MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

EXCEPTION REQUEST
INCONTINENCE SUPPLIES

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)

PARTICIPANT DIAGNOSES (MUST RELATE TO ITEM(S) OR SERVICE(S) REQUESTED)

HCPCS CODE AND QUANTITY PER DAY

DURATION OF NEED	IS THERE A BLADDER OR BOWEL INCONTINENCE DIAGNOSIS ON FILE? ☐ Yes ☐ No If yes, what is the specific ICD-10 diagnosis code for the incontinence?

IS THIS REQUEST:

☐ Initial

☐ Renewal

☐ Change Request Date Order Changed _____ *Please fill out change requested information below*

Change request for a different: ☐ Product ☐ Size ☐ Quantity Effective Date for Change_____

Current approved product/size/quantity:

Reason for change:

Has the participant had a Focused Medical History and Targeted Physical Exam by a prescriber in the past 12 months?
☐ Yes ☐ No If yes, please list date:

Does this participant have a current PA for urinary catheters? ☐ Yes ☐ No If yes, why are briefs/diapers medically necessary?

Is this medically necessary? ☐ Yes ☐ No	Is the participant bedridden? ☐ Yes ☐ No

If requesting a pull-on item, does the participant have the ability to care for their toileting needs including the strength, agility and dexterity to stand up and pull on?
☐ Yes ☐ No
If no, explain the medical necessity for a pull on product versus the use of a diaper/brief product.

MO HEALTHNET PROVIDER WHO WILL BE DISPENSING AND BILLING FOR SERVICES (EX. DME PROVIDER)

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