Certificates Of Medical Necessity

OVERVIEW

A Certificate of Medical Necessity (CMN) or DMERC Information Form (DIF) is required to help document the medical necessity and other coverage criteria for selected DMEPOS items. The 'Documentation' section of the medical policy shows which items require one of these forms. Sixteen forms have been developed by the DMERCs. Fourteen of the forms have been assigned a HCFA form number, HCFA 841-854. The HCFA form number is in the bottom left corner of the form. The CMNs/DIF also have a DMERC form number which consists of two numbers before a decimal and two numbers after a decimal (e.g., DMERC 03.02). The numbers after the decimal identify the version or sequence of revisions to the CMN. (For example, DMERC 03.02 is a revision of a prior CMN which was numbered 03.01.)

Version .02 and .03 hard copy CMNs have been formatted so that only a single type of equipment is on each CMN. In situations where there had been different devices on the same CMN, the hard copy version .02 and .03 CMNs have a letter after the version number. For example, the CMN for seat lift mechanisms is DMERC 07.02A and that for power operated vehicles is DMERC 07.02B.

The current CMNs/DIF are:

HCFA Form:	DMERC Form:	Items Addressed:
484	DMERC 484.2 (11/99)	Oxygen
841	DMERC 01.02A	Hospital Beds
842	DMERC 01.02B	Support Surfaces
843	DMERC 02.03A	Motorized Wheelchairs
844	DMERC 02.03B	Manual Wheelchairs
845	DMERC 03.02	Continuous Positive Airway Pressure (CPAP) Devices
846	DMERC 04.03B	Lymphedema Pumps (Pneumatic Compression Devices)
847	DMERC 04.03C	Osteogenesis Stimulators
848	DMERC 06.02B	Transcutaneous Electrical Nerve Stimulators (TENS)
849	DMERC 07.02A	Seat Lift Mechanisms
850	DMERC 07.02B	Power Operated Vehicles
	DMERC 08.02	Immunosuppressive Drugs
851	DMERC 09.02	Infusion Pumps
852	DMERC 10.02A	Parenteral Nutrition
853	DMERC 10.02B	Enteral Nutrition
854	DMERC 11.01	Section C Continuation Form

Camera-ready copies of all CMNs/DIF are included at the end of this manual.

DMERC 08.02 for Immunosuppressive Drugs has been designated a DMERC Information Form (DIF) rather than a CMN. That is because this form can be completed and signed by the supplier, rather than requiring physician completion. It has no Section C or D.

CMNs are used for prior authorization of transcutaneous nerve stimulators (TENS), seat lift mechanisms, and power operated vehicles (POV). See Section VII, Prior Authorization and the individual medical policies for more information.

CMN COMPLETION

Instructions on the backs of the CMNs/DIF should be reviewed and followed. A few highlights are listed.

In Section A, at least the patient's name, address, telephone and HIC number, the supplier's name, address, telephone and NSC number, and the HCPCS codes must be completed by the supplier before the CMN is sent to the physician. The codes which require a CMN/DIF are listed later in this section. These are the codes that should be listed in Section A of the CMN/DIF.

Section B may not be completed by the supplier on HCFA forms 484 and 841-853. Section B may be completed by the physician, the physician's employee or another clinician involved in the care of the patient (e.g., nurse, physical or occupational therapist, etc.) as long as that person is not the supplier.

Section C on HCFA forms 484 and 841-854 reflects the requirements from the 1994 Amendments to the Social Security Act. It provides an opportunity for the ordering physician to review and confirm a detailed description of the items provided. It also indicates the supplier's charge and what the Medicare fee schedule allowance will be, if applicable. 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 which are related to the item and which are provided by the supplier. There should be a narrative description for each related item billed on a separate claim line. The exact HCPCS description 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 which are replaced regularly, the supplier must specify what time span the charge represents - e.g., per day, per week, per month, etc.
- 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, parenteral and enteral nutrients, PEN supplies, miscellaneous codes, etc.), a NA (not applicable) should be put in the Medicare allowed charge column.

