

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

Eliminating Certificates of Medical Necessity & Durable Medical Equipment Information Forms — January 1, 2023

All Certificates of Medical Necessity (CMNs) and Durable Medical Equipment (DME) Information Forms (DIFs) will be discontinued effective for dates of service January 1, 2023 and after.

If CMNs or DIFs are included on any claims with dates of service on or after January 1, 2023, the claims will be rejected. Claims with dates of service prior to January 1, 2023 should still include CMN and DIF information in accordance with DME MAC processing and policy guidelines.

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)