



State of Rhode Island
Executive Office of Health and Human Services
Medicaid Program

CERTIFICATE OF MEDICAL NECESSITY FOR DISPOSABLE GLOVES

Sterile (A4930) and non-sterile (A4927) gloves require prior authorization. Gloves for dressing changes and catheter management are limited to use by non-agency caregivers when documented by the prescriber that the beneficiary is at risk for contamination from the caregiver(s). Gloves are not billable by a home health agency, or other service provider in order to meet OSHA guidelines. Gloves supplied by RI Medicaid are for non-agency caregiver's use. Agency staff should use gloves supplied by the Home Care Agency (non-sterile).

Prescriber: Please complete all items and indicate the need for at least one procedure in either the A or B category listed below.

Beneficiary Name: _____ DOB: _____

Is the beneficiary at risk for contamination from the caregiver(s)? yes _____ no _____

Start/Stop dates of treatment: _____

Frequency of treatment: _____ per day or _____ per month

A. Procedures for which non-sterile gloves will be used: (please check all that apply)

- _____ Tracheal suctioning
- _____ G/J or N/G tube feeding
- _____ Bladder catheterization
- _____ Colostomy/ileostomy care
- _____ Dressing changes
- _____ Wound management

B. Procedures for which sterile gloves will be used:

- _____ Central venous line
- _____ Wound management/debridement
- _____ Active infectious diseases requiring sterile procedures

Gloves for use while performing hygiene care, including routine incontinence care, are not covered.

Prescriber Name (printed) _____ NPI _____

Prescriber Signature: _____ Date: _____

By signature, the Prescriber confirms the criteria information above is accurate, verifiable by patient records and available upon request