| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| Pub 100-08 Medicare Program Integrity | Centers for Medicare & Medicaid Services (CMS) |
| **Transmittal 11431** | **Date: May 26, 2022** |
| | **Change Request 12726** |

**SUBJECT: Publication (Pub.) 100-08, Chapter 5 Update - Planned Elimination of Certificates of Medical Necessity (CMN) and Durable Medical Equipment Information (DIF) Forms**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to make an update to Chapter 5 of Pub. 100-08. Other Pubs. that include instructions on CMNs and DIFs will also be updated in other CRs. CMS plans to eliminate CMNs and DIFs effective for claims with dates of service on or after January 1, 2023.

**EFFECTIVE DATE: June 28, 2022**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: June 28, 2022**

***Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|---|---|
| R | 5/5.5/Certificates of Medical Necessity (CMNs) and DME Information Forms |

**III. FUNDING:**
**For Medicare Administrative Contractors (MACs):**
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements**
**Manual Instruction**

# Attachment - Business Requirements

| Pub. 100-08 | Transmittal: 11431 | Date: May 26, 2022 | Change Request: 12726 |
|---|---|---|---|

**SUBJECT: Publication (Pub.) 100-08, Chapter 5 Update - Planned Elimination of Certificates of Medical Necessity (CMN) and Durable Medical Equipment Information (DIF) Forms**

**EFFECTIVE DATE: June 28, 2022**
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**IMPLEMENTATION DATE: June 28, 2022**

## I. GENERAL INFORMATION

**A. Background:** The CMS plans to eliminate CMNs and DIFs effective for claims with dates of service on or after January 1, 2023. This is an update to Pub. 100-08 explaining the planned change. Other Pubs. that include instructions on CMNs and DIFs will also be updated.

DME MACs shall make providers and suppliers aware that CMNs/DIFs are still required until they are eliminated for claims with dates of service on/after January 1, 2023.

- For claims with dates of service on or after January 1, 2023 – providers and suppliers no longer need to submit CMNs or DIFs with claims. Due to electronic filing requirements, claims received with these forms attached will be rejected and returned to the provider or supplier.
- For claims with dates of service prior to January 1, 2023 – processes will not change and if the CMN or DIF is required, it will still need to be submitted with the claim, or be on file with a previous claim.

**B. Policy:** This CR does not contain any legislative or regulatory policies.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | MAC | FISS | MCS | VMS | CWF | |
| 12726.1 | DME MACs shall make providers and suppliers in their jurisdiction aware that for claims with dates of service on or after January 1, 2023 – providers and suppliers no | | | | X | | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | longer need to submit CMNs or DIFs with claims. Due to electronic filing requirements, claims received with these forms attached will be rejected and returned to the provider or supplier. | | | | | | | | | |
| 12726.2 | DME MACs shall make providers and suppliers in their jurisdiction aware that for claims with dates of service prior to January 1, 2023 – processes will not change and if the CMN or DIF is required, it will still need to be submitted with the claim, or be on file with a previous claim. | | | | X | | | | | |
| 12726.3 | For claims with dates of service on or after January 1, 2023, when conducting medical review, contractors shall not deny | | | | X | | | | | CERT, RAC, SMRC, UPICs |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | because they do not have an associated CMN/DIF. CMNs and DIFs are not required for claims with dates of service on or after January 1, 2023. | | | | | | | | | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| 12726.4 | Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above. | | | | X | |

## IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---|---|

**Section B: All other recommendations and supporting information:** N/A

## V. CONTACTS

**Pre-Implementation Contact(s):** Marissa Petto, marissa.petto@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Program Integrity Manual

## Chapter 5 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items and Services Having Special DME Review Considerations

