

Metabolic Disorders-Oral Enteral Nutrition Expedited Prior Authorization (EPA) Worksheet: Children

<p>Use this worksheet for EPA to request a metabolic formula for clients 20 years of age and younger. If a client is 21 years of age or older, request medically necessary medical food using <i>Exception to Rule</i> (Form #13-100).</p>		
To be completed by vendor or prescribing clinician		
CLIENT INFORMATION		
Client name	Client ID	
VENDOR INFORMATION		
Vendor name	Provider NPI	
Vendor telephone number	Fax number	
SERVICE REQUEST INFORMATION		
Metabolic product requested	Quantity in HCPCS units per day	HCPCS code
Medical diagnosis	ICD 10 code.	
To be completed by prescribing provider		
Prescribing provider name		
Telephone number		
Provider NPI		

**This form should be retained by servicing provider/vendor for 6 years as required by WAC.
A new valid prescription must be written by the prescribing provider at least annually and kept on file as well.**