

WAC 491-05-040 What is required for the payment of prescriptions? To receive payment for prescriptions, all billing must be done in accordance with these rules and any state board's policy, including but not limited to the pain management policy for prescriptions. The state board or local boards may reject payment of prescriptions in violation of these rules or policies.

(1) Billing for opioids must be done in accordance with state board's pain management policy. A copy of the policy can be obtained through the state board. Opioids will only be covered in accordance with the policy.

(2) Bills directly from a pharmacy require the following information for payment:

- (a) The name of the pharmacy;
- (b) The participant's name;
- (c) The participant's date of birth;
- (d) Date of injury;
- (e) Prescribing doctor's name;
- (f) The name of the medication;
- (g) The dosage of the medication;
- (h) The frequency of the medication;
- (i) The total amount of medication dispensed;
- (j) The date the medication was dispensed; and
- (k) The total amount due for the medication.

(3) If the participant is requesting reimbursement for a medication already filled, the following information is required for payment:

- (a) The name of the pharmacy;
- (b) The participant's name;
- (c) The participant's date of birth;
- (d) Date of injury;
- (e) Prescribing doctor's name;
- (f) The name of the medication;
- (g) The dosage of the medication;
- (h) The frequency of the medication;
- (i) The total amount of medication dispensed;
- (j) The date the medication was dispensed;
- (k) The total amount due for the medication;
- (l) Proof of payment for the medication; and
- (m) Claimant's signature block completed in full on the invoice

voucher.

(4) If a municipality is requesting reimbursement for a medication that it reimbursed a participant for, the following information is required for payment:

- (a) The name of the pharmacy;
- (b) The participant's name;
- (c) The participant's date of birth;
- (d) Date of injury;
- (e) Prescribing doctor's name;
- (f) The name of the medication;
- (g) The dosage of the medication;
- (h) The frequency of the medication;
- (i) The total amount of medication dispensed;
- (j) The date the medication was dispensed;
- (k) The total amount due for the medication;

(l) Proof of payment by the participant for the medication and payment by the department to the participant for the medication; and

(m) Claimant's signature block completed in full on the invoice voucher.

(5) If a municipality is requesting reimbursement for a medication that it paid a pharmacy directly for, the following information is required for payment:

- (a) The name of the pharmacy;
- (b) The participant's name;
- (c) The participant's date of birth;
- (d) Date of injury;
- (e) Prescribing doctor's name;
- (f) The name of the medication;
- (g) The dosage of the medication;
- (h) The frequency of the medication;
- (i) The total amount of medication dispensed;
- (j) The date the medication was dispensed;
- (k) The total amount due for the medication;
- (l) Proof of by the department to the pharmacy for the medication; and
- (m) Claimant's signature block completed in full on the invoice voucher.

[Statutory Authority: RCW 41.24.290. WSR 15-01-063, § 491-05-040, filed 12/11/14, effective 1/11/15.]