



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: March 12, 2025

TIME: 10:03 AM

WSR 25-07-045

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

- ☐ 31 days after filing.
☒ Other (specify) May 1, 2025 (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 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:

New:
Repealed:
Amended: 182-543-2000
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 25-04-044 on January 29, 2025 (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Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____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New	_____	Amended	_____	Repealed	_____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New	_____	Amended	_____	Repealed	_____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>1</u>	Repealed	_____
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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>1</u>	Repealed	_____

Date Adopted: 3/12/2025

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



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 co-pay, 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;

~~((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 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 that are listed in the agency's published ~~((medical equipment))~~ billing guides.