WAC 182-537-0600  School district requirements for billing and payment. To receive payment from the medicaid agency for providing school-based health care services (SBHS) to eligible children, a school district must:

1. Enroll as a billing provider in ProviderOne and have a current, signed core provider agreement (CPA) with the agency.
2. Have a current, signed, and executed interagency agreement with the agency.
3. Meet the applicable requirements in chapter 182-502 WAC.
4. Comply with the agency's current, published ProviderOne billing and resource guide.
5. Bill according to the agency's current SBHS billing guide and the SBHS fee schedule.
6. Comply with the intergovernmental transfer (IGT) process. The school district must provide its local match to the agency within one hundred twenty days of the invoice date.
   a. If local match is not received within one hundred twenty days of the invoice date, the agency will deny claims.
   b. School districts may resubmit denied claims within twenty-four months from the date of service under WAC 182-502-0150.
7. Provide only health care-related services identified through a current individualized education program (IEP) or individualized family service plan (IFSP).
8. Use only licensed health care providers under WAC 182-537-0350.
9. Enroll licensed health care providers as servicing providers under the school district's ProviderOne account, and ensure providers have their own national provider identifier (NPI) number.
10. Meet documentation requirements described in WAC 182-537-0700.