Washington State Health Care Authority

Justification for Use of Miscellaneous Parenteral Supply Procedure Code (B9999)

A typed and completed *General Authorization for Information* form, HCA 13-835, must be attached to your request in order for the Health Care Authority (HCA) to process it. Fax this form, your invoice, and prescription for review to 1-866-668-1214, "Attention: Home infusion/parenteral nutrition," prior to submitting your claim.

AGENCY NAME	PROVIDER NPI
CLIENT NAME	PROVIDERONE CLIENT ID
CLIENT DIAGNOSIS	HCA REVIEW NUMBER

Date of Service	Equipment Name	Status
		☐ Rented ☐ Owned

Medical Necessity	Units Requested

Date of Service	Equipment Name	Status
		☐ Rented ☐ Owned

Medical Necessity	Units Requested

Date of Service	Equipment Name	Status
		☐ Rented ☐ Owned

Medical Necessity	Units Requested

Date of Service	Equipment Name	Status
		☐ Rented ☐ Owned

Medical Necessity	Units Requested

FOR HCA USE ONLY

☐ Approved ☐ Denied - not medically necessary ☐ Alternate Code Suggested _____ ☐ Part of global fee for _____

Description

Payment Per Unit	Total Payment	Logged Date	Need to establish code: ☐ Yes ☐ No