



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
EXCEPTION REQUEST
HEAVY DUTY TRAPEZE

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 SERVICE(S) REQUESTED)

INDICATE THE APPROPRIATE HCPCS CODE FOR THE REQUESTED ITEM

E0911 Trapeze Bar. Heavy Duty, for patient weight capacity > 250 lbs. attached to bed with grab bar.

E0912 Trapeze Bar, Heavy Duty for patient weight capacity > 250 lbs. free standing, complete with grab bar.

PARTICIPANT'S CURRENT WEIGHT

PLEASE PROVIDE THE MEDICAL NECESSITY FOR THE REQUESTED HEAVY DUTY TRAPEZE BAR.

PLEASE SUBMIT THE IOC (INVOICE OF COST) PAID BY THE DME PROVIDER TO THE MANUFACTURER AND THE PRODUCT DESCRIPTION SHEET THAT INDICATES THE WARRANTY INFORMATION.

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

NAME	TELEPHONE NUMBER	FAX NUMBER
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ADDRESS

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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