Chapter 182-554 WAC
ENTERAL NUTRITION PROGRAM

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WAC

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WAC 182-554-100 Enteral nutrition—General. (1) The agency covers the enteral nutrition products, equipment, and related supplies listed in this chapter, according to medicaid agency rules and subject to the limitations and requirements in this chapter.

(2) The agency pays for covered enteral nutrition products, equipment and related supplies if they are:

(a) Within the scope of the eligible client's medical care program;

(b) Medically necessary under WAC 182-500-0070; and

(c) Authorized and billed, as required within this chapter, chapters 182-501 and 182-502 WAC, and the agency's published billing instructions.

(3) The agency requires prior authorization (PA) for covered enteral nutrition products, equipment and related supplies when the clinical criteria described in this chapter are not met, including the criteria associated with the expedited prior authorization process. The agency evaluates requests requiring PA on a case-by-case basis to determine whether they are medically necessary under WAC 182-501-0165.

(4) The agency evaluates a request for a covered service that is experimental or investigational under WAC 182-531-0550 and 182-501-0165.

(5) The agency may terminate a provider's core provider agreement under chapter 182-502 WAC.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-08-009, § 182-554-100, filed 3/24/17, effective 5/1/17. WSR 11-14-075, recodified as § 182-554-100, filed 6/30/11, effective 7/1/11. Statutory Authority: 2009 c 564 § 1109, RCW 74.04.050, and 74.08.090. WSR 10-01-138, § 388-554-100, filed 12/21/09, effective 1/21/10. Statutory Authority: RCW 74.08.090, 74.09.530 and chapter 74.09 RCW. WSR 05-04-059, § 388-554-100, filed 1/28/05, effective 3/1/05.]

WAC 182-554-200 Enteral nutrition—Definitions. The following terms and definitions and those found in chapter 182-500 WAC apply to this chapter:

"BMI" see **"body mass index."**

"Body mass index (BMI)" - Means a number that shows body weight relative to height, and is calculated using inches and pounds or meters and kilograms.

"Dietitian" - Means a dietitian who is registered with the Academy of Nutrition and Dietetics and who is certified by the Washington state department of health (DOH).

"Enteral nutrition" - Means the use of medically necessary nutritional products alone, or in combination with traditional food, when a client is unable to consume enough traditional food to meet nutritional requirements. Enteral nutrition may be provided orally or via feeding tube.

"Enteral nutrition equipment" - Means durable medical feeding pumps and intravenous (IV) poles used in conjunction with nutrition supplies to dispense formula to a client.

"Enteral nutrition product" - Means formulas or solutions that help a person meet nutritional requirements.

"Enteral nutrition supplies" - Means the supplies, such as nasogastric, gastrostomy and jejunostomy tubes, necessary to allow nutritional support via the alimentary canal or any route connected to the gastrointestinal system.

"Growth chart" - Means a series of percentile curves that illustrate the distribution of select body measurements (i.e., length, height, weight, and age) in children published by the World Health Organization (WHO), and Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. CDC growth charts: United States. http://www.cdc.gov/growthcharts/.

"Orally administered enteral nutrition products" - Means formulas or solutions that a person consumes orally for nutritional support.

"Tube-delivered enteral nutrition products" - Means the nutritional support that a person receives through a tube into a person's stomach or small intestine.

"Women, infants, and children (WIC) program" (Also known as WIC program) - See WAC 246-790-001.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-08-009, § 182-554-200, filed 3/24/17, effective 5/1/17. WSR 11-14-075, recodified as § 182-554-200, filed 6/30/11, effective 7/1/11. Statutory Authority: 2009 c 564 § 1109, RCW 74.04.050, and 74.08.090. WSR 10-01-138, § 388-554-200, filed 12/21/09, effective 1/21/10. Statutory Authority: RCW 74.08.090, 74.09.530 and chapter 74.09 RCW. WSR 05-04-059, § 388-554-200, filed 1/28/05, effective 3/1/05.]

WAC 182-554-300 Enteral nutrition—Client eligibility. (1) To receive oral or tube-delivered enteral nutrition products, equipment, and related supplies, a person must be eligible for one of the Washington apple health programs under WAC 182-501-0060 or be eligible for the alien emergency medical (AEM) program under WAC 182-507-0110.

