



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 DIVISION OF MEDICAL SERVICES  
 EXCEPTIONS UNIT  
**MEDICAID EXCEPTION REQUEST**

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

**ALL INFORMATION MUST BE SUPPLIED OR THE REQUEST WILL BE RETURNED**

FOR LIFE THREATENING EMERGENCIES  
 CALL 1-800-392-8030

**PLEASE TYPE OR PRINT**

RECIPIENT NAME	DATE OF BIRTH
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RECIPIENT MEDICAID NUMBER (DCN)	SOCIAL SECURITY NUMBER
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RECIPIENT DIAGNOSES (MUST RELATE TO ITEM(S) OR SERVICE(S) REQUESTED)

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LIST ALL APPROPRIATE ALTERNATIVE COVERED SERVICES ATTEMPTED AND FOUND INEFFECTIVE FOR THIS DIAGNOSIS.

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REQUESTED ITEM(S) OR SERVICE(S) (INCLUDING DAILY QUANTITY) AND HCPCS CODE FOR EACH REQUESTED ITEM.

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DURATION OF NEED

**MISSOURI MEDICAID PROVIDER WHO WILL BE DISPENSING AND BILLING FOR SERVICES (EX. DME PROVIDER)**

NAME	TELEPHONE NUMBER
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ADDRESS	PROVIDER NUMBER (IF KNOWN)
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IS A HOME HEALTH AGENCY MAKING SKILLED NURSE VISITS?  YES  NO

AGENCY NAME

<b>PRINT OR TYPE</b> DOCTOR'S NAME OR ADVANCED PRACTICE NURSE'S (APN) NAME AND TITLE	TELEPHONE NUMBER
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<b>PRINT OR TYPE</b> DOCTOR'S ADDRESS OR APN'S ADDRESS	FAX NUMBER
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DOCTOR'S ORIGINAL SIGNATURE, OR APN'S ORIGINAL SIGNATURE AND TITLE (NO STAMPS OR PHOTOCOPIES)	DATE
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