



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) \_\_\_\_\_

MD Orders

HCPC Codes

Three horizontal lines for MD Orders and three horizontal lines for HCPC Codes.

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 \_\_\_\_\_