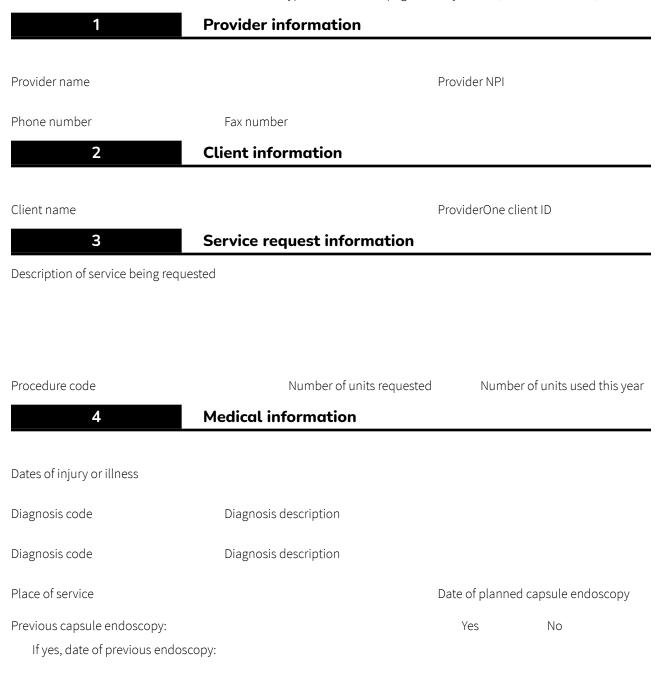
## Capsule Endoscopy Authorization form

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

HCA requires all fields to be completed so we can appropriately evaluate the request. Please return this form by **online** direct data entry (**hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/prior-authorization-pa**) or by **fax** along with the *General Information for Authorization (GIA) form (13-835)* to Authorization Services at **1-866-668-1214**. The GIA form must be typed and must be page one of your fax (no fax coversheet).



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Date of last colonoscopy:

Findings:	Normal	Abnormal
If abnormal, explain:		
Date of last esophagogastroduodenoscopy (EGD):		
Findings:	Normal	Abnormal
If abnormal, explain:		
Does the client have a history of gastrointestinal obstruction?	Yes	No
Does the client have a dx of (mark all that apply):		
Obscure or occult gastrointestinal (GI) bleeding		
Suspected Crohn's disease		
Known Crohn's disease		
Suspected small bowel lesion		
Celiac disease		
Peutz-Jeghers syndrome (PJS) by genetic testing or clinical findings or family h	istory	
Other:		
Include H/P, results of colonoscopy, EGD, MRI/CT (if applicable).		