



El Paso Health Advantage Dual SNP (HMO D-SNP)  
 Exception Request Fax Form  
 Fax: 915-298-7866 / UM Dept. 1-915 532-3778 ext. 1500  
 Toll Free 1-833-742-3125

**NOTE:** Exceptions are based on information provided to El Paso Health Advantage Dual SNP (HMO D-SNP) at the time of request, it does not guarantee payment of benefits nor verify eligibility and is subject to all terms, conditions, limitations, and exclusions related to the member's eligibility and subsequent medical review. Regardless of exception request status, medical decisions concerning a course of treatment are solely between the physician and the patient.

<b>CIRCLE ONE:</b>	NEW REQUEST	ADDITIONAL INFORMATION	AMENDMENT	REFERENCE #:	Include Reference No. & Additional Info for all Amendment requests
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<b>Requesting Provider, Facility or Representative</b>					
Date of Request: _____	Provider Name: _____			NPI #: _____	
Contact Person: _____	Phone #: _____	Fax #: _____			
Place of Service: _____	Request Type: <input type="checkbox"/> Standard		<input type="checkbox"/> Expedited (Urgent)		

<b>Patient Information</b>					
Member Name: _____	DOB: _____			Member ID: _____	
Phone #: _____	Mobile #: _____	Emergency Contact: _____		Phone #: _____	

<b>Service Provider or Facility</b>					
Name: _____	Contact Person: _____			Phone #: _____	
NPI #: _____	Specialty: _____	Fax #: _____			
Place of Service: _____	Address: _____				

<b>Services Requested</b>					
<b>Check One:</b>	<input type="checkbox"/> Inpatient Services	<input type="checkbox"/> Office Treatment	<input type="checkbox"/> Observation	<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Behavioral Services
<input type="checkbox"/> DME	<input type="checkbox"/> Home Health	<input type="checkbox"/> Hospice	<input type="checkbox"/> Other (Describe Services): _____		
Therapy (Circle One):	<input type="checkbox"/> ST	<input type="checkbox"/> PT	<input type="checkbox"/> OT	Number of Sessions: _____	Duration: _____

EXPECTED DATE OF PROCEDURE: _____	Start Date: _____	End Date: _____		
ICD-10 Code	CPT Code	Units/Encounters	CPT Code	Units/Encounters
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**To avoid delay with your requests, submit all pertinent clinical information along with the exception request form.  
 Submit any additional documentation**