



MPA 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

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: NABP	PRESCRIPTION NUMBER(S)		LAST DATE OF FILL
PROVIDER ONE CLIENT ID	CLIENT'S NAME		DATE OF BIRTH
DME providers Please send the following: 1. Completed 1500 form or DSHS 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 		Pharmacy POS Providers Please send the following: <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 	
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			
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> 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>		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>	
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: <input type="checkbox"/> Client has gestational diabetes: EDD _____ (estimated date of delivery) – <i>please use EPA listed above</i> <input type="checkbox"/> Client has unstable glycemic control requiring multiple insulin injections or multiple self glucose monitoring tests daily. <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: _____ <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.			
PHYSICIAN (OR PRESCRIBING PROVIDER) SIGNATURE			DATE