(2) For persons who reside in a nursing facility, adult family home, assisted living facility, boarding home, or any other residence where the provision of food is included in the daily rate, oral enteral nutrition products are the responsibility of the facility under chapters 388-76, 388-97 and 388-78A WAC.

(3) For persons who reside in a state-owned facility (i.e., state school, developmental disabilities facility, mental health facility, Western State Hospital, and Eastern State Hospital) enteral nutrition products, equipment, and related supplies are the responsibility of the state-owned facility to provide.

(4) A person who has elected to receive the agency's hospice benefit must arrange for enteral nutrition products, equipment and related supplies directly through the hospice benefit.

(5) A child who qualifies for supplemental nutrition from the women, infants, and children (WIC) program must receive supplemental nutrition directly from that program. The child may be eligible to receive enteral products from the agency if:

(a) The child's need for a product exceeds WIC's allowed amount; or

(b) The product is not available through the WIC program.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-08-009, § 182-554-300, filed 3/24/17, effective 5/1/17. Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (Public Law 111-148). WSR 14-07-042, § 182-554-300, filed 3/12/14, effective 4/12/14. WSR 11-14-075, recodified as § 182-554-300, filed 6/30/11, effective 7/1/11. Statutory Authority: 2009 c 564 § 1109, RCW 74.04.050, and 74.08.090. WSR 10-01-138, § 388-554-300, filed 12/21/09, effective 1/21/10. Statutory Authority: RCW 74.08.090, 74.09.530 and chapter 74.09 RCW. WSR 05-04-059, § 388-554-300, filed 1/28/05, effective 3/1/05.]

WAC 182-554-400 Enteral nutrition—Provider requirements. (1) The following providers are eligible to enroll or contract with the medicaid agency to provide orally administered and tube-delivered enteral nutrition products, equipment, and related supplies:

(a) A pharmacy provider; or

(b) A durable medical equipment provider.

(2) To receive payment for orally administered or tube-delivered enteral nutrition products, equipment and related supplies, a provider must:

(a) Meet the requirements under chapters 182-501 and 182-502 WAC.

(b) Provide only those services that are within the scope of the provider's license.

(c) Obtain prior authorization from the agency, if required, before delivery to the client and before billing the agency.

(d) Deliver enteral nutritional products in quantities sufficient to meet the client's authorized needs, not to exceed a one-month supply.

(e) Confirm with the client or the client's caregiver that the next month's delivery of authorized orally administered enteral nutrition products is necessary and document the confirmation in the client's file. The agency does not pay for automatic periodic delivery of products.

(f) Furnish clients with new or used equipment that includes full manufacturer and dealer warranties for at least one year.

(g) Notify the client's primary care provider if the client has indicated the enteral nutrition product is not being used as prescribed and document the notification in the client's file.

(h) Have a valid prescription. To be valid, a prescription must be:

(i) Written, dated and signed (including the prescriber's credentials) by the prescriber on or before the date of delivery of the product, equipment or related supplies;

(ii) No older than one year from the date the prescriber signed the prescription; and

(iii) State the specific item or service requested, the client's diagnosis and estimated length of need, quantity and units of measure, frequency and directions for use.

(i) Have proof of delivery.

(i) When a client or the client's authorized representative receives the product directly from the provider, the provider must furnish the proof of delivery upon agency request. The proof of delivery must:

(A) Be signed and dated by the client or the client's authorized representative. The date of the signature must be the date the item was received by the client; and

(B) Include the client's name and a detailed description of the item(s) delivered, including the quantity and brand name.

(ii) When a provider uses a shipping service to deliver items, the provider must furnish proof of delivery upon agency request. The proof of delivery must include:

(A) The client's name or other client identifier;

(B) The delivery service package identification number;

(C) The delivery address; and

(D) The quantity, a detailed description, and brand name of the item being shipped.

(j) Bill the agency in accordance with agency rules and billing instructions using one of the following dates of service:

(i) If the provider used a shipping service, the provider must use the shipping date as the date of service; or

(ii) If the client or the client's authorized representative received the product directly from the provider, the provider must use the date of receipt as the date of service.

