

WSR 25-07-045

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed March 12, 2025, 10:03 a.m., effective May 1, 2025]

Effective Date of Rule: May 1, 2025.

Purpose: The health care authority (HCA) amended WAC 182-543-2000 to update the medical equipment and supplies provider requirements. The final rule simplifies and clarifies provider requirements and replaces the requirement that a prescription be written on HCA's prescription form with a standard written order requirement.

Citation of Rules Affected by this Order: Amending WAC 182-543-2000.

Statutory Authority for Adoption: RCW 41.05.021 and 41.05.160.

Adopted under notice filed as WSR 25-04-044 on January 29, 2025.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.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: March 12, 2025.

Wendy Barcus
Rules Coordinator

OTS-6100.3

AMENDATORY SECTION (Amending WSR 21-23-044, filed 11/9/21, effective 12/10/21)

WAC 182-543-2000 Eligible providers and provider requirements.

(1) The medicaid agency pays ~~((qualified))~~, on a fee-for-service basis, providers (including providers who supply medical equipment and supplies in an outpatient clinical setting), pharmacies, and suppliers, for medical equipment, medical supplies, complex rehabilitation technology (CRT), and ~~((repairs on a fee-for-service basis as follows:))~~ related repair services.

(a) Providers ~~((who are))~~, pharmacies, and suppliers (including out-of-state providers, pharmacies, and suppliers) must:

(i) Be enrolled with medicare ((for)) as a pharmacy, supplier of medical equipment, medical supplies, and related repair services, or as a CRT supplier (CRT suppliers must also comply with the requirements in WAC 182-543-4400); and

(ii) Possess a national provider identifier (NPI) for a pharmacy, supplier of medical equipment, medical supplies, and related repair services, or CRT supplier.

~~(b) ((Qualified complex rehabilitation technology (CRT) suppliers who are enrolled with medicare;~~

~~(c) Medical equipment dealers and pharmacies who are enrolled with medicare, and have a national provider identifier (NPI) for medical supplies;~~

~~(d) Prosthetics and orthotics providers who are licensed by the Washington state department of health in prosthetics and orthotics. Medical equipment dealers and pharmacies that do not require state licensure to provide selected prosthetics and orthotics may be paid for those selected prosthetics and orthotics only as long as the medical equipment dealers and pharmacies meet the medicare enrollment requirement;~~

~~(e) Occupational therapists providing orthotics who are licensed by the Washington state department of health in occupational therapy;~~

~~(f) Physicians who provide medical equipment in the office; and~~

~~(g) Out-of-state prosthetics and orthotics providers who meet their state regulations.) Prosthetics and orthotics providers, and occupational therapists providing orthotics, must meet the licensing regulations of the state in which they practice.~~

(2) Providers and suppliers of medical equipment and supplies must:

(a) Meet the general provider requirements in chapter 182-502 WAC, except when the client is dual-eligible, medicare is the primary payer, and the agency is being billed only for one or more of the copay, coinsurance, or deductible;

(b) Have the proper business license and be certified, licensed and bonded if required, to perform the services billed to the agency;

(c) Have a valid prescription, which is referred to as a standard written order (SWO), for the medical equipment or supplies. A SWO is a written order communicated by the treating provider to the supplier that:

(i) ~~((To be valid, a prescription must:~~

~~(A) Be written on the agency's Prescription Form (HCA 13-794). The agency's electronic forms are available online at <https://www.hea.wa.gov/billers-providers/forms-and-publications>;~~

~~(B) Be)) Is written by an authorized practitioner as defined in WAC 182-551-2010 and meets the face-to-face encounter requirements described in WAC 182-551-2040;~~

~~((C) Be written, signed (including the prescriber's credentials), and dated by the prescriber on the same day and before delivery of the medical equipment. Prescriptions must not be back-dated;~~

~~(D) Be no older than one year from the date the prescriber signs the prescription; and~~

~~(E) State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.~~

~~(ii) For dual-eligible clients when medicare is the primary payer and the agency is being billed for only the copay, only the deductible, or both, subsection (2)(a) of this section does not apply.) (ii) Includes the following information:~~

(A) Client's full name;

(B) Order date, which is the date the order was written or electronically signed by the treating practitioner;

(C) General item description, which may be either a general description (for example, wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name or model number;

(I) For equipment, in addition to the base item description, the SWO may include all concurrently ordered options, accessories, or ad-

ditional features that are separately billed or require an upgraded code (list each separately);

(II) For supplies, in addition to the base item description, the order/prescription may include all concurrently ordered supplies that are separately billed (list each separately);

(D) If applicable, the quantity to be provided and the frequency of use;

(E) If applicable, the length of time the item is required; and

(F) The name, NPI, and signature of the treating practitioner, practitioner credentials, and the signature date.

(d) Provide instructions for use of equipment;

(e) Provide only new equipment to clients, which include full manufacturer and dealer warranties. See WAC 182-543-2250(3);

(f) Provide documentation of proof of delivery, upon agency request (see WAC 182-543-2200); and

(g) Bill the agency using only the allowed procedure codes that are listed in the agency's published ((medical equipment)) billing guides.