



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
EXCEPTION REQUEST
QUANTITATIVE TEST

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)

HCPCS CODE(S) FOR REQUESTED ITEM(S)

PLEASE STATE THE REASON THIS LAB TEST IS BEING REQUESTED.

PLEASE SPECIFY WHICH MEDICATION THIS LAB TEST IS FOR:

Fentanyl

Tapentadol

Pregabalin

Methylphenidate

Carisoprodol

Gabapentin

Tramadol

Other (please list 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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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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