

WAC 182-543-8000 Billing general. (1) A provider must not bill the medicaid agency for the rental or purchase of medical equipment supplied to the provider at no cost by suppliers or manufacturers.

(2) The agency does not pay a medical equipment provider for medical supplies used in conjunction with a physician office visit. The agency pays the office physician for these supplies when appropriate. Refer to the agency's physician-related professional services billing guide.

(3) The agency does not pay for any prosthetics and orthotics required for surgery or placed during the hospital stay under this chapter. See chapter 182-550 WAC. In this situation, the prosthetics and orthotics are included in the hospital reimbursement rate.

[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, § 182-543-8000, filed 11/27/18, effective 1/1/19. Statutory Authority: RCW 41.05.021 and 2013 c 178. WSR 14-08-035, § 182-543-8000, filed 3/25/14, effective 4/25/14. WSR 11-14-075, recodified as § 182-543-8000, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090 and 74.04.050. WSR 11-14-052, § 388-543-8000, filed 6/29/11, effective 8/1/11.]