

Certificates of Medical Necessity

Helpful Tips for Completing the New Forms

Florida Blue developed new certificate of medical necessity (CMN) forms to simplify justification of medical documentation and reduce the volume of medical records that has to be submitted for authorization or appeal requests or to obtain claim payments for certain procedures. For these services, please submit a completed CMN in lieu of medical records. Each CMN corresponds with one of Florida Blue's medical coverage guidelines. You can find a complete list of CMNs on the [Certificates of Medical Necessity page](#) on the Florida Blue website at www.floridablue.com.

Florida Blue has new and revised CMN forms at <http://mcgs.bcbsfl.com/> where you can find our medical coverage guidelines. There are three ways to determine if a CMN is available: (1) On the medical coverage guidelines landing page at <http://mcgs.bcbsfl.com/> (2) A blue document symbol in the upper left corner of the medical coverage guideline number indicates there is a corresponding CMN, or (3) CMN information will appear in the position statement section in each medical coverage guideline.

As long as a CMN is complete, accurately reflects documentation in a member's clinical record and is signed by the provider who rendered the service, medical records are not required for a review by Florida Blue.

Tips for Completing a CMN

To avoid delays, be sure to follow the tips below for completing a CMN.

- Please complete the CMN form *in its entirety* so Florida Blue does not have to request additional information.
- Use *current* CMN forms.
- Physicians are required to *sign the form* to attest that it has information taken from the member's medical records. Florida Blue will accept a STAMPED signature, if it is authorized by the physician.
- The CMN form must include information that *matches documentation in the medical record*. If there are discrepancies, the authorization request will be held and you will be contacted to send correct information.
- CMNs may be submitted with requests for prior authorization for member coverage that requires prior authorization. CMNs can accompany a voluntary pre-service coverage review for those members who do not have a prior authorization requirement. If you are uncertain which member contracts require prior authorization, or which procedures are eligible for a voluntary pre-service coverage review, please refer to the *Manual for Physicians and Providers* on our website at www.floridablue.com.
- As a remainder, pain management procedures are not eligible for voluntary pre-service coverage review. For member contracts that do not require prior authorization and do not allow a voluntary pre-service coverage review, you may complete and submit a CMN when you submit the claim.

As with any procedure, such services remain subject to audit and/or review to determine if the CMN is supported by the actual medical records. If you have questions regarding how to complete a CMN, please call the Utilization Management Call Center at **(800) 955-5692**.