



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
EXCEPTION REQUEST
TRACHEOSTOMY 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)			
HCPCS CODES(S) AND DESCRIPTION(S):			
WHEN WAS THE SURGICAL TRACHEOSTOMY ESTABLISHED?			
HOW LONG IS THE TRACHEOSTOMY EXPECTED TO REMAIN OPEN?			
WHAT RESPIRATORY EQUIPMENT IS BEING USED IN THE HOME?			
WHO IS REPLACING THE TRACHEOSTOMY TUBE?			
WHERE IS PLACE OF SERVICE WHEN TRACHEOSTOMY TUBE IS REPLACED?			
WHAT IS THE FREQUENCY OF TRACHEOSTOMY TUBE REPLACEMENT?			
IS THE PARTICIPANT ON A VENTILATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THE PARTICIPANT RECEIVING SKILLED HOME HEALTH NURSING VISITS? (IF YES, LIST THE AGENCY NAME) <input type="checkbox"/> YES <input type="checkbox"/> NO			
MO HEALTHNET PROVIDER WHO WILL BE DISPENSING AND BILLING FOR SERVICES (EX. DME PROVIDER)			
NAME		TELEPHONE NUMBER	
ADDRESS		FAX NUMBER	
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	