Washington State Department of Labor & Industries

Surgical Smoke Equipment Reimbursement Application

Between January 2, 2025, & April 30, 2025, RCW 49.17.505 will allow eligible hospitals (critical access hospitals, hospitals with 25 or fewer licensed beds, and hospitals certified as "sole community hospitals" by Medicare/Medicaid) to apply for reimbursement of up to $1,000 per operating room for surgical smoke equipment purchased on or before January 1, 2025.

Application Instructions

Reimbursements will be processed in the order they are received until all allocated funds are used.

You must complete the entire application, as the Department of Labor & Industries (L&I) will not review incomplete applications.

Email the completed & signed application to SurgicalSmokeInfo@Lni.wa.gov. Include your receipts and other supporting documentation.

Applications must be submitted by April 30, 2025.

Note: To receive reimbursement, the hospital must be registered with the Washington State Office of Financial Management (OFM) as a payee and receive a vendor payee number.

- Not sure if you already have an OFM vendor payee number? Go to the OFM vendor number look up at: https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services/statewide-vendor-number-lookup.

- Need to register? For information on how to register, go to: https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services

- Download & complete the Vendor Payee Registration Form here: Vendor Registration Form (wa.gov).

Washington State Department of Labor & Industries

Surgical Smoke Equipment Reimbursement Application

Section 1: Hospital Information

Type of Facility ☐ Critical Access Hospital ☐ Sole Community Hospital ☐ Hospital with Less than 25 Beds		
Number of Operating Rooms (*The Department requests a hospital floor plan indicating the locations of the operating rooms.*)		
Legal Name of the Hospital	DOH Licensing Number	
Primary Contact Name	Primary Contact Title	
Primary Contact Email	Primary Contact Phone Number	
WA Vendor Payee Number	UBI	L&I Provider ID

Section 2: Description of Purchases

All purchases must be completed on or before January 1, 2025, to receive reimbursement. For approval and reimbursement, please place each purchase in the appropriate category. Total allowable reimbursement is $1,000 per operating room.

Surgical Smoke Evacuation Equipment (Only Function) – provide receipts for each purchase in attachments to this form.

Item	Quantity	Cost	Total
		Subtotal:	
		Freight/Shipping:	
		Tax:	
		Discounts:	
		Total Budget:	
		Amount Requested:	

Integrated surgical smoke evacuation equipment has functions beyond evacuation of surgical smoke. Electrosurgical devices are integrated with surgical smoke evacuation system functions and serves both purposes simultaneously. Reimbursement will be based on the cost of the surgical smoke evacuation elements of the equipment. Please submit the purchase receipt for the equipment along with documentation of the portion of the cost for the surgical smoke evacuation elements. This may be the supplier's price for the surgical smoke system add-on, the price of the equipment without surgical smoke evacuation, or the price of a similar stand-alone surgical smoke evacuation device.

The add-on cost of this evacuation system or the price of a similar stand-alone surgical smoke evacuation device.

Item	Quantity	Cost	Total
		Subtotal:	
		Freight/Shipping:	
		Tax:	
		Discounts:	
		Total Budget:	
		Amount Requested:	

Consumable supplies for surgical smoke evacuation equipment including replacement filters and other materials needed to maintain and use the equipment. These materials need to have been purchased on or before January 1, 2025 and cannot be in excess of what the hospital can expect to use. Include the expiration date for these materials and the expected annual usage by the hospital.

Item	Quantity	Cost	Total
		Subtotal:	
		Freight/Shipping:	
		Tax:	
		Discounts:	
		Total Budget:	
		Amount Requested:	

Section 3: Certification & Assurances

The undersigned certifies that:

1. The signer is authorized to submit the reimbursement application on behalf of the hospital and authorized to enter into legally binding agreements for the hospital.

2. The signer has fully read and understands the requirements of the Surgical Smoke Reimbursement Program.

3. The hospital will remit itemized receipts, invoices, and all other documentation as required above by L&I evidencing reimbursable expenses.

Signature of Applicant

I certify that I am authorized to sign and submit this application, along with the agreement that will follow, if funded, on behalf of the employer. The information submitted with this application is true and accurate to the best of my knowledge.

Print Authorized Representative Name	Title
Signature	Date

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