

Ohio Department of Job and Family Services
Appendix
Certificate of Medical Necessity/Prescription
OXYGEN SERVICES

SECTION A: Consumer/Provider Information

Form for Section A containing fields for Certification Type (Initial, Revised, Recertification), Consumer Name, Provider's Name, Consumer DOB, Consumer Sex, Consumer HT, Consumer WT, Facility Name, Prescriber's Name, Facility Address, Prescriber's NPI Number, Facility City, State and Zip Code, Prescriber's Telephone Number, and Prescriber's Medicaid Legacy Number.

SECTION B: Information below may not be completed by the provider of the Items/Supplies

Form for Section B containing fields for Est. Length of Need, Diagnosis Codes, Last Medical Examination, Results of Most Recent Arterial Blood Gas and/or Oxygen Saturation Tests, Prescriber/Provider Performing Test, and Prescribed Oxygen Setting/ Flow Rates.

SECTION C: Oxygen Equipment Prescribed

Form for Section C containing fields for Supply System (Stationary and Portable), Delivery System (Nasal Cannula, O2 Conserving Device, etc.), and certification statements regarding edema, hypertension, and hematocrit.