**Table of Contents**

*(Rev. 11431; Issued: 05-26-22)*

## 5.5 – Certificates of Medical Necessity (CMNs) and DME Information Forms (DIFs)

***(Rev. 11431; Issued: 05-26-22; Effective: 06-28-22; Implementation: 06-28-22)***

*The CMS seeks to reduce burden and modernize processes to ensure a reduction in improper payments and an increase in customer satisfaction. The CMN form and DIF were originally required to help document the medical necessity and other coverage criteria for selected Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items. In the past, a supplier received a signed CMN from the treating physician or created and signed a DIF to submit with the claim. Due to improvements in claims processing and medical records management, the information found on CMNs or DIFs is available either on the claim or in the medical record and is redundant. Therefore, to reduce burden and increase customer satisfaction, providers and suppliers no longer need to submit these forms for services rendered after January 1, 2023.*

- ***For claims with dates of service on or after January 1, 2023*** *– providers and suppliers no longer need to submit CMNs or DIFs with claims. Due to electronic filing requirements, claims received with these forms attached will be rejected and returned to the provider or supplier.*
- ***For claims with dates of service prior to January 1, 2023*** *– processes will not change and if the CMN or DIF is required, it will still need to be submitted with the claim, or be on file with a previous claim.*

*This statement applies throughout the Program Integrity Manual wherever CMNs and DIFs are mentioned.*

A *CMN* or a *DIF* is a form required to help document the medical necessity and other coverage criteria for selected DMEPOS items. CMNs contain Sections A through D. Sections A and C are completed by the supplier and Sections B and D are completed by the physician. A DIF is completed and signed by the supplier. It does not require a narrative description of equipment and cost or a physician signature.

The following forms below have been approved by the Office of Management and Budget (OMB). For the CMS. For the CMS forms 484, 846, 847, 848, 849, 854, 10125 and 10126, the OMB# is 0938-0679.

- CMN CMS-484 – Oxygen
- CMN CMS-846 – Pneumatic Compression Devices
- CMN CMS-847 -- Osteogenesis Stimulators
- CMN CMS-848 – Transcutaneous Electrical Nerve Stimulators
- CMN CMS-849 – Seat Lift Mechanisms
- CMN CMS-854 – Section C Continuation Form
- DME Information Form CMS-10125 – External Infusion Pumps
- DME Information Form CMS-10126 – Enteral & Parenteral Nutrition

The TENS CMN is for purchases only. A TENS CMN will no longer be necessary for rentals.

For certain items or services billed to a DME MAC, the supplier must receive a signed CMN from the treating physician or a signed DIF from the supplier. For these items, a supplier must have a signed original, faxed, photocopied, or electronic CMN or DIF in their records when submitting a claim for payment to Medicare.

A signed original, faxed, photocopied, or electronic CMN or DIF must be maintained by the supplier and be available to the DME MACs, UPICs, SMRC, and DME RACs on request. When hardcopy CMNs or DIFs are submitted to the DME MACs, UPICs, SMRC and DME

RACs, the supplier must include a copy of only the front side. When CMNs are submitted electronically to the DME MAC, information from sections A and B are required.

It is in the supplier's interest to maintain a copy of what they faxed to the physician. Suppliers must maintain a copy of the completed CMN or DIF in their records. However, if the physician only faxes the front of the completed CMN then the supplier is only required to maintain the front portion of the CMN.

However, when the CMN or DIF is submitted electronically and the supplier chooses to maintain a hard copy CMN or DIF, the font may be modified as follows:

- Pitch may vary from 10 characters per inch (cpi) to 17.7 cpi;
- Line spacing must be 6 lines per inch
- Each form must have a minimum 1/4 inch margin on all four sides.

Without exception, these modified hard copy forms must contain identical questions/wording to the CMS forms, in the same sequence, with the same pagination, and identical instructions/definitions printed on the back; and CMN question sets may not be combined.

The CMN can serve as the physician's detailed written order if the narrative description in section C is sufficiently detailed. This would include quantities needed and frequency of replacement for accessories and supplies. For items requiring both a CMN and a written order prior to delivery (e.g., seat lift mechanisms) suppliers may utilize a completed and physician-signed CMN for this purpose. Otherwise, a separate order in addition to a subsequently completed and signed CMN is necessary.

