

Important CMN Completion Pointers

1. Name of Patient

Please print this and all other items legibly.

2. Date of Last Exam

Must be within 30 days of the scheduled test date. Enter the date of the last physical examination and/or general assessment of the patient's status. This information is necessary to document that the necessity for testing was determined a relatively short time before testing is performed and the patient's status is expected to be unchanged.

3. Test Date

List the date the patient is scheduled for testing. If the scheduled date changes an updated CMN must be sent.

4. Symptom Onset

Indicate whether the symptoms have had a gradual or sudden onset.

5. Duration

The duration is important to document that symptoms have existed long enough to warrant testing. NCV tests require 72 hours post-injury prior to testing.

6. Accident/Injury

A recent injury often supports medical necessity. You must have seen the patient to order the studies unless you have a referral.

7. Prior NCV Tests

A "Yes" indicates that testing is being performed to re-evaluate a condition which has not resolved since the first testing. If "Yes" is indicated, list the date when the prior testing was performed.

8. Generalized Neuropathy Exists or is Suspected.

When previously diagnosed neuropathy is a suspected cause of the presenting problem or a possible complicating condition, a complete assessment of the entire nervous system may be warranted. If one exists or is suspected, check "Yes" and indicate the type of neuropathy.

9. Symptoms in Extremities

When present, symptoms in both upper and lower extremities can support the necessity of testing both regions. Please indicate all symptoms that the patient has presented and all other significant findings.

10. Dermatomal (Segmental) Distribution of Symptoms

"Yes" supports medical necessity in radiculopathy and plexopathy.

11. Neck, Back, Knee and Foot/Ankle Pain, Significant X-ray, or Imaging Findings

Always give as much detail as possible to support the necessity of testing.

12. Abnormal Examination Findings

Examination abnormalities support the medical necessity of performing NCV/US procedures. Indicate all abnormal findings. Radiating pain should be listed in the "Other" row. In particular, any abnormal muscle stretch reflexes and sensory loss findings should be noted.

13. Preliminary Diagnosis for EDX

Indicate the neurological diagnosis code present or suspected for electrodiagnostic testing. Multiple diagnoses may be checked. If the diagnosis is not listed it can be written in the blank fields. Diagnosis codes will be verified against established standards for appropriateness of diagnostic testing.

14. Preliminary Diagnosis for Ultrasound

Indicate the soft tissue-related diagnosis code present or suspected for musculoskeletal ultrasound imaging. Multiple diagnoses may be checked. If the diagnosis is not listed it can be written in the blank fields. . Diagnosis codes will be verified against established standards for appropriateness of diagnostic testing.

15. Signature/Date

The CMN must be signed and dated by the referring physician. The date must be within the last 30 days.

Request for Individual Diagnostic Tests

1. Patient Name

Please print this legibly

2. Test Date

List the date the patient is scheduled to test.

3. Symptomatic Side

Check the symptomatic side for the patient. Check both Left and Right if both sides have symptoms.

4. Ultrasound Study

Select the appropriate study if desired,
Upper Spine – Cervical, Trapezius, and T1-6
Lower Spine – Lumbar, SI joint, and T7-12
Carpal Tunnel – Wrist ultrasound only
Multiple profiles may be selected

5. Select Profile

Protocols have been specifically designed for each diagnosis. The sheet lists various common diagnoses and the tests performed in the protocol. Check the box below the diagnosis to select that profile. If you want to order tests that differ from those in the profile, you can do so by circling the test you want in the diagnosis column.

If you have a different diagnosis you can list it in the far right column labeled, “Other Diagnosis” and indicate the tests you would like performed. If multiple diagnoses are selected and no specific directions are indicated, a combined profile of tests generally ordered to assess each diagnosis will be performed.

All test profiles must correlate with the findings and diagnosis on the CMN.

6. Physician Signature

Each order sheet must be signed by the referring physician.