

**WAC 182-540-140 Noncovered services.** (1) The medicaid agency does not reimburse kidney centers for the following:

(a) Blood and blood products (refer to WAC 182-540-190);  
(b) Personal care items such as slippers and toothbrushes; or  
(c) Additional staff time or personnel costs. Staff time is paid through the composite rate. Home dialysis helpers are the only personnel cost paid outside the composite rate (refer to WAC 182-540-160).

(2) The agency evaluates a request for any service listed as non-covered in this chapter under WAC 182-501-0160.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-14-040, § 182-540-140, filed 6/24/15, effective 7/25/15. WSR 11-14-075, recodified as § 182-540-140, 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, § 388-540-140, 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, § 388-540-140, filed 10/8/03, effective 11/8/03.]