

WAC 182-550-6500 Blood and blood components. (1) The medicaid agency pays a hospital only for:

(a) Blood bank service charges for processing and storage of blood and blood components; and

(b) Blood administration charges.

(2) The agency does not pay for blood and blood components.

(3) The agency does not pay a hospital separately for the services identified in subsection (1) when these services are included and paid using the diagnosis-related group (DRG), per diem, or per case rate payment rates.

(4) The agency pays a hospital no more than the hospital's cost, as determined by the agency, for the services identified in subsection (1) when the hospital is paid using the ratio of costs-to-charges (RCC) or weighted costs-to-charges WCC payment method.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-18-065, § 182-550-6500, filed 8/27/15, effective 9/27/15. WSR 11-14-075, recodified as § 182-550-6500, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500. WSR 07-13-100, § 388-550-6500, filed 6/20/07, effective 8/1/07. Statutory Authority: RCW 74.08.090, 74.09.730, 74.04.050, 70.01.010, 74.09.200, [74.09.]500, [74.09.]530 and 43.20B.020. WSR 98-01-124, § 388-550-6500, filed 12/18/97, effective 1/18/98.]