised Certification (CMN) is required when, for formula which has been previously certified, (1) the number of calories per day is changed, or (2) number of days per week administered is changed, or (3) the method of administration changes, or (4) route of administration is changed from tube feedings to oral feedings (if billing for denial), or (5) if a Category IV or V enteral nutrient being provided is changed.

### **Certificate of Medical Necessity (CMN) Form 02.03B – Manual Wheelchairs**

A CMN for Manual Wheelchairs, which has been completed, signed, and dated by the treating physician, nurse practitioner, physician assistant or clinical nurse specialist must be kept on file by the supplier, and made available to the DMERC upon request. The initial claim must include the CMN. The section C Continuation Form can be used for additional wheelchair accessories.

### **Certificate of Medical Necessity (CMN) Form 02.03A – Motorized Wheelchairs**

A CMN for Motorized Wheelchairs, which has been completed, signed, and dated by the treating physician, nurse practitioner, physician assistant or clinical nurse specialist must be kept on file by the supplier, and made available to the DMERC upon request. The initial claim must include the CMN. The section C Continuation Form can be used for additional wheelchair accessories.

### **Certificate of Medical Necessity (CMN) Form 01.02A – Hospital Beds**

A CMN for Hospital Beds, which has been completed, signed, and dated by the treating physician, nurse practitioner, physician assistant or clinical nurse specialist must be kept on file by the supplier, and made available to the DMERC upon request. The initial claim must include the CMN.