

WAC 182-540-120 Provider requirements. To receive reimbursement from the medicaid agency for providing care to agency clients, a kidney center must:

(1) Be a medicare-certified end-stage renal disease (ESRD) facility and have a signed core provider agreement with the agency (see chapter 182-502 WAC);

(2) Meet requirements found in chapter 182-502 WAC;

(3) Provide only those services within the scope of their provider's license; and

(4) Provide, either directly or through an affiliate, all physical facilities, professional consultation, personal instructions, medical treatment, care, and all supplies necessary for carrying out a medically sound ESRD treatment program, including:

(a) Dialysis for ESRD clients;

(b) Kidney transplant treatment, either directly or by referral, for ESRD clients when medically indicated;

(c) Treatment for conditions directly related to ESRD;

(d) Training and supervision of supporting personnel and clients for home dialysis, medical care, and treatment; and

(e) Supplies and equipment for home dialysis.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-14-040, § 182-540-120, filed 6/24/15, effective 7/25/15. WSR 11-14-075, recodified as § 182-540-120, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.510, 74.09.520, 74.09.522, and 42 C.F.R. 405.2101. WSR 03-21-039, § 388-540-120, filed 10/8/03, effective 11/8/03.]