

**WAC 182-550-2596 Services and equipment covered by the agency but not included in the LTAC fixed per diem rate.** (1) The medicaid agency uses the ratio of costs-to-charges (RCC) payment method to pay an LTAC hospital for the following that are not included in the LTAC fixed per diem rate:

- (a) Pharmacy - After the first two hundred dollars per day in total allowed covered charges for any combination of pharmacy services that includes prescription drugs, total parenteral nutrition (TPN) therapy, IV infusion therapy, and epogen or neupogen therapy;
- (b) Radiology services;
- (c) Nuclear medicine services;
- (d) Computerized tomographic (CT) scan;
- (e) Operating room services;
- (f) Anesthesia services;
- (g) Blood storage and processing;
- (h) Blood administration;
- (i) Other imaging services - Ultrasound;
- (j) Pulmonary function services;
- (k) Cardiology services;
- (l) Recovery room services;
- (m) EKG/ECG services;
- (n) Gastro-intestinal services;
- (o) Inpatient hemodialysis; and
- (p) Peripheral vascular laboratory services.

(2) The agency uses the appropriate inpatient or outpatient payment method described in other published WAC to pay providers other than LTAC hospitals for services and equipment that are covered by the agency but not included in the LTAC fixed per diem rate. The provider must bill the agency directly and the agency pays the provider directly.

(3) Transportation services that are related to transporting a client to and from another facility for the provision of outpatient medical services while the client is still an inpatient at the LTAC hospital, or related to transporting a client to another facility after discharge from the LTAC hospital:

(a) Are not covered or reimbursed through the LTAC fixed per diem rate;

- (b) Are not payable directly to the LTAC hospital;
- (c) Are subject to the provisions in chapter 182-546 WAC; and
- (d) Must be billed directly to the:

(i) Agency by the transportation company to be reimbursed if the client required ambulance transportation; or

(ii) Agency's contracted transportation broker, subject to the prior authorization requirements and provisions described in chapter 182-546 WAC, if the client:

(A) Required nonemergency transportation; or

(B) Did not have a medical condition that required transportation in a prone or supine position.

(4) The agency evaluates requests for covered transportation services that are subject to limitations or other restrictions, and approves the services beyond those limitations or restrictions under WAC 182-501-0165 and 182-501-0169.

(5) When the agency established a special client service contract to complement the core provider agreement with an out-of-state LTAC hospital for services, the contract terms take precedence over any conflicting payment program policies set in WAC by the agency.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-18-065, § 182-550-2596, filed 8/27/15, effective 9/27/15. WSR 11-14-075, recodified as § 182-550-2596, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500. WSR 07-11-129, § 388-550-2596, filed 5/22/07, effective 8/1/07. Statutory Authority: RCW 74.04.050, 74.08.090, 74.09.530, and 74.09.700. WSR 06-24-036, § 388-550-2596, filed 11/30/06, effective 1/1/07. Statutory Authority: RCW 74.08.090. WSR 03-02-056, § 388-550-2596, filed 12/26/02, effective 1/26/03; WSR 02-14-162, § 388-550-2596, filed 7/3/02, effective 8/3/02.]