

## CMN Common Scenarios

#	ITEM	CERTIFICATION REQUIRED	COMMENTS
1	Break in service > 60 days (change in medical condition)	Initial	"BIN" (break in need)
2	Break in service > 60 days (no change in medical condition) none "BIB" (break in billing)	None	"BIB" (break in billing)
3	Break in service < 60 days (change in medical condition) none "BIB" (break in billing)	None	"BIB" (break in billing)
4	Break in service < 60 days (no change in medical condition) none "BIB" (break in billing)	None	"BIB" (break in billing)
5	Change in supplier (no break in service)	Revised	Change in supplier (no break in service) revised in supplier's files In an acquisition, the original may be used if it is available.
6	Initial CMN did not qualify, patient retested and now qualifies.	Initial	Initial CMN did not qualify, patient retested and now qualifies. The initial date should be the date of the qualifying test
7	Group II patient not retested within 61-90th day recertification	Recertification	The recertification date should be the date of the physician visit.
8	Group I patient with a length of need less than or equal to 12 months (but not lifetime) and not retested 30 days prior to revision.	Revised	The revised date should be the date of the physician visit.
9	Group I patient with lifetime length of need, not seen and evaluated by the physician within 90 days prior to the 12 month recert but subsequently seen.	Recertification	The recertification date should be the date of the physician visit.
10	Portable was added after stationary	Revised	
11	Stationary was added after portable	Revised	
12	Change in modality	None	If the physician is requesting this change, a new order is required.
13	Changed billing assignment (non-assigned to assigned)	None	
14	Change in doctor	Revised in supplier's files	Supplier should maintain in their files.
15	Change in liter flow	Revised if change in payment category (e.g. 4 LPM to 5 LPM)  None if payment category doesn't change (e.g. 2 LPM to 3 LPM)	Change in liter flow revised if change in payment category, e.g., from 4 LPM to 5 LPM. None if payment category does not change
16	Change from Medicare secondary to Medicare primary none	None	
17	Change from non-Medicare insurance to Medicare initial.	Initial	Change from non-Medicare insurance to Medicare initial.  The initial date should be the date of Medicare eligibility if the patient has a Medicare qualifying test within 30 days before their eligibility.  If they do not get the qualifying test until after they become Medicare eligible, then the initial date should be the date of the qualifying test.