



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
EXCEPTION REQUEST
AMBULATORY IV INFUSION SUPPLIES

RETURN TO: ATTN EXECEPTIONS 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 DESCRIPTION FOR REQUESTED SUPPLIES	
PLEASE CHECK THE BOX THAT APPLIES: <input type="checkbox"/> Intermittent Infusion <input type="checkbox"/> Continuous Infusion			
HAS THIS IV THERAPY BEEN STARTED IN THE HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No **If yes, date the IV therapy was started in the home setting. What procedure does the participant follow to infuse this medication?			
IS THE PARTICIPANT HOMEBOUND? <input type="checkbox"/> Yes <input type="checkbox"/> No **If YES, list the ICD-10 diagnosis/description that resulted in the home bound status. **If NO, please provide the medical necessity for the participant to receive IV therapy in the home setting versus in clinic setting.			
IF APPROVED, WHO WOULD BE ADMINISTERING THE MEDICATION IN THE HOME SETTING?		WHAT TYPE OF INFUSION CATHETER IS BEING UTILIZED BY THE PARTICIPANT?	
WHAT IS THE DURATION OF NEED ANTICIPATED FOR IV SUPPLIES?			
**NOTE: If requesting the HCPCS code A4223 Infusion supplies not used with infusion pump, per cassette/bag, this item requires manual pricing and requires submission of the product's IOC (Invoice of Cost) paid by the DME provider to the manufacturer.			
MO HEALTHNET PROVIDER WHO WILL BEE DISPENSING AND BILLING FOR SERVICES (EX. DME PROVIDER)			
NAME		TELEPHONE NUMBER	
ADDRESS		FAX NUMBER	
MO HEALTHNET PROVIDER ID	PROVIDER NPI	PROVIDER TAXONOMY CODE	
PHYSICIAN'S NAME OR ADVANCED PRACTICE NURSE'S (APN) NAME AND TITLE		TELEPHONE NUMBER	
PHYSICIAN'S ADDRESS OR APN'S ADDRESS		FAX NUMBER	
MO HEALTHNET PROVIDER ID	PHYSICIAN NPI	PHYSICIAN TAXONOMY CODE	
PHYSICIAN'S OR APN'S ORIGINAL SIGNATURE AND TITLE		DATE	