



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
EXCEPTION REQUEST
DIABETIC EDUCATION

RETURN TO: ATTN EXCEPTIONS UNIT
 MO HEALTHNET DIVISION
 PO BOX 6500
 JEFFERSON CITY MO 65102-6500
 FAX NO: 573-522-3061

PLEASE TYPE OR PRINT. ALL INFORMATION MUST BE SUPPLIED OR THE REQUEST WILL NOT BE PROCESSED.

PARTICIPANT NAME	DOB	PARTICIPANT MO HEALTHNET NUMBER (DCN)
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INDICATE THE APPROPRIATE CPT CODE(S) FOR THE REQUESTED DIABETIC EDUCATION

99205 Initial Assessment/Office/Outpatient Visit.
 G0108 Diabetic Management Training, per individual.
 G0109 Diabetic Management Training Individual/Group.

NOTE: CPT code 99205 limit is one (1) per lifetime.
 CPT codes G0108 and/or G0109 may have a maximum of 2 visits total per rolling year.

DATE DIAGNOSED WITH DIABETES

MOST RECENT HEMOGLOBIN A1C LEVEL

COLLECTION DATE

HAS THERE BEEN A SIGNIFICANT CHANGE IN THE PARTICIPANT'S SYMPTOMS, CONDITION OR TREATMENT?
 Yes No

** If yes, please describe the significant change or submit current prescriber notes pertaining to the requested diabetic education.

MO HEALTHNET PROVIDER WHO WILL BE DISPENSING AND BILLING FOR SERVICES (MUST BE A "35" CDE PROVIDER)

NAME	TELEPHONE NUMBER	FAX NUMBER
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ADDRESS

MO HEALTHNET PROVIDER ID	PROVIDER NPI	PROVIDER TAXONOMY CODE
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DOCTOR'S NAME OR ADVANCED PRACTICE NURSE'S (APN) NAME AND TITLE	TELEPHONE NUMBER
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DOCTOR'S ADDRESS OR APN'S ADDRESS	FAX NUMBER
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MO HEALTHNET PROVIDER ID	PHYSICIAN NPI	PHYSICIAN TAXONOMY CODE
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DOCTOR'S OR APN'S ORIGINAL SIGNATURE AND TITLE	DATE
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