



# PROPOSED RULE MAKING

**CR-102 (June 2024)**  
**(Implements RCW 34.05.320)**  
Do NOT use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: January 06, 2026**

**TIME: 11:56 AM**

**WSR 26-02-059**

**Agency:** Health Care Authority

- Original Notice**  
 **Supplemental Notice to WSR \_\_\_\_\_**  
 **Continuance of WSR \_\_\_\_\_**  
 **Preproposal Statement of Inquiry was filed as WSR 25-23-021 ; or**  
 **Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_; or**  
 **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or**  
 **Proposal is exempt under RCW \_\_\_\_\_.**

**Title of rule and other identifying information:** (describe subject) WAC 182-535-1098 Adjunctive general services

**Hearing location(s):**

<b>Date:</b>	<b>Time:</b>	<b>Location:</b> (be specific)	<b>Comment:</b>
February 10, 2026	10:00 AM	The Health Care Authority holds public hearings virtually without a physical meeting place	<p>Virtual public hearings are held via Microsoft Teams Webinar. To attend, <a href="#">you must register in advance</a>:</p> <p><a href="https://events.gcc.teams.microsoft.com/event/657f5237-a7d0-4e57-8dc1-14b86bf44662@11d0e217-264e-400a-8ba0-57dcc127d72d">https://events.gcc.teams.microsoft.com/event/657f5237-a7d0-4e57-8dc1-14b86bf44662@11d0e217-264e-400a-8ba0-57dcc127d72d</a></p> <p>After registering, you will receive a confirmation email containing information about joining the public hearing. You will be able to join the public hearing through most standard internet browsers; you do not need to install Microsoft Teams.</p>

**Date of intended adoption:** Not sooner than February 11, 2026

(Note: This is **NOT** the **effective** date)

<b>Submit written comments to:</b>	<b>Assistance for persons with disabilities:</b>
Name HCA Rules Coordinator Address PO Box 42716, Olympia WA 98504-2716 Email <a href="mailto:arc@hca.wa.gov">arc@hca.wa.gov</a> Fax 360-586-9727 Other Beginning (date and time) <u>January 6, 2026, 8:00 AM</u> By (date and time) <u>February 10, 2026, by 11:59 PM</u>	Contact Jessica Nguyen Phone 360-725-1174 Fax 360-586-9727 TTY Telecommunication Relay Service (TRS): 711 Email <a href="mailto:arc@hca.wa.gov">arc@hca.wa.gov</a> Other By (date) <u>January 23, 2026</u>

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:** The agency is removing CDT® code D9630 from coverage under the dental benefit as these drugs and medicaments are available under the client's pharmacy benefit when prescribed and the prescription is filled at a pharmacy. As a result, the agency is revising WAC 182-535-1098 to reflect this change and to also clarify that these services are still available under the client's pharmacy benefit. Additionally, the agency is updating the term conscious sedation to moderate sedation to align with industry standard language.

**Reasons supporting proposal:** See purpose.

**Statutory authority for adoption:** RCW 41.05.021, RCW 41.05.160

**Statute being implemented:** RCW 41.05.021, RCW 41.05.160

**Is rule necessary because of a:**

Federal Law?

 Yes  No

Federal Court Decision?

 Yes  No

State Court Decision?

 Yes  No

If yes, CITATION:

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:** None**Name of proponent:** (person or organization) Health Care Authority**Type of proponent:**  Private.  Public.  Governmental.**Name of agency personnel responsible for:**

	Name	Office Location	Phone
Drafting	Valerie Freudenstein	PO Box 42716, Olympia, WA 98504-2716	360-725-5128
Implementation	Jayson Diaz	PO Box 42716, Olympia, WA 98504-2716	360-725-9967
Enforcement	Jayson Diaz	PO Box 42716, Olympia, WA 98504-2716	360-725-9967

**Is a school district fiscal impact statement required under [RCW 28A.305.135](#)?** Yes  No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name

Address

Phone

Fax

TTY

Email

Other

**Is a cost-benefit analysis required under [RCW 34.05.328](#)?** Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name

Address

Phone

Fax

TTY

Email

Other

 No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.**Regulatory Fairness Act and Small Business Economic Impact Statement**Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.**(1) Identification of exemptions:**This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s): This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

 This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule. This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570](#)(2) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(3). Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(b)<br>(Internal government operations) | <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(e)<br>(Dictated by statute)   |
| <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(c)<br>(Incorporation by reference)     | <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(f)<br>(Set or adjust fees)  |
| <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(d)<br>(Correct or clarify language)    | <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(g)<br>((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit) |

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(4). (Does not affect small businesses).

This rule proposal, or portions of the proposal, is exempt under RCW \_\_\_\_\_.

