



MISSOURI MEDICAID CERTIFICATE OF MEDICAL NECESSITY

Patient Name		Medicaid ID Number		
TOS	Procedure Codes (Maximum 6)	Description of Item/Service	Reason for Service	Months Equip. Needed (DME only):
1.				
2.				
3.				
4.				
5.				
6.				
Attending/Prescribing Physician Name		Attending/Prescribing Physician Medicaid Number		
Date Prescribed	Diagnosis	Prognosis		
Provider Name and Address		Provider Medicaid Number		
Provider Signature				