



For provider use only.

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

To request Exception to Rule, please complete this form and attach all relevant supporting clinical information.

All criteria need to be met to consider and approve an Exception to Rule request.

Please reference WAC 182-501-0160 for all requirements.

Molina Healthcare requires all fields be completed to appropriately evaluate the request.

Fax this completed form and supporting clinical notes to: (877) 814-0342.

To be completed by provider or representative			
MEMBER NAME		MEMBER ID OR DOB	
PROVIDER NAME		TIN #	
PROVIDER ADDRESS		TELEPHONE NUMBER	FAX
VENDOR NAME		VENDOR NUMBER	
VENDOR ADDRESS		TELEPHONE NUMBER	FAX
PRODUCT REQUESTED		QUANTITY	
<u>Provide all applicable diagnoses (ICD-10 codes and description)</u>			
ICD-10 or DSM-5 CODE		DESCRIPTION	
To be submitted by prescribing provider with attached clinical supporting required criteria			
<p>Health care licensed health care provider must have member-specific documentation demonstrating and certifying how:</p> <ul style="list-style-type: none"> • The member's clinical condition is so different from the majority that there is no equally effective, less costly covered service/equipment that meets the member's needs. • Covered medical treatment/items of service that are medically indicated for the condition were medically ineffective for treatment of the member's condition or inappropriate for the member. • The request is medically necessary. 			
PHYSICIAN (OR PRESCRIBING PROVIDER) SIGNATURE (INCLUDE CREDENTIALS)			DATE
PHYSICIAN (OR PRESCRIBING PROVIDER) NAME (PRINT)			