**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 amended these rules to add an additional section to clarify overlap in dates of service for the processing of claims for refills prior to the client exhausting their supply.

**Citation of rules affected by this order:**
- **New:**
- **Repealed:**
- **Amended:** 182-554-400
- **Suspended:**

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Other authority:** None

**PERMANENT RULE (Including Expedited Rule Making)**
- Adopted under notice filed as WSR 22-13-134 on June 17, 2022 *(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.

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The number of sections adopted in order to comply with:</strong></td>
</tr>
<tr>
<td>Federal statute:  New  ____  Amended  ____  Repealed  ____</td>
</tr>
<tr>
<td>Federal rules or standards: New  ____  Amended  ____  Repealed  ____</td>
</tr>
<tr>
<td>Recently enacted state statutes: New  ____  Amended  ____  Repealed  ____</td>
</tr>
<tr>
<td><strong>The number of sections adopted at the request of a nongovernmental entity:</strong></td>
</tr>
<tr>
<td>New  ____  Amended  ____  Repealed  ____</td>
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<td><strong>The number of sections adopted on the agency’s own initiative:</strong></td>
</tr>
<tr>
<td>New  ____  Amended  ____  Repealed  ____</td>
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<tr>
<td><strong>The number of sections adopted in order to clarify, streamline, or reform agency procedures:</strong></td>
</tr>
<tr>
<td>New  ____  Amended  1  Repealed  ____</td>
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<td><strong>The number of sections adopted using:</strong></td>
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<tr>
<td>Negotiated rule making: New  ____  Amended  ____  Repealed  ____</td>
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<tr>
<td>Pilot rule making: New  ____  Amended  ____  Repealed  ____</td>
</tr>
<tr>
<td>Other alternative rule making: New  ____  Amended  1  Repealed  ____</td>
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**Date Adopted:** August 1, 2022

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**

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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 ([with]) 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.