Section C must be completed by the supplier before the CMN is sent to the physician. Samples of Section C formats are given in Examples 1 and 2. Suppliers may use other formats as long as the required information is presented.

Form 854 (Section C Continuation Form) may only be used in conjunction with HCFA forms 843 (Motorized Wheelchairs) or 844 (Manual Wheelchairs). Section C of forms 843 or 844 should list the wheelchair base and the 4-6 most costly options/accessories. Form 854 is used for additional options/accessories.

Satisfactory completion of Section C will be assessed in post-payment audits. Civil monetary penalties can be assessed for failure to comply.

Section D contains the physician's attestation statement, physician's signature, and date. The physician who signs the CMN must be the physician who is actively/presently treating the patient. Claims submitted with CMNs lacking a physician signature will be denied. Suppliers billing electronically must indicate presence of the physician's signature in the usual way. The date in Section D must be the date that the physician signs the CMN. Both the signature and date must be personally entered by the physician and may not be a stamp or other substitute.

For codes requiring a CMN or DIF, the CMN or DIF must accompany claims for purchase of these items (including replacement), for the first month rental of equipment, for the initial provision of PEN nutrients and supplies, and for any required revised certifications or recertifications. Submitting CMNs/DIF when they are not required (e.g., subsequent months on rental items, oxygen, or PEN nutrients when there is no change in the order and no requirement for recertification) may cause claims processing problems/delays and is discouraged.

Because HCFA forms 484 and 841-854 have been approved by the Office of Management and Budget (OMB), when a CMN is submitted with a paper claim, the hard copy CMN must be an exact reproduction of the HCFA form. However, when the CMN is submitted electronically, the font on the hard copy CMN which the supplier retains in their files may be modified as follows: Pitch may vary from 10 characters per inch (cpi) to 17.7 cpi. Line spacing must be 6 lines per inch. Further, each CMN must have a minimum 1/4 inch margin on all four sides. However, without exception, these modified hard copy forms must contain identical questions/wording to the HCFA forms, in the same sequence, with the same pagination, and identical instructions/definitions printed on the back. CMN question sets may not be combined.

A nurse practitioner or clinical nurse specialist may complete Section B and sign Section D if they are treating the beneficiary for the condition for which the item is needed, and they are practicing independently of a physician, 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.

Suppliers are encouraged to mail or deliver a two-sided CMN to the physician and to have the physician mail the completed CMN back to the supplier. However, it is permissible to fax a CMN from the supplier to the physician. If this is done, the supplier must also fax the instructions that are on the back of the CMN. The physician may fax the completed CMN to the supplier. However, the original CMN (i.e., the CMN with the original answers in Section B and the original physician signature and date in Section D) must be retained either in the supplier's files or in the physician's files. The DMERC may request to see the original CMN at any time. If the original CMN is not available, the items on the CMN will be considered not medically necessary and a denial or overpayment will be initiated.

If any change is made to the CMN after the physician has completed Section B and signed the CMN, the physician must line through the correction, sign the correction in full, and date the change – or the supplier may choose to have the physician complete a new CMN. If the original or faxed CMN has been altered without this physician verification, the items on the CMN will be considered not medically necessary and a denial or overpayment will be initiated.

For items that require a CMN, the supplier must have a fully completed original or faxed CMN in their records before they submit a claim to the DMERC. When a CMN/DIF is submitted hard copy, the supplier must include a copy of only the front side. When a CMN is submitted electronically, only information from sections A, B, and D is transmitted.

HCFA forms 484 and 841-854 can serve as the physician order if the narrative description in Section C is sufficiently detailed. Refer to Section XVII, Medical Policy, subsection Documentation, subsection Orders for requirements for the content of detailed written orders.

For items which require a written order prior to delivery and which have a CMN (i.e., air fluidized beds, TENS, POVs, seat lift mechanisms), suppliers may utilize a completed and physician-signed CMN for this purpose, if the CMN is signed and dated prior to delivery of the item. Otherwise, a separate order in addition to a subsequently completed and signed CMN would be necessary.

The physician is encouraged, although not required, to keep a copy of the CMN in their patient's medical record.