(k) The agency allows up to a 10-day overlap in dates of service for the processing of claims for refills delivered/shipped prior to the client exhausting their supply.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 22-16-084, § 182-554-400, filed 8/1/22, effective 9/1/22; WSR 17-08-009, § 182-554-400, filed 3/24/17, effective 5/1/17. WSR 11-14-075, recodified as § 182-554-400, filed 6/30/11, effective 7/1/11. Statutory Authority: 2009 c 564 § 1109, RCW 74.04.050, and 74.08.090. WSR 10-01-138, § 388-554-400, filed 12/21/09, effective 1/21/10. Statutory Authority: RCW 74.08.090, 74.09.530 and chapter 74.09 RCW. WSR 05-04-059, § 388-554-400, filed 1/28/05, effective 3/1/05.]

WAC 182-554-500 Covered orally administered enteral nutrition products, equipment and related supplies—Clients age twenty and younger only. (1) Subject to the prior authorization requirements and limitations in this section, and in the *Enteral Nutrition Program Billing Guide*, the agency covers orally administered enteral nutrition products for clients age twenty and younger.

(2) The agency's enteral nutrition program is not a food benefit. All clients under age five who qualify for supplemental nutrition from the women, infants, and children (WIC) nutrition program must receive products and formulas directly from that program. The agency may cover orally administered enteral nutrition products for a client under age five if the client has a WIC information form that verifies:

(a) The client is not eligible for the WIC program;

(b) The client is eligible for the WIC program, but the client's need for an oral enteral nutrition product or formula exceeds the amount allowed by WIC rules; or

(c) The client is eligible for the WIC program, but a medically necessary product or formula is not available through the WIC program.

(3) With expedited prior authorization, the agency covers orally administered enteral nutrition products for a one-time, initial one-month supply if the client:

(a) Has or is at risk of growth or nutrient deficits due to a condition that prevents the client from meeting their needs using food, over-the-counter nutrition products, standard infant formula, or standard toddler formula; and

(b) Has completed the agency's enteral nutrition products prescription form (HCA 13-961).

(4) With prior authorization (PA), the agency covers a monthly supply of orally administered enteral nutrition products if the client:

(a) Has or is at risk of growth or nutrient deficits due to a condition that prevents the client from meeting their needs using food, over-the-counter nutrition products, standard infant formula, or standard toddler formula;

(b) Has a valid prescription that states the product is medically necessary as defined in WAC 182-500-0070; and

(c) Has a nutrition assessment from a registered dietitian (RD) that includes all of the following:

(i) Evaluation of the client's nutritional status, including growth and nutrient analysis;

(ii) An explanation about why the product is medically necessary as defined in WAC 182-500-0070;

(iii) A nutrition care plan that monitors the client's nutrition status, and includes plans for transitioning the client to food or food products, if possible; and

(iv) Recommendations, as necessary, for the primary care provider to refer the client to other health care providers (for example, gastrointestinal specialists, allergists, speech therapists, occupational therapists, applied behavioral analysis providers, and mental health providers) who will address the client's growth or nutrient deficits as described in (a) of this subsection, and facilitate the client's transition to food or food products.

(5) If a client requires orally administered enteral nutrition products for longer than one month, the client must continue to meet criteria in subsection (4) of this section and receive periodic reevaluations from an RD. Periodic reevaluations:

(a) Must be performed at least three times a year for a client age three or younger;

(b) Must be performed at least two times a year for a client older than age three; and

(c) May be performed face-to-face, or by medical record and growth data review and phone contact with the client or the client's caregiver.

(6) If a client requires orally administered enteral nutrition products for longer than one month, the DME or pharmacy provider must obtain PA from the agency. The request for PA must include all of the following:

(a) Documentation of the client's diagnosis that supports the client's need for the orally administered enteral nutrition product;

(b) The client's nutrition care plan, which must monitor the client's nutrition status, and transition the client to food or food products, if possible, or document why the client cannot transition to food or food products;

(c) Updates to the client's nutrition care plan resulting from subsequent reevaluations;

(d) Updates to the client's growth chart;

(e) Documentation that shows through regular follow up and weight checks how the prescribed product is treating the client's growth or nutrient deficits, or is necessary to maintain the client's growth or nutrient status;

