



# RULE-MAKING ORDER PERMANENT RULE ONLY

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

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: September 08, 2023

TIME: 3:05 PM

**WSR 23-19-018**

**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 is amending WAC 182-550-2750 to correct a typographical error in a WAC reference. The rule references chapter 246-318 WAC; the correct citation is chapter 246-320 WAC. The agency is repealing WAC 182-550-4700 because the hospital selective contracting program to which it applies ended June 30, 2007. The agency is repealing WAC 182-550-5425 because the upper payment limit program to which it applies ended July 1, 2007. The agency is amending WAC 182-550-1100 by deleting subsection (3)(b) because it applies only to the agency's selective contracting program that ended June 30, 2007.

**Citation of rules affected by this order:**

New:  
Repealed: 182-550-4700, 182-550-5425  
Amended: 182-550-2750, 182-550-1100  
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 23-14-023 on June 23, 2023 (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 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Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____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 nongovernmental entity:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted on the agency's own initiative:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	_____	Amended	<u>2</u>	Repealed	<u>2</u>
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**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>2</u>	Repealed	<u>2</u>

**Date Adopted:** September 8, 2023

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**



**WAC 182-550-1100 Hospital care—General.** (1) The medicaid agency:

(a) Pays for an eligible Washington apple health client's admission to a hospital only when the client's attending physician orders admission and when the admission and treatment provided:

(i) Are covered under WAC 182-501-0050, 182-501-0060 and 182-501-0065;

(ii) Are medically necessary as defined in WAC 182-500-0070;

(iii) Are determined according to WAC 182-501-0165 when prior authorization is required;

(iv) Are authorized when required under this chapter; and

(v) Meet applicable state and federal requirements.

(b) For hospital admissions, defines "attending physician" as the client's primary care provider, or the primary provider of care to the client at the time of admission.

(2) Medical record documentation of hospital services must meet the requirements in WAC 182-502-0020.

(3) The agency(~~+~~

~~(a))~~) pays for a hospital covered service provided to an eligible apple health client enrolled in an agency-contracted managed care organization (MCO) plan, under the fee-for-service program if the service is excluded from the MCO's capitation contract with the agency and meets prior authorization requirements. (See WAC 182-550-2600 for inpatient psychiatric services.)

~~((b) Does not pay for nonemergency services provided to an apple health client from a nonparticipating hospital in a selective contracting area (SCA) unless exclusions in WAC 182-550-4700 apply. The agency's selective contracting program and selective contracting payment limitations end for hospital claims with dates of admission before July 1, 2007.))~~

(4) The agency pays up to 26 days of inpatient hospital care for hospital-based withdrawal management, medical stabilization, and drug treatment for chemical dependent pregnant clients eligible under the substance-using pregnant people (SUPP) program.

See WAC 182-533-0701 through 182-533-0730.

(5) The agency pays for inpatient hospital withdrawal management of acute alcohol or other drug intoxication when the services are provided to an eligible client:

(a) In a withdrawal management unit in a hospital that has a withdrawal management provider agreement with the agency to perform these services and the services are approved by the division of behavioral health and recovery (DBHR) within the health care authority (HCA); or

(b) In an acute hospital and all the following criteria are met:

(i) The hospital does not have a withdrawal management specific provider agreement with DBHR;

(ii) The hospital provides the care in a medical unit;

(iii) Nonhospital-based withdrawal management is not medically appropriate for the client;

(iv) The client does not require medically necessary inpatient psychiatric care and it is determined that an approval from the agency or the agency's designee as an inpatient stay is not indicated;

- (v) The client's stay qualifies as an inpatient stay;
  - (vi) The client is not participating in the agency's substance-using pregnant people (SUPP) program; and
  - (vii) The client's principal diagnosis meets the agency's medical inpatient withdrawal management criteria listed in the agency's published billing instructions.
- (6) The agency covers medically necessary dental-related services provided to an eligible client in a hospital-based dental clinic when the services:
- (a) Are provided under chapter 182-535 WAC; and
  - (b) Are billed on the American Dental Association (ADA) or health care financing administration (HCFA) claim form.
- (7) The agency pays a hospital for covered dental-related services, including oral and maxillofacial surgeries, that are provided in the hospital's operating room, when:
- (a) The covered dental-related services are medically necessary and provided under chapter 182-535 WAC;
  - (b) The covered dental-related services are billed on a UB claim form; and
  - (c) At least one of the following is true:
    - (i) The dental-related service(s) is provided to an eligible apple health client on an emergency basis;
    - (ii) The client is eligible under the division of developmental disability program;
    - (iii) The client is age eight or younger; or
    - (iv) The dental service is prior authorized by the agency.
- (8) For inpatient voluntary or involuntary psychiatric admissions, see WAC 182-550-2600.

AMENDATORY SECTION (Amending WSR 11-14-075, filed 6/30/11, effective 7/1/11)

**WAC 182-550-2750 Hospital discharge planning services.** For discharge planning service requirements, see chapter ((246-318)) 246-320 WAC.

REPEALER

The following sections of the Washington Administrative Code are repealed:

- |                  |   |
|------------------|---|
| WAC 182-550-4700 | Payment—Non-SCA participating hospitals.                            |
| WAC 182-550-5425 | Upper payment limit (UPL) payments for inpatient hospital services. |