The supplier may not complete the information in section B of the CMN. A supplier who knowingly and willfully completes section B of the form is subject to a civil monetary penalty up to $1,000 for each form or document so distributed. Any supplier who remains in non-compliance after repeated attempts by the contractor to get the supplier into compliance, refer to your RO (for UPICs refer the supplier to the primary GTL or associate GTL and SME) as a potential civil monetary penalty case.

The fee schedule amount, narrative description of the items furnished and the supplier's charge for the medical equipment or supplies being furnished must be completed on a CMN by the supplier prior to it being furnished to the physician. A supplier who knowingly and willfully fails to include this information may be subject to a civil monetary penalty up to $1,000 for each form or document so distributed. Any supplier who remains in non-compliance, after repeated attempts by the contractor to get the supplier into compliance, refer to your RO (for UPICs, refer the supplier to the primary GTL or associate GTL and SME) as a potential civil monetary penalty case.

*The* CMS will not accept any other certifications of medical necessity by other insurers or government agencies.

Suppliers and physician may choose to utilize electronic CMNs (e-CMNs) or electronic DIFs (e-DIFs). E-CMNs or e-DIFS must adhere to all privacy, security, and electronic signature rules and regulations promulgated by CMS and DHHS. Additionally, e-CMNs or e-DIFs must contain identical questions/wording to the CMS forms, in the same sequence, with the same pagination, and identical instructions/definitions as printed on the back of the hardcopy form. If an item requires a CMN or a DIF and the supplier does not have a faxed, photocopied, original hardcopy, or an electronic signed CMN or DIF in their records when they submit a claim to Medicare, the claim will be denied.

In cases where two or more suppliers merge, the resultant supplier should make all reasonable attempts to secure copies of all active CMNs or DIFs from the supplier(s) purchased. This document should be kept on file by the resultant supplier for future presentation to the DME MACs, and UPICs.

When reviewing claims where the medical record contains a copied, faxed or electronically maintained CMN or DIF (any CMN or DIF created, modified, and stored via electronic means such as commercially available software packages and servers), the DME MACs, or UPICs must accept the copied, faxed or electronic document as fulfilling the requirements for these documents.

When a UPIC is investigating potentially fraudulent behavior by a supplier, it will be the supplier's responsibility to prove the authenticity/validity of the claim(s) under investigation. UPICs may require the supplier to prove the authenticity/validity of the signature on the CMN, DIF, order, or any other questionable portion of the claim(s) under investigation.

Upon request by the DME MACs, UPICs, SMRC or DME RACs, suppliers must provide the CMN or DIF, in a format that the DME MACs, UPICs, SMRC, and DME RACs can accept, in a timely manner. Upon medical review, the DME MACs, UPICs, SMRC, and DME RACs should not deny claims solely because the CMN or DIF is faxed, copied, or electronic. The DME MACs, UPICs, SMRC, and DME RACs may request the supplier to download and print a hard copy of an electronic order, CMN or DIF if the DME MACs, UPICs, SMRC, and DME RACs cannot access it electronically.

For items that require a CMN, and for accessories, supplies, and drugs related to an item requiring a CMN, the CMN may serve as the written order if the narrative description in Section C is sufficiently detailed (as described above). This applies to both hard copy and electronic orders or CMNs. A DIF does not contain a section for a narrative description and is not applicable.

A supplier must have a hard copied, faxed or electronic order, CMN or DIF in their records when they can submit a claim for payment to Medicare. Suppliers must ensure the security and integrity of electronically maintained CMNs or DIFs are in accordance with any regulations published by CMS.

The DME MACs or UPICs need not make any shared system changes to electronically accept e-CMNs or e-DIFS as CMS views e-CMNs or e-DIFs as a transaction between the physician and suppliers. Suppliers must continue to use current systems for transmitting claim information to the DME MAC or UPICs.