(f) Referrals, if necessary, to other health care providers (for example, gastrointestinal specialists, allergists, speech therapists, occupational therapists, applied behavioral analysis providers, and mental health providers) and show communication of recommendations and treatment plans for the client; and

(g) Documentation of any communication the treating provider has had with other providers, such as those in subsection (4)(c)(iv) of this section, directly or indirectly treating the client's growth or nutrient deficits while the client is receiving orally administered enteral nutrition products.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-08-009, § 182-554-500, filed 3/24/17, effective 5/1/17. WSR 11-14-075, recodified as § 182-554-500, filed 6/30/11, effective 7/1/11. Statutory Authority: 2009 c 564 § 1109, RCW 74.04.050, and 74.08.090. WSR 10-01-138, § 388-554-500, filed 12/21/09, effective 1/21/10. Statutory Authority: RCW 74.04.050, 74.08.090, 74.09.530, and 74.09.700. WSR 06-24-036, § 388-554-500, filed 11/30/06, effective 1/1/07. Statutory Authority: RCW 74.08.090, 74.09.530 and chapter 74.09 RCW. WSR 05-04-059, § 388-554-500, filed 1/28/05, effective 3/1/05.]

WAC 182-554-525 Covered orally administered enteral nutrition products, equipment and related supplies—Thickeners. (1) The medicaid agency covers, with prior authorization (PA) thickeners for clients with dysphagia who are younger than age one. The request for PA must include:

(a) Proof the client has dysphagia as documented by a speech therapist or an occupational therapist that specializes in dysphagia;

(b) A dysphagia diet plan and assessment for the client from a registered dietitian; and

(c) Documented medical necessity. The report recommending a thickener must be in the client's chart in the prescriber's office.

(2) The agency covers, with expedited prior authorization (EPA), thickeners for clients with dysphagia who are older than age one. The provider must keep the following in the client's file:

(a) Proof the client has dysphagia as documented by a speech therapist or an occupational therapist that specializes in dysphagia;

(b) A dysphagia diet plan and assessment for the client from a registered dietitian; and

(c) Documented medical necessity. The report recommending a thickener must be in the client's chart in the prescriber's office.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-08-009, § 182-554-525, filed 3/24/17, effective 5/1/17.]

WAC 182-554-550 Covered orally administered enteral nutrition products, equipment and related supplies—Clients with amino acid, fatty acid, and carbohydrate metabolic disorders, and phenylketonuria. (1) The medicaid agency covers orally administered enteral nutrition products, equipment and related supplies for clients who have amino acid, fatty acid, and carbohydrate metabolic disorders, including phenylketonuria (PKU), if the client requires a specialized nutrition product.

(2) Providers must use the agency's authorization processes as follows:

(a) Providers must use the expedited prior authorization (EPA) process for clients age twenty and younger.

(b) Providers may use the exception to rule process for clients age twenty-one and older.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-08-009, § 182-554-550, filed 3/24/17, effective 5/1/17.]

WAC 182-554-600 Covered enteral nutrition products, equipment and related supplies—Tube-delivered. (1) **General.** The agency covers tube-delivered enteral nutrition products, equipment, and related supplies, regardless of age if the client:

(a) Has a valid prescription under WAC 182-554-400, which must be submitted within three months of the date the prescriber signed the prescription;

(b) Can manage tube feedings:

(i) Independently; or

(ii) With a caregiver's assistance; and

(c) Has at least one of the following medical conditions:

(i) A disease or condition that impairs the client's ability to ingest sufficient calories and nutrients or restricts calories and nutrients from reaching the client's gastrointestinal tract; or

(ii) A disease or condition of the small bowel that impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength that is properly proportioned to the client's overall health status.

(2) **Limitations.** The following limitations apply to the agency's payment for covered tube-delivered enteral nutrition products, equipment and related supplies. The agency pays for:

(a) One purchased pump, per client, in a five-year period;

(b) One purchased nondisposable intravenous pole required for enteral nutrition product delivery, per client, per lifetime; and

(c) No more than twelve months of equipment rental. After twelve months the agency considers the equipment purchased and it becomes the client's property.

