

**WAC 246-710-070 Provider diagnostic and treatment fund fees and payments.** (1) Payments to providers using DX/TX funds must be made using the current CYSHCN program standards and payment schedules, including the Washington state HCA-medicaid fee schedule and the CYSHCN program supplemental fee schedule.

(2) A provider shall consider payment to have been made in full for the services rendered when accepting the fees paid under this section.

(3) A provider may not bill or in any way seek billing or payment from a client for any remaining balances, unless the local CYSHCN agency has arranged for such billing before services were provided.

[Statutory Authority: RCW 43.70.040, 43.70.080, and 43.70.120. WSR 20-16-108, § 246-710-070, filed 7/31/20, effective 8/31/20. Statutory Authority: RCW 43.20.140. WSR 99-01-100, § 246-710-070, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-710-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. WSR 83-01-002 (Order 247), § 248-105-080, filed 12/2/82.]