CMNs are a standardized means of submitting some medical necessity information to the DMERCs. A CMN does not by itself provide sufficient documentation of medical necessity, even though it is signed by the treating physician. There must be clinical information in the patient's medical record which substantiates the answers on the CMN and supports the medical necessity for the item in the individual case. Suppliers are encouraged to remind physicians that it is the physician's responsibility to determine both the medical need for, and the utilization of, all health care services. Suppliers are also encouraged to remind physicians that it is the physician's responsibility to ensure that the information on the CMN relating to the beneficiary's condition is correct and is supported by information in the patient's medical record.

Original CMNs will be audited periodically to validate proper completion and transmission to the DMERC. Individual claims will be reviewed to verify that the answers on CMNs are supported by information in the patient's medical record.

SECTION C EXAMPLES

Example 1:

Item:	*Codes:*	*HCPCS Description:*
A	K0004	High strength, lightweight wheelchair.
B	K0195	Elevating leg rests, pair.
C	K0028	Fully reclining back.
D	K0025	Hook-on headset extension.
E	K0020	Fixed, adjustable height armrests, pair.

Item:	*Quantity:*	*Supplier's Charge:*	*Medicare Fee Schedule Allowance:*
A	1	$115.00/Month	$110.31/Month
B	1	$ 11.00/Month	$ 9.95/Month
C	1	$428.93	$407.60
D	1	$ 60.00	$ 56.90
E	1	$ 45.00	$ 40.82

Example 2:

Item:	*Codes:*	*HCPCS Description:*
A	E0781	Ambulatory infusion pump
B	A4222	Supplies for external drug infusion pump, per cassette or bag.
C	A4221	Supplies for maintenance of drug infusion catheter, per week.
D	J2270	Morphine Sulfate, 10 mg.

Item:	*Quantity:*	*Supplier's Charge:*	*Medicare Fee Schedule Allowance:*
A	1	$747.30/Month	$235.28/Month
B	3/Week	$153.30/Week	$121.44/Week
C	1/Week	$ 30.00/Week	$ 20.39/Week
D	168/Week	$300.00/Week	N/A *

* An N/A (not applicable) entry means that Medicare payment will be determined by a method other than a fee schedule. An N/A does not indicate that Medicare will deny the item.

HCPCS CODES REQUIRING A CMN OR A DIF

The following codes are those which currently require a CMN/DIF and that should be listed in Section A of the CMN/DIF. The description of related additional items must also be listed in Section C of HCFA forms 484 and 841-854. For narrative descriptions, refer to the HCPCS Chapter of this Supplier Manual.

B4150 B4151 B4152 B4153 B4154 B4155 B4156 B4164 B4168 B4172 B4176 B4178 B4180
B4184 B4186 B4189 B4193 B4197 B4199 B4216 B5000 B5100 B5200 B9000 B9002 B9004
B9006 E0194 E0250 E0251 E0255 E0256 E0260 E0261 E0265 E0266 E0290 E0291 E0292
E0293 E0294 E0295 E0296 E0297 E0424 E0431 E0434 E0439 E0441 E0442 E0443 E0444
E0601 E0627 E0628 E0629 E0650 E0651 E0652 E0655 E0660 E0665 E0666 E0667 E0668
E0669 E0671 E0672 E0673 E0720 E0730 E0747 E0748 E0776 E0779 E0780 E0781 E0784
E0791 E1230 E1390 E1400 E1401 E1402 E1403 E1404 E1405 E1406 J2920 J2930 J7500
J7501 J7502 J7503 J7504 J7506 J7507 J7508 J7509 J7510 J7513 J7515 J7516 J7517
J7599 J8530 J8610 K0001 K0002 K0003 K0004 K0005 K0006 K0007 K0008 K0009 K0010
K0011 K0012 K0013 K0014 K0016 K0017 K0018 K0020 K0028 K0046 K0047 K0048 K0053
K0119 K0120 K0121 K0122 K0123 K0124 K0125 K0193 K0195 K0284 K0412 K0417 K0418
K0455 K0456 K0460 K0461