

Certificate of Medical Necessity

Form for pulse oximeter



Section 1A – Patient Information

First Name _____ MI _____ Address _____
Last Name _____ Suffix _____ City _____
Phone Number _____ ID Number _____ State _____ ZIP Code _____ +4 _____ County _____
Date of Birth _____ Height _____ Weight _____

Section 1B – Supplier Information

Supplier Name _____ Address _____
Phone Number _____ NPI Number _____ City _____
State _____ ZIP Code _____ +4 _____ County _____

Section 1C – Physician Information

First Name _____ MI _____ Address _____
Last Name _____ Suffix _____ City _____
Phone Number _____ ID Number _____ State _____ ZIP Code _____ +4 _____ County _____

Section 2 – Medical Necessity Information

Note: Physician, if this section is blank, please complete. Diagnosis codes (ICD-10) – separate with a comma:

Initial Certification Date _____ Revised Certification Date _____
Estimated length of need (number of months) _____
1 – 99 (99 = Lifetime)

Complete the questions below (attach additional sheets if needed):

Please give a brief description of patient's prognosis:

Is the patient's condition considered: Chronic Acute

List complicating factors that would substantiate medical necessity for the pulse oximeter:

Please continue on the next page.

Section 2 – Medical Necessity Information (continued)

In what way will treatment be changed based on the values obtained by use of the pulse oximeter?

Additional circumstances necessitating use of this equipment:

Please note: The use of the pulse oximeter in the home should be reassessed every 30 days, if rented. The assessment, by the physician, should indicate that the patient's care is being modified based on the use of the oximeter.

Section 3 – Physician Attestation and Signature

I certify that I am the physician identified in section 1C of this form. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge.

Your signature required

Physician's Signature (Signature and date stamps are not acceptable)

Date Signed