



Please forward all correspondence to:

CMN (Certificate of Medical Necessity)
ABCO Medical Supply

Ph: (888) 899-8881 • Fax: (888) 606-4866 • ABCOMedicalSupply.com

Patient Name: _____ DOB: _____ Patient Phone: _____

 Have patient's wound(s) ever been debrided? (Debridement is required by Medicare) Yes No
 Is patient currently seen by Home Health? Yes No

ICD-10 / DESCRIPTION	Location	Wound Size (cm) (L x W x D)	(Exudate)
Wound 1:			N L M H
Wound 2:			N L M H
Wound 3:			N L M H
Wound 4:			N L M H

DRESSING SUPPLIES

Dressings Requested (Please circle one)	Drainage Required	Max Units/Month (Unless Specified)	Freq. of Change Daily (Unless Specified)	Wound # (X for supplies)			
				#1	#2	#3	#4
Collagen: (2x2) (4x4) (8x8)	Any	30					
Collagen Powder (1 gram):	Any	30					
Collagen Alginate: (2x2) (4x4) (6x6) (4x8) Other:	Mod/Heavy	30					
Gelling Fiber: (2x2) (4x4) (6x6) (4x8) Other:	Mod/Heavy	30					
Hydrogel: (3 oz) (2x2) (4x5)	None/Low	3 oz/30					
Foam Dressing: (2x2) (3x3) (4x4) (6x6) (8x8) (Sacral) Other:	Mod/Heavy	12					
Foam w/ Border: (2x2) (3x3) (4x4) (6x6) (8x8) (Sacral) Other:	Mod/Heavy	12					
ABD Pad: (5x9) 8x10) (12x16)	Mod/Heavy	30					
Antimicrobial Roll Gauze: (4" unless specified)	Any	30					
Gauze Pad: (2x2) or (4x4)	Any	100					
Antimicrobial Gauze: 4x4	Any	30					
Tape: (2" paper unless specified)	Any	2 Rolls					
Coban: (2" unless specified)	Any	30					

LYMPHEDEMA PUMP DX Code: _____
 E0651 Pneumatic
Sequential Pump

Garments needed:

 Upper Extremity: Right / Left / Bi-Lat
 Lower Extremity: Right / Left / Bi-Lat

 FOOT DEFENDER DX Code: _____

 Right foot: Small / Medium / Large
 Left foot: Small / Medium / Large

*DX needs to be structural/orthopedic for coverage.

*Patient must have a Lymphedema diagnosis for coverage.

Provider Information

Physician Name: _____ NPI: _____

Phone: _____ Fax: _____

Address: _____
City State Zip

Attending Physician Signature: _____ Date: _____

(Original signature ONLY—no stamps)

INSTRUCTIONS: Please fill out this form and fax demographics, office visit notes and form to ABCO Medical Supply at (888) 606-4866.