

Chronic Opioid Attestation

Please fax responses to: 1-866-668-1214

Form 13-835A must be submitted as a coversheet

For more information go to: <https://www.hca.wa.gov/billers-providers/programs-and-services/opioids>

Patient	Date of birth	ProviderOne ID	
Pharmacy name	Pharmacy NPI (if known)	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use (if known)	
<p>Use of any opioid for more than 42 days within a 90 day period is considered chronic use. Use of opioids for more than 42 days may be authorized in 12 month intervals when the prescriber signs the attestation below. If a prescriber wants an attestation to be authorized for less than 12 months, the prescriber can include a specific end date below. The attestation form is effective for a maximum of 12 months.</p> <p>Quantity limits do not apply for existing chronic users or those with a diagnosis or pharmacy claim for active cancer treatment, hospice, palliative care, or end-of-life care.</p>			
<p>Criteria for chronic use of opioids for the treatment of non-cancer pain:</p> <ol style="list-style-type: none"> The patient has an on-going clinical need for chronic opioid use at the prescribed dose (more than 42 days per 90 day calendar period) that is documented in the medical record. The patient is using appropriate non-opioid medications, and/or non-pharmacologic therapies; OR The patient has tried and failed non-opioid medications and non-pharmacologic therapies for the treatment of this pain condition; AND For long-acting opioids, the patient must be using or had trials of short-acting opioid therapy for at least 42 days; OR <ol style="list-style-type: none"> The reason for inadequate response to short-acting opioid therapy is documented in the medical record; OR Justification of beginning an opiate naïve patient on a long-acting opioid is documented in the medical record; The provider has recorded baseline and ongoing assessments of measurable, objective pain scores and function scores. These should be tracked serially in order to demonstrate clinically meaningful improvements in pain and function; AND The patient has been screened for mental health disorders, substance use disorder, naloxone use; AND The provider will conduct periodic urine drug screens; AND The provider has checked the PDMP for any other opioid use and concurrent use of benzodiazepines and other sedatives; AND The provider has discussed with the patient the realistic goals of pain management therapy and has discussed discontinuation as an option during treatment; AND The provider confirms that the patient understands and accepts these conditions and the patient has signed a pain contract or informed consent document. <ul style="list-style-type: none"> I attest that all of the above criteria are met, or there is documentation in patient’s chart for why one or more are not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No The requested treatment is medically necessary, does not exceed the medical needs of the member, and is clinically supported in the member’s medical record <input type="checkbox"/> Yes <input type="checkbox"/> No How long should this attestation form be effective for? Please specify an end date: (Note: The attestation form will expire on the date specified or in 12 months, whichever is sooner. If no date is entered, the attestation form will expire in 12 months.) 			
<p>By signing below I certify that the information on this form is true and understand that any misrepresentation or any concealment of any information requested may subject me to recoupment upon an audit.</p>			
Prescriber signature	Prescriber specialty	Date	

How to submit attestation:

Prescribers:

Authorization is required for Washington Apple Health clients to receive opioids above chronic limits set within Health Care Authority's clinical opioid policy. To request authorization for your patient:

- Complete and sign the Opioid Attestation form.
- Fax the completed form to the pharmacy which will be filling the prescription and dispensing to your patient.

Pharmacy billers:

To submit a request once an opioid prescription and attestation has been received:

- Bill the opioid prescription first.
- Once a claim has been submitted, complete the agency's Pharmacy Information Authorization (13-835A) form as you would for any other authorization. This form must be typed and completed with all required fields.
- As supporting documentation to the *Pharmacy Information Authorization (13-835A)*, attach the Opioid Attestation form (13-967) completed by the prescriber.
- Fax both documents to HCA at: (866) 668-1214. The *Pharmacy Information Authorization 13-835A* must be the first document in the fax transmission.

For related forms and the Pharmacy Information Authorization (13-835A), go to: <http://www.hca.wa.gov/billers-providers/forms-and-publications>

For more information regarding the agency's opioid policy, go to: <https://www.hca.wa.gov/billers-providers/programs-and-services/opioids>

For clients in Apple Health managed care plans, please contact your patient's plan to request an authorization.

Phone numbers and authorization fax numbers by plan:

Who is Calling?	Amerigroup	Apple Health Medicaid (Fee-for-service)	Coordinated Care	Community Health Plan of Washington (CHPW)	Molina	United Health Care
Pharmacies	1-844-367-6113	1-800-562-3022 extension: 15483	1-877-644-4613 Ext. 69622	1-800-922-1557	1- 800-213-5525 options 1,2,2	1-888-306-3243
Providers (authorizations by phone)	1-800-454-3730	1-800-562-3022 extension: 15483	1-855-757-6565	1-844-605-8168	1-800-213-5525 options 1,2,2	1-800-310-6826
Providers (authorizations by fax)	1-800-359-5781	1-866-668-1214	1-866-399-0929	1-877-251-5896	1-800-869-7791	1-866-940-7328