

Certificate of Medical Necessity (CMN) Frequently Asked Questions (FAQs)

Definitions

What is Durable Medical Equipment (DME)?

DME is any supply that is necessary for the treatment, habilitation or rehabilitation of a beneficiary. The equipment should provide the medically appropriate level of performance and quality for the medical condition

What is CMN?

A CMN is a document signed by the prescribing provider containing clinical information that supports the need for each item, service or supply requested for a beneficiary.

Forms

Is there a standard form I should use when submitting a CMN?

No, there is not a standardized form or electronic form available currently.

Do DME companies have a form?

Yes, most DME companies use their own form..

Does Humana Military have a form?

Yes, Humana Military does have a form, which you can find on the [provider forms webpage](#). It's called "Certificate of Medical Necessity (CMN)."

If I don't use a form, what should I submit?

A physician's order or prescription itself can take the place of the CMN as long as it includes the necessary elements and signature.

What to submit

What are the most important items to include in my claim submission?

- A complete CMN or physician order that is current for the services, supplies or equipment you are requesting to be covered
- Type of equipment
- Diagnosis or reason
- Length of need
- Beginning date
- Physician signature or other acceptable signature, such as:
 - Certified nurse practitioner
 - Certified physician assistant
 - Certified nurse midwife
 - Certified psychiatric nurse specialists
- Date the order was signed.

When should I update the CMN with you?

Anytime there is a change in the prescription, the physician must provide an updated or new prescription or CMN. This is necessary in order to submit a claim for a DME.

How to submit

How do I submit CMNs?

You may submit supporting documentation, a CMN or physician order electronically through [Provider self-service](#). Within self-service, click on "Send Documents" link. This will take you to the provider access claims center.

How can beneficiaries submit CMNs?

Beneficiaries may submit supporting documentation, a CMN or physician order electronically through [Beneficiary Self-Service](#).

They may also mail or fax in supporting documentation (CMN, physician order or both) to:

Mail:	Fax:
TRICARE East Region	(877) 489-0037
PO Box 202150	
Florence, SC 29502-2150	

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Frequently Asked Questions (FAQs)

Can I submit multiple CMNs in a single submission?

No, sending multiple beneficiary documents in a single batch can create delays and slow processing time.

Resubmission

Do I need to resubmit a duplicate CMN if a claim was denied for not having a CMN (even though one was submitted)?

No, please allow 90 days from the original submission date before resubmitting duplicate CMN documentation.

Do I need to resubmit my denied claim after the CMN is received and loaded into the system?

No, once CMNs are entered into the system there is an automatic step that will reprocess any claims that are denied.

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Timeframes

Why do I need to wait 90 days before resubmitting documentation?

We are experiencing delays in processing CMN submissions due to an influx of submissions. This timeframe allows for the forms to be entered into the system and for necessary corrections to be made to claims.

When will claims begin processing in normal timeframes?

While we can't give a specific date at this time, we are vigorously working to clear the backlog.

Further questions

Whom do I contact if I have questions?

You can contact customer service at (800) 444-5445 or your TRICARE Community Liaison (TCL).

How do I find my TCL?

You will find their contact information via the Provider self-service portal under the designated TIN.