Washington State Health Care Authority

Compression Garments

Health Care Authority (HCA)
Medical Equipment (ME) Authorization Unit
PO Box 45535 Olympia, WA 98504-5535
FAX: 1-866-668-1214

HCA requires all fields to be completed so we can appropriately evaluate the request. Fax this completed form along with the General Information for Authorization form (13-835), which must be the first page of the fax and supporting clinical notes to the HCA DME Authorization Unit at 1-866-668-1214.

To be completed by vendor or clinician		
CLIENT'S NAME	CLIENT ID	
Clinical Provider Information		
CLINICAL PROVIDER'S NAME	PROVIDER NPI NUMBER	
PHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)	
Vendor Information		
VENDOR'S NAME	VENDOR'S NPI NUMBER	
PHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)	
Service Request Information		
PRODUCT REQUESTED. (ATTACH THE HCA PRESCRIPTION FORM)	QUANTITY REQUESTED	
Provide all applicable diagnoses (ICD-10` codes and description)	ICD-10	DESCRIPTION

To be completed by prescribing provider		
* Medical justification: What medical conditions exist for this client requiring the use of compression garments? What are the short- and long-term treatment goals? Include supporting clinical documentation specifying the affected area(s) and the treatment plan.		
* What other alternatives/less-costly treatments have been tried? (HCA does not pay for products available at a store over-the-counter.)		
* What was the outcome?		
MEASUREMENTS OF THE AFFECTED AREAS		DATE
PHYSICIAN (OR PRESCRIBING PROVIDER) NAME	PHONE NUMBER (WITH AREA CODE)	PROVIDER NPI NUMBER
PHYSICIAN (OR PRESCRIBING PROVIDER) SIGNATURE		DATE