

## Hospice (including PPC) Authorization Request\*

Hospice Program Manager  
Division of Healthcare Services – Medical Benefits and Clinical Review  
PO Box 45535 Olympia, WA 98504-5535

A typed and completed General Authorization for Information form (HCA 13-835) must be attached to be processed.

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

**To: Hospice Program Manager**

**Fax Number: 1-866-668-1214**

Contact name		Agency name	
Provider NPI	Phone number	Fax number	Clinical contact
Client's Name		ProviderOne Client ID	
Name of residential facility (if applicable)			
DSHS (social worker or nurse) case manager (if known)		Phone number	Fax number
Type of request <input type="checkbox"/> Limitation Extension <input type="checkbox"/> <b>Prior authorization required for clients with AEM coverage</b> <input type="checkbox"/> <b>Prior authorization requested for private duty nursing</b> (exception to rule). Answer question #2, submit Hospice plan of care, and fax request to 360-725-1966. <input type="checkbox"/> <b>Concurrent care - pediatric</b>			
Start date for private duty nursing (if applicable):			
Hospice-related diagnosis(es)	ICD 9 Dx:	Description	
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1. For exception to rule, what is the reason that Hospice/PPC is needed, or why does it not meet Hospice program criteria? For clients with AEM coverage, how is this related to the emergency condition?			
2. What is the client-specific medical justification (or reason for this request) and what services will be provided?			
<b>For Concurrent Care, what is the requested start date?</b>			
3. For Hospice, what is the estimated time that the client will receive services?			

**\*The plan of care (including provider orders) must be attached to this request.**