

This document provides the information needed for sending Certificate of Medical Necessity (CMN) data within the ANSI ASC X12 837P claim transaction.

Current CMN Forms

Form #	Version	Description
CMS – 484	484.03	Oxygen
CMS – 846	04.04B	Pneumatic Compression Device
CMS – 847	04.04C	Osteogenesis Stimulators
CMS – 848	06.03B	TENS
CMS – 849	07.03A	Seat Lift Mechanism
CMS – 10125	09.03	External Infusion Pump
CMS – 10126	10.03	Enteral and Parenteral Nutrition

Loop 2440 CMN FRM and LQ Segments:

484.03 Oxygen CMN

LQ*UT*48403~

FRM*1A** __~

(Where “__” is the ABG PO2 value)

FRM*1B**** __~

(Where “__” is the Oxygen Saturation value; Enter as a whole number; i.e. 94% as 94)

FRM*1C*** __~

(Where “__” is the date for the test in either Question 1A or Question 1B)

FRM*2** __~

(Where “__” is the answer to Question 2 with either a 1, 2 or 3)

FRM*3** __~

(Where “__” is the answer to Question 3 with either a 1, 2 or 3)

FRM*4* __~

(Where “__” is the Y or N response)

FRM*5** __~

(Where “__” is the oxygen flow rate; Enter an X for less than 1 LPM)

FRM*6A** __~

(Where “__” is the ABG PO2 value)

FRM*6B**** __~

(Where “__” is the Oxygen Saturation value; Enter as a whole number; i.e. 94% as 94)

FRM*6C*** __~

(Where “__” is the date for the test in either Question 6A or Question 6B)

FRM*7* __~

(Where “__” is the Y or N response)

FRM*8* __~

(Where “__” is the Y or N response)

FRM*9* __~

(Where “__” is the Y or N response)

04.04B Pneumatic Compression Devices CMN

LQ*UT*0404~

FRM*1* __~

(Where “__” is the Y or N response)

FRM*2* ___~ (Where “___” is the Y or N response)
FRM*3* ___~ (Where “___” is the Y or N response)
FRM*4* ___~ (Where “___” is the Y or N response)
FRM*5* ___~ (Where “___” is the Y or N response)

04.04C Osteogenesis Stimulators CMN

LQ*UT*0404~
FRM*6* ___~ (Where “___” is the Y or N response)
FRM*7A* ___~ (Where “___” is the Y or N response)
FRM*7B** ___~ (Where “___” is the number of months response)
FRM*8* ___~ (Where “___” is the Y or N response)
FRM*9A* ___~ (Where “___” is the Y or N response)
FRM*9B** ___~ (Where “___” is the number of months response)
FRM*10A* ___~ (Where “___” is the Y or N response)
FRM*10B** ___~ (Where “___” is the number of months response)
FRM*10C** ___~ (Where “___” is the number of months response)
FRM*11* ___~ (Where “___” is the Y or N response)
FRM*12* ___~ (Where “___” is the Y or N response)

06.03B TENS CMN

LQ*UT*0603~
FRM*1* ___~ (Where “___” is the Y or N response)
FRM*2** ___~ (Where “___” is the number of months response)
FRM*3** ___~ (Where “___” is the number for the condition response)
FRM*4* ___~ (Where “___” is the Y or N response)
FRM*5* ___~ (Where “___” is the Y or N response)
FRM*6*** ___~ (Where “___” is the date response)

07.03A Seat Lift Mechanism CMN

LQ*UT*0703~
FRM*1* ___~ (Where “___” is the Y or N response)
FRM*2* ___~ (Where “___” is the Y or N response)
FRM*3* ___~ (Where “___” is the Y or N response)
FRM*4* ___~ (Where “___” is the Y or N response)
FRM*5* ___~ (Where “___” is the Y or N response)

09.03 External Infusion Pump CMN

LQ*UT*0903~
FRM*1A** ___~ (Where “___” is the HCPCS code)
FRM*1B** ___~ (Where “___” is the HCPCS code)

FRM*1C** __~	(Where “__” is the HCPCS code)
FRM*2A** __~	(Where “__” is the drug name for the NOC HCPCS)
FRM*2B** __~	(Where “__” is the drug name for the NOC HCPCS)
FRM*2C** __~	(Where “__” is the drug name for the NOC HCPCS)
FRM*3** __~	(Where “__” is the number for the route of administration)
FRM*4** __~	(Where “__” is the number for the method of administration)

10.03 Enteral and Parenteral Nutrition CMN

LQ*UT*1003~	
FRM*1* __~	(Where “__” is the Y or N response)
FRM*2* __~	(Where “__” is the Y or N response)
FRM*3A** __~	(Where “__” is the HCPCS code)
FRM*3B** __~	(Where “__” is the HCPCS code)
FRM*4A** __~	(Where “__” is the calories per day)
FRM*4B** __~	(Where “__” is the calories per day)
FRM*5** __~	(Where “__” is the number for the method of administration response)
FRM*6** __~	(Where “__” is the number of days per week response)
FRM*7* __~	(Where “__” is the Y or N response)
FRM*8A** __~	(Where “__” is the amino acid ml response)
FRM*8B**** __~	(Where “__” is the amino acid concentration response)
FRM*8C** __~	(Where “__” is the amino acid gms protein response)
FRM*8D** __~	(Where “__” is the dextrose ml response)
FRM*8E**** __~	(Where “__” is the dextrose concentration response)
FRM*8F** __~	(Where “__” is the lipids ml response)
FRM*8G** __~	(Where “__” is the lipids days/week response)
FRM*8H**** __~	(Where “__” is the lipids concentration response)
FRM*9** __~	(Where “__” is the route of administration response)