



# CMT Certificate of Medical Necessity

Current Medical Technologies, Inc., 75 Main St., Lakeville, MA 02347

The following information is being requested to document medical necessity for the rental or purchase of a home DME unit.

This form must be completed and signed by the patients attending physician to be valid.

## Patient Information:

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Unit Prescribed:

Pelvic Floor Stimulator     sEMG Biofeedback

## Medical Necessity / Length of Need

Purchase (1-99 = Lifetime)

Rental # \_\_\_\_\_ Months

Physician Name: \_\_\_\_\_

NPI# \_\_\_\_\_

P.E.C.O.S. Certified? \_\_\_\_ Yes \_\_\_\_ NO

Physician Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

*I certify that the medical necessity information provided on this form is accurate and complete to the best of my knowledge.*

*\*PLEASE NOTE Medicare will no longer accept signature stamps.*

*Please make sure the above information is substantiated in your patients' medical record.*

## Medical Necessity Information

### Diagnosis:

- 596.59 Detrusor Instability
- 625.9 Pelvic Pain, female
- 728.85 Muscle Spasm
- 788.31 Urge Incontinence
- 788.32 Stress Incontinence, male
- 625.6 Stress Incontinence, female
- 788.33 Mixed Incontinence
- 787.60 Fecal Incontinence
- 739.5 Pelvic Floor Dysfunction
- 728.2 Muscle Weakness
- Other: \_\_\_\_\_

### PFS is prescribed to: (Check all that apply)

- Improve Urethral Closure Function
- Improve Urethral Sphincter Function
- Inhibit Unwanted Bladder Contractions
- Inhibit Irritable
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### Are the pelvic nerves intact?

YES     NO

### Prognosis:

Excellent     Good     Fair     Poor

### Has the patient had an in-office visit with Ordering Physician?    YES    NO

### Anticipated Benefit From Use:

- Increase Pelvic Muscle Strength
- Increase Pelvic Muscle Coordination
- Hypertrophy of Pelvic Muscles
- Decrease Urinary Leakage
- Increase Voiding Interval
- Neuromuscular Re-Education
- Decrease Involuntary Detrusor Contractions
- Other: \_\_\_\_\_

### Has patient failed a 4-week trial of Pelvic Muscle Exercises?    YES    NO

"If YES, was the trial documented?"

YES     NO