OFFICE OF VERMONT HEALTH ACCESS – VERMONT MEDICAID
MEDICAL NECESSITY FORM (MNF)
ORTHOTICS, PROSTHETICS, MEDICAL SUPPLIES & EQUIPMENT FOR IN-HOME USE

OVHA 60
09/01/00

All claims for supplies and equipment require a written physician order. Copies of the order must be kept in the patient record by both the physician and DME supplier. **It is the responsibility of the ordering physician to complete or review this Medical Necessity Form (MNF) and provide adequate documentation/information of the plan of treatment. The physician then gives this information either to the patient (to be taken to the DME supplier of choice) or directly to the DME supplier. The DME supplier must be enrolled in Vermont Medicaid.**

1. **Patient's Name**_____ **DOB**___/___/____ **Medicaid ID#**_____

**Section A** (must be completed or reviewed and signed by **ordering physician**)

2. **Diagnoses**_____

3. **Place of service**: Is(are) the ordered item(s) to be used in the patient's home? Yes____No_____
Name and address of other facility_____

4. **Functional Level** (check all that apply): Ambulatory___ Non-ambulatory___ Bed-ridden___ Confined to wheelchair_____
Able to transfer self___ Ambulatory with assistance___ assist of what/whom_____
Able to use regular bathroom facilities____ if not, why?_____

| 5. Item Ordered | Initial order date | Purpose or Use of item | Expected length of need (months) | # per month |
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6. **Date of related incident** ____/____/_____ **Date of related surgery**____/____/_____

I CERTIFY THAT THE ITEM(S) PRESCRIBED ABOVE IS(ARE) A NECESSARY PART OF THE COURSE OF TREATMENT AND NOT FOR PRECAUTIONARY OR STANDBY PURPOSES NOR FOR CONVENIENCE OR COMFORT.

7. **Physician's Name & Address** (please print)_____

8. **Physician's Signature** _____ **Date Signed** ___/___/____

**Physician's Medicaid provider #** _____ **Phone#**_____

**Physician: Please give this form to the recipient or send directly to supplier.**
**Do not send to the Office of Vermont Health Access or to EDS.**

***See back for DME information and instructions***