CODE REVISER USE ONLY

PROPOSED	RULE	MAKING
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## CR-102 (June 2024) (Implements RCW 34.05.320) Do NOT use for expedited rule making

OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED

DATE: January 29, 2025 TIME: 11:29 AM

WSR 25-04-044

Agency: Health Care Authority							
☑ Original Notice							
Supplemental Noti	ce to WSR						
□ Continuance of WSR							
☑ Preproposal Statement of Inquiry was filed as WSR 24-24-085 ; or							
Expedited Rule Ma	kingPropo	osed notice was filed as W	SR	; or			
□ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or							
□ Proposal is exempt under RCW							
	<sup>,</sup> identifying	information: (describe sub	oject) 1	82-543-2000, Eligible providers and provider			
requirements							
Hearing location(s):	Time	Leastion (be apositio)		Comment			
Date:	Time:	Location: (be specific)	l d .	Comment:			
March 11, 2025	public hearings virtually without			To attend the virtual public hearing, you must register in advance:			
		physical meeting place		https://us02web.zoom.us/webinar/register/WN_s1pnm KASVK81uTFRRtb2w			
				If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing			
Date of intended ador	otion: Not se	ooner than March 12, 2025	(N	lote: This is <b>NOT</b> the <b>effective</b> date)			
Submit written comm	ents to:		Assistance for persons with disabilities:				
Name HCA Rules Coordinator		Contact Johanna Larson					
Address PO Box 42716, Olympia WA 98504-2716		NA 98504-2716	Phone 360-725-1349				
Email arc@hca.wa.gov		Fax 360-586-9727					
Fax 360-586-9727		TTY Telecommunication Relay Service (TRS): 711					
Other E		Email Johanna.Larson@hca.wa.gov					
Beginning (date and time) <u>January 30, 2025, 8:00 AM</u>		Other					
By (date and time) <u>I</u>				ite) <u>February 21, 2025</u>			
<b>Purpose of the proposal and its anticipated effects, including any changes in existing rules:</b> The agency is amending WAC 182-543-2000 to amend the medical equipment and supplies provider requirements. The proposed rule simplifies and clarifies provider requirements. The proposed rule replaces the requirement that a prescription be written on HCA's prescription form with a standard written order requirement. <b>Reasons supporting proposal:</b> See Purpose							
Statutory authority for adoption: RCW 41.05.021, 41.05.160							
Statutory authority for adoption: RCW 41.05.021, 41.05.160 Statute being implemented: RCW 41.05.021, 41.05.160							
Is rule necessary because of a: Federal Law? □ Yes ⊠ No							
Federal Law? Federal Court Decision?			□ Yes ⊠ No □ Yes ⊠ No				
State Court Deci				$\Box \operatorname{Yes} \boxtimes \operatorname{No}$			
If yes, CITATION:							

	ent: (person or organizatio ent:	,	
	personnel responsible fo		
	Name	Office Location	Phone
Drafting	Brian Jensen	PO Box 42716, Olympia, WA 98504-2716	360-725-0815
Implementation	Danielle Crawford	PO Box 45502, Olympia, WA 98504-5502	360-725-0983
Enforcement	Danielle Crawford	PO Box 45502, Olympia, WA 98504-5502	360-725-0983
<b>Is a school distr</b> If yes, insert state		nt required under <u>RCW 28A.305.135</u> ?	🗆 Yes 🛛 No
The public ma Name Addres Phone Fax TTY Email Other		ol district fiscal impact statement by contacting:	
	analysis required under	RCW 34.05.328?	
Name Addres Phone Fax TTY Email Other ⊠ No: Plea Administrative	s ase explain: RCW 34.05.32 e Rules Review Committee		requested by the Joint
		ess Economic Impact Statement nnovation and Assistance (ORIA) provides support in	completing this part
(1) Identification This rule propose chapter 19.85 RC	of exemptions: al, or portions of the propose	al, <b>may be exempt</b> from requirements of the Regulato tion on exemptions, consult the <u>exemption guide publi</u>	ry Fairness Act (see
adopted solely to	conform and/or comply wit le is being adopted to confo	bosal, is exempt under <u>RCW 19.85.061</u> because this r h federal statute or regulations. Please cite the specifi orm or comply with, and describe the consequences to	c federal statute or
defined by <u>RCW</u>	34.05.313 before filing the	bosal, is exempt because the agency has completed the notice of this proposed rule.	
	osal or portions of the pror	posal, is exempt under the provisions of <u>RCW 15.65.5</u>	(2) because it was

□ This rule	proposal, or portions of the proposal, is exempt u	under <u>R(</u>	CW 19.85.025(3). Check all that apply:		
	<u>RCW 34.05.310</u> (4)(b)		<u>RCW 34.05.310</u> (4)(e)		
	(Internal government operations)		(Dictated by statute)		
	<u>RCW 34.05.310</u> (4)(c)		<u>RCW 34.05.310</u> (4)(f)		
	(Incorporation by reference)		(Set or adjust fees)		
	<u>RCW 34.05.310</u> (4)(d)		<u>RCW 34.05.310</u> (4)(g)		
	(Correct or clarify language)		((i) Relating to agency hearings; or (ii) process		
			requirements for applying to an agency for a license or permit)		
I This rule	proposal, or portions of the proposal, is exempt u	under <u>R(</u>	<u>W 19.85.025(</u> 4). (Does not affect small businesses).		
□ This rule	proposal, or portions of the proposal, is exempt u	under R0	CW		
Explanation of how the above exemption(s) applies to the proposed rule: There are no requirements in the proposed rule that would place a new compliance cost on businesses. The proposed rule provides for optional expansion of service locations, but there is no requirement to do so.					
· /	f exemptions: Check one.				
			entified above apply to all portions of the rule proposal.		
	It less than the entire rule proposal. Provide detail		exemptions identified above apply to portions of the rule		
	proposal: Is not exempt. (Complete section 3.) No	,			
(3) Small bi	isiness economic impact statement: Complete	this sec	tion if any portion is not exempt.		
If any portion of the proposed rule is <b>not exempt</b> , does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?					
□ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not					
impose more-than-minor costs Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:					
The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:					
	ame				
	ldress				
Pł	ione				
Fa	Х				
TT					
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01	her				
Date: Janua	ıry 29, 2025	Signatu	re: \ \ \ \ \ \		
Name: Wendy Barcus		March Parcus			
Title: HCA I	Rules Coordinator				

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 <u>and supplies</u> 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.hca.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;

((<del>(C)</del> 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 additional 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 <u>that</u> <u>are</u> listed in the agency's published ((medical equipment)) billing guides.