

Oral Enteral Nutrition Exception to Rule Request

Fax: 1-866-668-1214 **or mail to:** Medical Request Coordinator-Apple Health,
Washington State Health Care Authority, PO Box 45535; Olympia, WA 98504-5535.

A typed and completed HCA 13-835 *General Authorization for Information* form must be attached to your request in order to be processed by the Health Care Authority.

Oral enteral nutrition is not a covered benefit for adults 21 and older. In order to request an exception to rule (WAC 182-501-0160), complete the following in its entirety. Please fill out this form only if the client's nutritional requirements cannot be met by food/products available in the store, including homemade liquid nutritional supplements.

PLEASE NOTE THAT ALL FIELDS ARE REQUIRED TO BE COMPLETED FOR THE REQUEST TO BE REVIEWED

Fax this completed form supporting clinical notes and relevant lab results to HRSA Medical Enteral Authorization Unit.

To be completed by Vendor or Clinician

CLIENT INFORMATION

Client name	Client ID
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Client residence

Private home
 Adult family home or boarding home (e.g., ALF)
 Other state-funded living
 Other, please specify:

VENDOR INFORMATION

Vendor name	Provider NPI
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Vendor telephone number	Fax number
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SERVICE REQUEST INFORMATION

Nutrition product requested	Quantity in HCPCS units per day	Length of need	HCPCS code
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Provide all applicable diagnoses (ICD9 codes and description)

Medical diagnosis	Nutritional diagnosis
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To be completed by prescribing provider

Explain why this client is so clinically/medically unique from others with a similar condition (diagnosis) that the department should grant an exception to rule.

Medical justification: Does this client have a condition that affects his/her ability to break down, digest, or absorb nutrients? Yes No
If "Yes," what is the condition?

What other alternatives/less costly nutrition sources have been tried? (DSHS does not pay for products available at a store or those that could be prepared in the residence by the client or others.)

What was the outcome?

Weight	BMI	Dates and weights (or physical exam findings that support significant weight loss if unable to weigh)
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Lab results to support diagnosis (E.G. Albumin, Pre-albumin to indicate malnutrition) – ATTACH RESULTS TO REQUEST

Prescribing provider name	Telephone number	Provider NPI
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