

Justification for Miscellaneous Enteral Nutrition Procedure Code (B9998)

Fax this form along with your Manufacturer's Wholesale Invoice and Physician's Prescription to obtain authorization prior to submitting your claim.

Attn: Enteral Nutrition Program
Fax to: 1-866-668-1214

A typed and completed General Authorization for Information form, DSHS 13-835, must be attached to your request in order to be processed by the Department.

CLIENT NAME:	
PROVIDERONE CLIENT ID:	
ICD-9 DIAGNOSIS:	
PROVIDER NAME:	
PROVIDER NPI:	
DATE OF SERVICE:	
MEDICAL NECESSITY: (Please give specifics)	
ITEM REQUESTED:	
QUANTITY REQUESTED:	
REQUESTED HCPCS CODE:	
REMARKS:	