



CR-103P (December 2017) (Implements RCW 34.05.360)

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DATE: April 29, 2021

TIME: 8:08 AM

WSR 21-10-050

Agency: Health Care Authority
Effective date of rule:
Permanent Rules
□ 31 days after filing.
Other (specify) (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should
be stated below)
Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule? ☐ Yes ☐ No If Yes, explain:
Purpose: The agency revised this section to eliminate the requirement for date and signature from the Medicaid client or the client's designee upon delivery of medical equipment and supplies in order to avoid contact between the client and delivery person. The agency currently has emergency rules, filed under WSR 20-23-038, striking this requirement. Once the public health emergency ends, the agency will conduct rulemaking to add this requirement back into the rule.
Citation of rules affected by this order: New: Repealed: Amended: 182-543-2200 Suspended:
Statutory authority for adoption: RCW 41.05.021, 41.05.160
Other authority:
PERMANENT RULE (Including Expedited Rule Making) Adopted under notice filed as WSR 21-07-012 on March 4, 2021 (date). Describe any changes other than editing from proposed to adopted version: None
If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:
Name: Address: Phone: Fax: TTY: Email:
Web site: Other:

Note: If any category is left blank, it will be calculated as zero. No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note.

A section may be counted in more than one category.

The number of sections adopted in order to comply	y with:					
Federal statute:	New		Amended		Repealed	
Federal rules or standards:	New		Amended		Repealed	
Recently enacted state statutes:	New		Amended		Repealed	
The number of sections adopted at the request of a	a nongov	ernmenta	I entity:			
	New		Amended		Repealed	
The number of sections adopted on the agency's o	wn initia	tive:				
	New		Amended		Repealed	
Γhe number of sections adopted in order to clarify,	, streamli	ne, or ref	orm agency	procedui	·es:	
	New		Amended	<u>1</u>	Repealed	
The number of sections adopted using:						
Negotiated rule making:	New		Amended		Repealed	
Pilot rule making:	New		Amended		Repealed	
Other alternative rule making:	New		Amended	<u>1</u>	Repealed	
Date Adopted: April 29, 2021	Si	gnature:	` ` `			
Name: Wendy Barcus			M	ndl	Soucies	,
Title: HCA Rules Coordinator			, 0	X		

- WAC 182-543-2200 Proof of delivery. (1) When a provider delivers an item directly to the client or the client's authorized representative, the provider must furnish the proof of delivery when the medicaid agency requests that information. All of the following apply:
- (a) The agency requires a delivery slip as proof of delivery. The proof of delivery slip must:
- (i) ((Be signed and dated by the client or the client's authorized representative (the date of signature must be the date the item was received by the client);
- (ii))) Include the client's name and a detailed description of the item(s) delivered, including the quantity and brand name; and
- $((\frac{(iii)}{(ii)}))$ (ii) For medical equipment that may require future repairs, include the serial number.
- (b) When the provider or supplier submits a claim for payment to the agency, the date of service on the claim must be one of the following:
- (i) For a one-time delivery, the date the item was received by the client or the client's authorized representative; or
- (ii) For nondurable medical supplies for which the agency has established a monthly maximum, on or after the date the item was received by the client or the client's authorized representative.
- (2) When a provider uses a delivery/shipping service to deliver items which are not fitted to the client, the provider must furnish proof of delivery that the client received the equipment and/or supply, when the agency requests that information.
- (a) If the provider uses a delivery/shipping service, the tracking slip is the proof of delivery. The tracking slip must include:
- (i) The client's name or a reference to the client's package or packages;
 - (ii) The delivery service package identification number; and
 - (iii) The delivery address.
- (b) If the provider/supplier does the delivering, the delivery slip is the proof of delivery. The delivery slip must include:
 - (i) The client's name;
 - (ii) The shipping service package identification number;
- (iii) The quantity, detailed description(s), and brand name or names of the items being shipped; and
- (iv) For medical equipment that may require future repairs, the serial number.
 - (c) When billing the agency, use:
- (i) The shipping date as the date of service on the claim if the provider uses a delivery/shipping service; or
- (ii) The actual date of delivery as the date of service on the claim if the provider/supplier does the delivery.
- (3) A provider must not use a delivery/shipping service to deliver items which must be fitted to the client.
- (4) Providers must obtain prior authorization when required before delivering the item to the client. The item must be delivered to the client before the provider bills the agency.
- (5) The agency does not pay for medical equipment and related items furnished to the agency's clients when:
- (a) The medical professional who provides medical justification to the agency for the item provided to the client is an employee of,

has a contract with, or has any financial relationship with the provider of the item; or

(b) The medical professional who performs a client evaluation is an employee of, has a contract with, or has any financial relationship with a provider of medical equipment and related items.

[2] OTS-2149.1