

Exception to Rule Request*
TENS Unit and Associated Accessories

HCA DME Authorization Unit
Division of Eligibility and Service Delivery – Authorization Service Office
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FAX: (360) 586-5299

This is confidential information intended only for the person to whom it is faxed.

*Effective for dates of service on or after February 1, 2010, TENS units and associated supplies are **not covered**. In order to request an exception to rule (WAC 182-501-0160), complete the following form.

The Health Care Authority (HCA) requires all fields be completed so we can appropriately evaluate the request. Fax this completed form and supporting clinical notes to the HCA DME Unit at 1-866-668-1214.

To be completed by vendor or clinician	
CLIENT NAME	CLIENT PIC
CLINICAL PROVIDER NAME	MEDICAL PROVIDER NUMBER
CLINICAL PROVIDER TELEPHONE NUMBER	FAX
VENDOR NAME	VENDOR NUMBER
VENDOR TELEPHONE NUMBER	FAX
PRODUCT REQUESTED (ATTACH THE GENERAL INFORMATION FORM, HCA 13-835)	QUANTITY
Provide all applicable diagnoses (ICD-9 codes and description)	
ICD-9 CODE	DESCRIPTION
ICD-9 CODE	DESCRIPTION
ICD-9 CODE	DESCRIPTION
To be completed by prescribing provider	
Explain why this client is clinically/medically unique from others with a similar condition (diagnosis) to the extent that the agency should grant an exception to the rule for TENS unit and associated supplies. Please include a current medications list and any supportive evidence-based medical literature.	
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?	
PHYSICIAN (OR PRESCRIBING PROVIDER) SIGNATURE (INCLUDE CREDENTIALS)	DATE
PHYSICIAN (PRESCRIBING PROVIDER) NAME (PRINT)	