



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MO HEALTHNET DIVISION  
**EXCEPTION REQUEST**  
**DRESSING 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)
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PARTICIPANT DIAGNOSES (MUST RELATE TO ITEM(S) OR SERVICES(S) REQUESTED)

TYPE OF DRESSING HCPCS CODE, DESCRIPTION AND QUANTITY

IS THIS REQUEST?  
 Initial Dressing     Renewal or Change to Current Approval

SPECIFIC DRESSING CHANGE PROCEDURE

WHO IS PERFORMING DRESSING CHANGES?	FREQUENCY OF THE DRESSING CHANGE
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PLEASE PROVIDE THE FOLLOWING CURRENT INFORMATION FOR EACH WOUND (Location, Stage, Size (in cm Length x Width x Depth) Drainage)

Location	Stage	Size in Centimeters L x W x D	Description

DURATION OF NEED

IS A HOME HEALTH AGENCY MAKING SKILLED NURSING VISITS?  
 YES     NO    IF YES, AGENCY NAME \_\_\_\_\_

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

NAME	TELEPHONE NUMBER
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ADDRESS	FAX NUMBER
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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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DOCTOR'S OR APN'S ORIGINAL SIGNATURE AND TITLE	DATE
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