



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
EXCEPTION REQUEST
ENTERAL FORMULA AND 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)		
TYPE OF NUTRITION <input type="checkbox"/> Sole Nutrition <input type="checkbox"/> Supplemental Nutrition		
DURATION OF NEED		
REQUEST TYPE? <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Change Request	ITEM(S) BEING REQUESTED, INCLUDE HCPCS AND DESCRIPTION	
ORIGINAL ITEM REQUESTED		
NEW ITEM REQUESTED		
DATE ORDER CHANGED		
REASON FOR CHANGE		
HOW MANY CANS ARE NEEDED PER DAY	DIRECTIONS FOR USE	
ADMINISTRATION METHOD <input type="checkbox"/> Pump - If requesting feeding by pump, please provide medical reason why gravity or bolus method cannot be used. <input type="checkbox"/> Gravity/Pole <input type="checkbox"/> Bolus		
LIST ALL APPROPRIATE ALTERNATIVE COVERED SERVICES ATTEMPTED AND FOUND INEFFECTIVE FOR THIS DIAGNOSIS.		
IS A HOME HEALTH AGENCY MAKING SKILLED NURSE VISITS? <input type="checkbox"/> YES <input type="checkbox"/> No **If yes, agency name:		
MO HEALTHNET PROVIDER WHO WILL BE DISPENSING AND BILLING FOR SERVICES (EX. DME PROVIDER)		
NAME	TELEPHONE NUMBER	FAX NUMBER
ADDRESS		
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