

Exception to Rule Request* Bathroom Equipment

Health Care Authority (HCA) Authorization Unit
Division of Eligibility and Service Delivery – Authorization Services Office
PO Box 45535 Olympia, WA 98504-5535
FAX: 1-866-668-1214

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

*Effective for dates of service on or after July 1, 2013, bathroom equipment is not covered.

In order to request an exception to rule (WAC 182-501-0160), complete the following form in its entirety.

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

To be completed by vendor or clinician		
CLIENT'S NAME	CLIENT ID	
Clinical Provider Information		
CLINICAL PROVIDER'S NAME	PROVIDER NPI NUMBER	
PHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)	
Vendor Information		
VENDOR'S NAME	PROVIDER NPI NUMBER	
PHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)	
Service Request Information		
PRODUCT REQUESTED Attach General Information form (13-835) and HCA prescription form.	Quantity Requested	
Provide all applicable diagnoses (ICD-9 codes and description)	ICD-9	Description
	ICD-9	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 rule for bathroom equipment.		
* 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) PRINTED NAME		
PHYSICIAN (OR PRESCRIBING PROVIDER) SIGNATURE (INCLUDE CREDENTIALS)		DATE