

WAC 182-543-7100 Prior authorization. (1) The medicaid agency requires providers to obtain prior authorization for certain medical equipment and services before delivering the equipment or service to the client, except for dual-eligible medicare/medicaid clients when medicare is the primary payer. The equipment or service must also be delivered to the client before the provider bills the agency.

(2) All prior authorization requests must be accompanied by a completed General Information for Authorization form (HCA 13-835), in addition to any program specific agency forms as required within this chapter. Agency forms are available online at <http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx>.

(3) When the agency receives the initial request for prior authorization, the prescription for the medical equipment or services must not be older than six months from the date the agency receives the request.

(4) The agency requires certain information from providers in order to prior authorize the purchase or rental of equipment. This information includes, but is not limited to:

- (a) The manufacturer's name;
- (b) The equipment model and serial number;
- (c) A detailed description of the item; and
- (d) Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.

(5) For prior authorization requests, the agency requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line item accessory or modification as identified by the manufacturer as a separate charge. The agency does not accept general standards of care or industry standards for generalized equipment as justification.

(6) The agency considers requests for medical equipment that does not have assigned health care common procedure coding system (HCPCS) codes and are not listed in the agency's published issuances, including billing instructions or provider notices. These items require prior authorization. The provider must furnish all of the following information to the agency to establish medical necessity:

- (a) A detailed description of the equipment or service to be provided;
- (b) The cost or charge for the equipment;
- (c) A copy of the manufacturer's invoice, price-list or catalog with the product description for the equipment being provided; and
- (d) A detailed explanation of how the requested equipment differs from an already existing code description.

(7) The agency does not pay for the purchase, rental, or repair of medical equipment that duplicates equipment that the client already owns, rents, or that the agency has authorized for the client. If the provider believes the purchase, rental, or repair of medical equipment is not duplicative, the provider must request prior authorization and submit the following to the agency:

- (a) Why the existing equipment no longer meets the client's medical needs; or
- (b) Why the existing equipment could not be repaired or modified to meet the client's medical needs.
- (c) Upon request, documentation showing how the client's condition met the criteria for PA or EPA.

(8) A provider may resubmit a request for prior authorization for equipment or services that the agency has denied. The agency requires

the provider to include new documentation that is relevant to the request.

[Statutory Authority: RCW 41.05.021, 41.05.160 and 42 C.F.R. Part 440.70; 42 U.S.C. section 1396 (b)(i)(27). WSR 18-24-021, § 182-543-7100, filed 11/27/18, effective 1/1/19. Statutory Authority: RCW 41.05.021 and 2013 c 178. WSR 14-08-035, § 182-543-7100, filed 3/25/14, effective 4/25/14. WSR 11-14-075, recodified as § 182-543-7100, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090 and 74.04.050. WSR 11-14-052, § 388-543-7100, filed 6/29/11, effective 8/1/11.]