



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
CERTIFICATE OF MEDICAL NECESSITY

PATIENT NAME					PARTICIPANT MO HEALTHNET ID NUMBER				
PROCEDURE CODES (MAXIMUM 6)	DESCRIPTION OF ITEM/SERVICE				REASON FOR SERVICE	MONTHS EQUIP. NEEDED (DME ONLY)			
	MOD 1	MOD 2	MOD 3	MOD 4					
ATTENDING/PRESCRIBING PHYSICIAN NAME					ATTENDING/PRESCRIBING PHYSICIAN PROVIDER IDENTIFIER				
DATE PRESCRIBED		DIAGNOSIS			PROGNOSIS				
PROVIDER NAME AND ADDRESS					MO HEALTHNET PROVIDER IDENTIFIER				
					PROVIDER TAXONOMY CODE				
PROVIDER SIGNATURE									