

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

Certificates of Medical Necessity & Durable Medical Equipment Information Forms Eliminated for Dates of Service January 1, 2023 and after

All Certificates of Medical Necessity (CMNs) and Durable Medical Equipment (DME) Information Forms (DIFs) have been 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

(Where "" is the ABG PO2 value)
(Where "" is the Oxygen Saturation value; Enter as a
whole number; i.e. 94% as 94)
(Where "" is the date for the test in either Question 1A or
Question 1B)
(Where "" is the answer to Question 2 with either a 1, 2
or 3)
(Where "" is the answer to Question 3 with either a 1, 2
or 3)
(Where "" is the Y or N response)
(Where "" is the oxygen flow rate; Enter an X for less
than 1 LPM)
(Where "" is the ABG PO2 value)





CMN Reference Information for Version 5010A1

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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 Comp	oression 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 St	imulators 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 month's 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)			





CMN Reference Information for Version 5010A1

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)