(3) **Women, infants, and children (WIC) program.**

(a) If the client is age four or younger, the client must have a signed and dated written notification from the WIC program to receive tube delivered enteral nutrition products. The notice must verify:

(i) The client is not eligible for the WIC program; or

(ii) The client is eligible for the WIC program, but the client's need for a tube delivered enteral nutrition product exceeds WIC's allowed amount.

(b) If the client is age four or younger and is unable to receive a necessary tube delivered enteral nutrition product from WIC, the provider must keep the following information in the client's file:

(i) Documentation that the requested tube delivered product is not available through the WIC program; or

(ii) Reasons why a similar WIC product does not meet the client's needs.

(4) **Authorization.**

(a) If the client meets the criteria in subsection (1) of this section, the provider must follow the agency's expedited prior authorization (EPA) process to receive payment.

(b) If the client does not meet the criteria in subsection (1) of this section, the provider must submit a request for prior authorization (PA). The PA request must meet the requirements under WAC 182-554-700(3).

(c) The agency pays for enteral equipment replacement parts with PA if the equipment is:

(i) Owned by the client;

(ii) Less than five years old; and

(iii) No longer under warranty.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-08-009, § 182-554-600, filed 3/24/17, effective 5/1/17. WSR 11-14-075, recodified as § 182-554-600, filed 6/30/11, effective 7/1/11. Statutory Authority: 2009 c 564 § 1109, RCW 74.04.050, and 74.08.090. WSR 10-01-138, § 388-554-600, filed 12/21/09, effective 1/21/10. Statutory Authority: RCW 74.04.050, 74.08.090, 74.09.530, and 74.09.700. WSR 06-24-036, § 388-554-600, filed 11/30/06, effective 1/1/07. Statutory Authority: RCW 74.08.090, 74.09.530 and chapter 74.09 RCW. WSR 05-04-059, § 388-554-600, filed 1/28/05, effective 3/1/05.]

WAC 182-554-700 Enteral nutrition products, equipment and related supplies—Authorization. (1) **General.**

(a) Providers must obtain authorization for all covered orally administered or tube-delivered enteral nutrition products, equipment and related supplies as required in this chapter, the agency's published billing instructions, and when the clinical criteria in this chapter are not met.

(b) Authorization does not guarantee payment.

(c) Authorization requirements are not a denial of service.

(d) The agency may reject an incomplete authorization request and return it to the provider for further action. A returned request is not a denial of service.

(e) If a request for authorization exceeds limitations in this chapter, the agency evaluates the request under WAC 182-501-0169.

(f) If the agency determines that a service was wrongfully authorized or did not meet the expedited prior authorization (EPA) criteria, the agency may recoup payment from the provider under chapters 182-502 and 182-502A WAC.

(g) Upon request, a provider must furnish documentation to the agency that shows how the client's condition met the criteria for prior authorization (PA) or EPA.

(2) **Prior authorization.** PA is required for:

(a) Orally administered enteral nutrition products under WAC 182-554-500; and

(b) Tube-delivered enteral equipment, replacement parts and related supplies under WAC 182-554-600(3).

(3) **Prior authorization request form.** The provider must submit a request for PA on the Oral Enteral Nutrition Worksheet Prior Authorization Request form. This form is available online at http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx. This form must be:

(a) Complete, with all fields full;

(b) Completed by the prescribing physician, advanced registered nurse practitioner, or physician assistant;

(c) Written, dated, and signed (including the prescriber's credentials) by the prescriber on the same day, and before the date of delivery. This form must not be backdated; and

(d) Submitted within three months of the date the prescriber signed the prescription.

(4) **Expedited prior authorization.** For EPA, a provider must establish that the client's condition meets the clinically appropriate EPA criteria outlined in this chapter and in the agency's published billing instructions. The provider must use the appropriate EPA number when billing the agency.

(5) If a fee-for-service client enrolls with an agency-contracted managed care organization (MCO) before the purchase or rental of authorized equipment is complete:

(a) The agency stops paying for the equipment on the last day of the month before the month in which the client enrolls in the managed care plan; and

(b) The MCO may reevaluate the client's need for the equipment.

