

Diabetic Limitation Extension Request

Diabetes Supplies Program Manager
Division of Eligibility and Service Delivery – Authorization Services Office
PO Box 45506: Olympia, WA 98504-5506
Fax Number: 1-866-668-1214

This is confidential information only intended for to whom it is faxed

Form 13-835A (pharmacy billers) or Form 13-835 (physician billers) must be submitted as a cover sheet

To be completed by vendor or clinician:

DME OR PHARMACY NAME		TELEPHONE NUMBER	FAX NUMBER
PRESCRIBER'S NAME AND MEDICAID NPI		TELEPHONE NUMBER	FAX NUMBER
FOR PHARMACY BILLERS ONLY: NPI	PRESCRIPTION NUMBER(S)		LAST DATE OF FILL
PROVIDER ONE CLIENT ID	CLIENT'S NAME		DATE OF BIRTH
<p>DME providers Please send the following:</p> <ol style="list-style-type: none"> 1. Completed Form 13-835 2. HRSA Rx Form 13-794 <ul style="list-style-type: none"> • Written order/Rx • Progress notes for Diabetic visit within 12 months • Blood Glucose logs, if requesting more than allowed for by policy, • Most recent Hgb A1C test • Non insulin clients, the reason for the increased testing frequency 		<p>Pharmacy POS Providers Please send the following:</p> <ul style="list-style-type: none"> • Written order/Rx • Progress notes for Diabetic visit within 12 months • Blood Glucose logs, if requesting more than allowed for by policy, • Most recent Hgb A1C test • Non insulin clients, the reason for the increased testing frequency 	
<p>Current number of allowed supplies 100 strips and 100 lancets per month for diabetics requiring insulin (Pharmacy Providers bill with EA number <u>85000000264</u>) 100 strips and 100 lancets per three months for diabetics not on insulin</p>			
<p>Gestational Diabetes (larger quantities are allowed up to two months post delivery): DME providers: Please use EPA number <u>870001263</u> Pharmacy POS providers: Please use EA number <u>85000000263</u></p> <p>Client had diabetes prior to pregnancy (larger quantities are allowed up to two months post delivery): DME providers: Please use the EPA <u>870001266</u> Pharmacy POS providers: Please use EA number <u>85000000266</u></p>		<p>For children through age 20 (300 test strips and 300 lancets per month for insulin dependent children are allowed): DME providers: Please use EPA <u>870001265</u> Pharmacy POS providers: Please use EA number <u>85000000265</u></p>	
<p>To be completed by clinician: Client is currently on insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No Length of time additional supplies are needed _____ (in months) Total number of strips/lancets required: _____ Hgb A1C: _____ Date: _____ Does client have any of the following issues? If yes, please provide supporting information:</p> <p><input type="checkbox"/> Client has gestational diabetes: EDD _____ (estimated date of delivery) – <i>please use EPA listed above</i></p> <p><input type="checkbox"/> Client has unstable glycemic control requiring multiple insulin injections or multiple self glucose monitoring tests daily.</p> <p><input type="checkbox"/> Complications/BS variations because of other prescribed medication such as steroids, psychotropics (e.g., Abilify), Dilantin, some antibiotics, diuretics, etc. List applicable drugs: _____</p> <p><input type="checkbox"/> Blood glucose monitor is replaced due to breakage and no longer under warranty with another brand and replacement strips for the new machine are required.</p>			
PHYSICIAN (OR PRESCRIBING PROVIDER) SIGNATURE			DATE

COVER SHEET REQUIRED

Pharmacy billers

Submit a request for authorization using the agency's *Pharmacy Information Authorization (13-835A)* form as the cover sheet. This form must be **typed**. The *Diabetic Limitation Extension Request (13-866)* form should be attached along with supporting documentation behind the *Pharmacy Information Authorization (13-835A)* form. Fax the form and supporting documentation to the agency at: (866) 668-1214.

Physician office billers

Submit a request for authorization using the agency's *General Information for Authorization (13-835)* form as the cover sheet. This form must be **typed**. The *Diabetic Limitation Extension Request (13-866)* form should be attached along with supporting documentation behind the *General Information for Authorization (13-835)* form. Fax the form and supporting documentation to the agency at: (866) 668-1214.

For the Diabetic Limitation Extension Request (13-866), the Pharmacy Information Authorization (13-835A) and the General Information for Authorization (13-835) go to:

<http://www.hca.wa.gov/billers-providers/forms-and-publications>

What are Pharmacy PA Supporting Documents cover sheets?

Cover sheets are used when submitting the supporting documentation for the PA request that is being held for additional information.

- They help the Health Care Authority quickly match your response to requests submitted by pharmacies for the authorization of specific medications.
- They are needed when you fax your response to a request for more information or submit other back-up documentation to support the medical necessity of an authorization request.