

## Thickeners for Children from 1 – 20 years old Expedited Prior Authorization (EPA) Form

To be completed by the vendor and the prescribing provider.  
Must be available in client record for audit purposes for 6 years (WAC 182-502-0020).

CLIENT INFORMATION			
Client name		Provider one client ID	
Date of birth	Age in weeks	Gestational age if preterm	
<b>Does this child have a diagnosis of dysphagia confirmed by videofluoscopy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicable ICD-10 Dx code:	
PROVIDER INFORMATION			
Prescribing provider		NPI	Telephone number
PCP	NPI	Telephone number	
GI provider (if applicable)		Telephone number	
Speech therapist /occupational therapist		Telephone number	
Date and findings of most recent videofluoroscopic swallow study documenting dysphagia. What thickener was used in the study and why?			
DIETITIAN INFORMATION			
Name of registered dietitian		Telephone number	
<b>Dietitian consult and dysphagia diet assessment and recommendations must be attached.</b> WAC 182-554-525(1)(b) requires RD assessment and a dysphagia diet plan, including an assessment of <u>adequacy of nutrient intake</u> (energy, protein, vitamin and minerals). Be sure to include details on the contribution to the total diet made by thickener (for instance, amount of indigestible CHO- fiber, gum, based on composition of product).			
SERVICE REQUEST INFORMATION			
Product name		HCPCS code	HCPCS units per day
VENDOR INFORMATION			
Vendor name		Provider NPI	
Vendor contact person	Contact's direct phone number	Vendor fax number	