(6) The agency may rescind authorization for enteral equipment if the client:

(a) Enrolls in, or becomes eligible for, an MCO;

(b) Becomes covered by a hospice agency and the equipment is used in the treatment of the terminal diagnosis or related condition(s);

(c) Loses eligibility; or

(d) Dies.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-08-009, § 182-554-700, filed 3/24/17, effective 5/1/17. WSR 11-14-075, recodified as § 182-554-700, filed 6/30/11, effective 7/1/11. Statutory Authority: 2009 c 564 § 1109, RCW 74.04.050, and 74.08.090. WSR 10-01-138, § 388-554-700, filed 12/21/09, effective 1/21/10. Statutory Authority: RCW 74.08.090, 74.09.530 and chapter 74.09 RCW. WSR 05-04-059, § 388-554-700, filed 1/28/05, effective 3/1/05.]

WAC 182-554-800 Noncovered—Enteral nutrition products, equipment, and related supplies. (1) The medicaid agency does not cover the following:

(a) Nonmedical equipment, supplies, and related services (for example, backpacks, pouches, bags, baskets, or other carrying containers); and

(b) Orally administered enteral nutrition products for any client age 21 and older.

(2) A provider may request an exception to rule under WAC 182-501-0160 for a noncovered service.

(3) For children age 20 and younger, providers must follow the rules for the early periodic screening, diagnosis, and treatment (EPSDT) program, see chapter 182-534 WAC.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 25-21-142, s 182-554-800, filed 10/21/25, effective 11/21/25; WSR 17-08-009, § 182-554-800, filed 3/24/17, effective 5/1/17. WSR 11-14-075, recodified as § 182-554-800, filed 6/30/11, effective 7/1/11. Statutory Authority: 2009 c 564 § 1109, RCW 74.04.050, and 74.08.090. WSR 10-01-138, § 388-554-800, filed 12/21/09, effective 1/21/10. Statutory Authority: RCW 74.08.090, 74.09.530 and chapter 74.09 RCW. WSR 05-04-059, § 388-554-800, filed 1/28/05, effective 3/1/05.]

WAC 182-554-900 Reimbursement—Enteral nutrition products, equipment, and related supplies. (1) The medicaid agency:

(a) Determines reimbursement for enteral nutrition products, equipment, and related-supplies according to a set fee schedule;

(b) Considers medicare's current fee schedule when determining maximum allowable fees;

(c) Considers vendor rate increases or decreases as directed by the legislature;

(d) Evaluates and updates the maximum allowable fees for enteral nutrition products, equipment, and related supplies at least once per year.

(2) The agency pays for covered enteral nutrition products, equipment and related supplies according to a set fee schedule. The agency's payment includes all of the following:

(a) Any adjustment or modification to the equipment within three months of the date of delivery as long as the adjustment is not caused by a change in the client's medical condition;

(b) Instructions to the client or caregiver on the safe and proper use of equipment provided;

(c) Full service warranty;

(d) Delivery and pick-up; and

(e) Fitting and adjustments.

(3) If changes in circumstance occur during the rental period, such as death or ineligibility, the agency discontinues payment effective on the date of the change in circumstance.

(4) The agency does not pay for simultaneous rental and purchase of any item.

(5) The agency does not reimburse for equipment a provider receives at no cost.

(6) The provider who furnishes enteral nutrition equipment to a client is responsible for any costs incurred to have another provider repair equipment if all of the following apply:

(a) Any equipment that the agency considers purchased requires repair during the applicable warranty period;

(b) The provider refuses or is unable to fulfill the warranty; and

(c) The client still needs the equipment.

(7) If the rental equipment must be replaced during the warranty period, the agency recoups fifty percent of the total amount previously paid toward rental and eventual purchase of the equipment delivered to the client if:

(a) The provider is unwilling or unable to fulfill the warranty; and

(b) The client still needs the equipment.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-08-009, § 182-554-900, filed 3/24/17, effective 5/1/17. WSR 11-14-075, recodified as § 182-554-900, filed 6/30/11, effective 7/1/11. Statutory Authority: 2009 c 564 § 1109, RCW 74.04.050, and 74.08.090. WSR 10-01-138, § 388-554-900, filed 12/21/09, effective 1/21/10.]