

WAC 182-543-7200 Prior authorization for limits on amount, frequency, or duration. (1) The medicaid agency limits the amount, frequency, or duration of certain medical equipment and related services, and reimburses up to the stated limit without requiring prior authorization.

(2) Certain items have limitations on quantity and frequency. These limits are designed to avoid the need for prior authorization for items normally considered medically necessary and for quantities sufficient for a thirty-day supply for one client.

(3) The agency requires a provider to request prior authorization in order to exceed the stated limits for medical equipment and supplies that do not require prior authorization. All requests for prior authorization must be accompanied by a completed General Information for Authorization form (HCA 13-835) in addition to any program specific forms as required within this chapter. Agency forms are available online at <http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx>.

(4) The agency evaluates such requests under the provisions of WAC 182-501-0169, and grants prior authorization when it is medically necessary, as defined in WAC 182-500-0070.

[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, § 182-543-7200, filed 11/27/18, effective 1/1/19. Statutory Authority: RCW 41.05.021 and 2013 c 178. WSR 14-08-035, § 182-543-7200, filed 3/25/14, effective 4/25/14. WSR 11-14-075, recodified as § 182-543-7200, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090 and 74.04.050. WSR 11-14-052, § 388-543-7200, filed 6/29/11, effective 8/1/11.]