WAC 182-547-1050 Prior authorization—Clients age twenty-one and older. (1) The agency requires prior authorization for covered hearing aids when the clinical criteria set forth in this chapter are not met. The agency evaluates these requests on a case-by-case basis to determine whether they are medically necessary, according to the process found in WAC 182-501-0165.

(2) For covered services that require prior authorization (PA), the provider must properly request authorization in accordance with the medicaid agency's rules and billing instructions.

(3) The agency evaluates requests for covered services that are subject to limitations or other restrictions and considers such services beyond those limitations or restrictions as described in WAC 182-501-0169.

(4) When the agency authorizes hearing aids or hearing aid-related services, the PA indicates only that the specific service is medically necessary; it is not a guarantee of payment. The client must be eligible for covered services at the time those services are provided.

(5) To receive payment, providers must order and dispense hearing aids and hearing aid-related services within the authorized time frame.

[Statutory Authority: RCW 41.05.021, 41.05.160 and 2018 c 159. WSR 19-20-043, § 182-547-1050, filed 9/25/19, effective 11/1/19.]