



Neighborhood Health Plan of Rhode Island
Certificate of Medical Necessity
Oxygen for Pediatric Members

Note: This form is for age group under 19 years of age. For Adults, (19 years old and above), please use CMS-484 certificate of medical necessity form.

[ ] New [ ] Recertification Date of MD Orders \_\_\_\_\_

Member Name \_\_\_\_\_ DOB \_\_\_\_\_ NHPRI ID # \_\_\_\_\_

Estimated Duration of Need (# of months) \_\_\_\_\_

Table with 2 columns: MD Orders, HCPC Codes. Each column has four horizontal lines for text entry.

Please respond to the following questions:

1) Diagnoses \_\_\_\_\_
Medical condition Specific to Need for Oxygen if different than Diagnosis
\_\_\_\_\_

2) Most recent Oxygen Saturation Rate or Blood Gas (PO2)
\_\_\_\_\_ % or \_\_\_\_\_ mmHg Date of Test \_\_\_\_\_

Was the test performed in Room Air or Oxygen?
[ ] Room Air [ ] Oxygen (Liters\_\_\_\_\_)

3) Is oxygen required during these activities (Check Yes or No)?
Rest/sleep [ ] Yes [ ] No
Meals/Feeding [ ] Yes [ ] No
Ambulation [ ] Yes [ ] No
Does member ambulate within the home? [ ] Yes [ ] No

4) Is member ventilator dependent? [ ] Yes [ ] No

Ordering Practitioner \_\_\_\_\_ Contact Phone Number \_\_\_\_\_
Physician Signature \_\_\_\_\_ Date \_\_\_\_\_