

# Provider reimbursement form for opioid reversal medication

Substitute Senate House Bill 5195 instructs the Health Care Authority (HCA) to reimburse hospitals, behavioral health agencies (BHAs), or pharmacies for dispensing or distributing opioid reversal medication to clients who are not enrolled in a Medicaid Managed Care Plan and do not have any other available insurance coverage. Hospitals, BHAs, and pharmacies should use this form to request reimbursement for dispensing opioid reversal medication to qualified clients.

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## General information

Provider name

Contact name

Contact email

Contact phone number

ProviderOne or State Vendor Number

Reimbursement time period

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## Opioid reversal medication disbursement

Dispense date	Patient ID	National drug code	Number of units	Cost to facility
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Send the completed form to [hcanaloxonereimbursement@hca.wa.gov](mailto:hcanaloxonereimbursement@hca.wa.gov)

For more information visit [hca.wa.gov/opioid-toolkits](https://hca.wa.gov/opioid-toolkits)