

WSR 23-06-025

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed February 22, 2023, 10:31 a.m., effective March 25, 2023]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The agency is removing subsections (1) and (2) regarding payment for services covered by medicare. The revised rule replaces these subsections with a reference to the agency's general rules for medicare coinsurance, payments, and deductibles in WAC 182-502-0110, consistent with federal requirements.

Citation of Rules Affected by this Order: Amending WAC 182-543-8200.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Adopted under notice filed as WSR 23-03-097 on January 17, 2023.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: February 22, 2023.

Wendy Barcus
Rules Coordinator

OTS-4209.1

AMENDATORY SECTION (Amending WSR 18-24-021, filed 11/27/18, effective 1/1/19)

WAC 182-543-8200 Billing for clients eligible for medicare and medicaid. If a client is eligible for both medicare and medicaid(~~(1) The medicaid agency requires a provider to accept medicare assignment before any medicaid reimbursement;~~
~~(2) In accordance with WAC 182-502-0110(3):~~
~~(a) If the service provided is covered by medicare and medicaid, the agency pays only the deductible or coinsurance up to medicare's or medicaid's allowed amount, whichever is less.~~
~~(b) If the service provided is covered by medicare but is not covered by the agency, the agency pays only the deductible or coinsurance up to medicare's allowed amount), see WAC 182-502-0110 Conditions of payment and prior authorization requirements—Medicare coinsurance, copayments, and deductibles.~~

[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, §

182-543-8200, filed 11/27/18, effective 1/1/19. Statutory Authority: RCW 41.05.021 and 2013 c 178. WSR 14-08-035, § 182-543-8200, filed 3/25/14, effective 4/25/14. WSR 11-14-075, recodified as § 182-543-8200, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090 and 74.04.050. WSR 11-14-052, § 388-543-8200, filed 6/29/11, effective 8/1/11.]