

WAC 182-531-1900 Payment—General requirements for physician-related services. (1) The medicaid agency pays physicians and related providers for covered services provided to eligible clients on a fee-for-service basis, subject to the exceptions, restrictions, and other limitations listed in this chapter and other published issuances.

(2) To receive payment, physicians must bill the agency according to the conditions of payment under WAC 182-502-0100.

(3) The agency does not separately reimburse certain administrative costs or services. The agency considers these costs to be included in the payment. These costs and services include the following:

- (a) Delinquent payment fees;
- (b) Educational supplies;
- (c) Mileage;
- (d) Missed or canceled appointments;
- (e) Reports, client charts, insurance forms, and copying expenses;
- (f) Service charges;
- (g) Take home drugs; and
- (h) Telephoning (e.g., for prescription refills).

(4) The agency does not routinely pay for procedure codes which have a "#" or "NC" indicator in the fee schedule. The agency reviews these codes for conformance to medicaid program policy only as an exception to policy or as a limitation extension. See WAC 182-501-0160 and 182-501-0165.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-17-066, § 182-531-1900, filed 8/14/15, effective 9/14/15. WSR 11-14-075, recodified as § 182-531-1900, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090. WSR 10-19-057, § 388-531-1900, filed 9/14/10, effective 10/15/10. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 01-01-012, § 388-531-1900, filed 12/6/00, effective 1/6/01.]