

**WAC 182-540-130 Covered services.** (1) The medicaid agency covers the following services and supplies subject to the restrictions and limitations in this section and other applicable published WAC:

- (a) In-facility dialysis;
- (b) Home dialysis;
- (c) Training for self-dialysis;
- (d) Home dialysis helpers;
- (e) Dialysis supplies;
- (f) Diagnostic lab work;
- (g) Treatment for anemia; and
- (h) Intravenous drugs.

(2) Covered services are subject to the limitations specified by the agency. Providers must obtain prior authorization (PA) or expedited prior authorization (EPA) before providing services that exceed specified limits in quantity, frequency, or duration (refer to WAC 182-501-0165 and 182-501-0169).

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-14-040, § 182-540-130, filed 6/24/15, effective 7/25/15. WSR 11-14-075, recodified as § 182-540-130, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.04.050, 74.08.090, 74.09.530, and 74.09.700. WSR 06-24-036, § 388-540-130, filed 11/30/06, effective 1/1/07. Statutory Authority: RCW 74.08.090, 74.09.510, 74.09.520, 74.09.522, and 42 C.F.R. 405.2101. WSR 03-21-039, § 388-540-130, filed 10/8/03, effective 11/8/03.]