Explanation of how the above exemption(s) applies to the proposed rule:

**(2) Scope of exemptions:** Check one.

- The rule proposal: Is fully exempt. (Skip section 3.) Exemptions identified above apply to all portions of the rule proposal.
- The rule proposal: Is partially exempt. (Complete section 3.) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):
- The rule proposal: Is not exempt. (Complete section 3.) No exemptions were identified above.

**(3) Small business economic impact statement:** Complete this section if any portion is not exempt.

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. The proposed rule is only a process change. Rather than the provider directly giving the client medication and billing the agency, the provider writes the prescription and the client receives their medication from the pharmacy; therefore, not imposing more-than-minor costs on businesses.
- Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name  
Address  
Phone  
Fax  
TTY  
Email  
Other

**Date:** January 6, 2026

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**



**WAC 182-535-1098 Covered—Adjunctive general services.** Clients described in WAC 182-535-1060 are eligible to receive the adjunctive general services listed in this section, subject to coverage limitations, restrictions, and client-age requirements identified for a specific service.

(1) **Adjunctive general services.** The medicaid agency:

(a) Covers palliative (emergency) treatment, not to include pupal debridement (see WAC 182-535-1086 (2)(b)), for treatment of dental pain, limited to once per day, per client, as follows:

(i) The treatment must occur during limited evaluation appointments;

(ii) A comprehensive description of the diagnosis and services provided must be documented in the client's record; and

(iii) Appropriate radiographs must be in the client's record supporting the medical necessity of the treatment.

(b) Covers local anesthesia and regional blocks as part of the global fee for any procedure being provided to clients.

(c) Covers office-based deep sedation/general anesthesia services:

(i) For all eligible clients age eight and younger and clients any age of the developmental disabilities community services division of the department of social and health services (DSHS). Documentation supporting the medical necessity of the anesthesia service must be in the client's record.

(ii) For clients age nine through 20 on a case-by-case basis and when prior authorized, except for oral surgery services. For oral surgery services listed in WAC 182-535-1094 (1)(f) through (l) and clients with cleft palate diagnoses, the agency does not require prior authorization for deep sedation/general anesthesia services.

(iii) For clients age 21 and older when prior authorized. The agency considers these services for only those clients:

(A) With medical conditions such as tremors, seizures, or asthma;

(B) Whose records contain documentation of tried and failed treatment under local anesthesia or other less costly sedation alternatives due to behavioral health conditions; or

(C) With other conditions for which general anesthesia is medically necessary, as defined in WAC 182-500-0070.

(d) Covers ((~~office-based intravenous moderate (conscious) sedation/analgesia~~) moderate sedation with parenteral agents):

(i) For any dental service for clients age 20 and younger, and for clients any age of the developmental disabilities community services division of DSHS. Documentation supporting the medical necessity of the service must be in the client's record.

(ii) For clients age 21 and older when prior authorized. The agency considers these services for only those clients:

(A) With medical conditions such as tremors, seizures, or asthma;

(B) Whose records contain documentation of tried and failed treatment under local anesthesia, or other less costly sedation alternatives due to behavioral health conditions; or

(C) With other conditions for which general anesthesia or ((~~conscious~~) moderate sedation is medically necessary, as defined in WAC 182-500-0070.

- (e) Covers ((~~office-based nonintravenous conscious~~)) moderate sedation with enteral agents:
- (i) For any dental service for clients age 20 and younger, and for clients any age of the developmental disabilities community services division of DSHS. Documentation supporting the medical necessity of the service must be in the client's record.
  - (ii) For clients age 21 and older, only when prior authorized.
  - (f) Requires providers to bill anesthesia services using the current dental terminology (CDT) codes listed in the agency's current published billing instructions.
  - (g) Requires providers to have a current anesthesia permit on file with the agency.
  - (h) Covers administration of nitrous oxide once per day, per client per provider.
  - (i) Requires providers of ((~~oral~~)) minimal sedation, enteral, or parenteral ((~~conscious~~)) moderate sedation, deep sedation, or general anesthesia to meet:
    - (i) The prevailing standard of care;
    - (ii) The provider's professional organizational guidelines;
    - (iii) The requirements in chapter 246-817 WAC; and
    - (iv) Relevant department of health (DOH) medical, dental, or nursing anesthesia regulations.
  - (j) Pays for dental anesthesia services according to WAC 182-535-1350.
  - (k) Covers professional consultation/diagnostic services as follows:
    - (i) A dentist or a physician other than the practitioner providing treatment must provide the services; and
    - (ii) A client must be referred by the agency for the services to be covered.
- (2) **Professional visits.** The agency covers:
- (a) Up to two house/extended care facility calls (visits) per facility, per provider. The agency limits payment to two facilities per day, per provider.
  - (b) One hospital visit, including emergency care, per day, per provider, per client, and not in combination with a surgical code unless the decision for surgery is a result of the visit.
  - (c) Emergency office visits after regularly scheduled hours. The agency limits payment to one emergency visit per day, per client, per provider.
- (3) **Drugs and medicaments (pharmaceuticals).**
- (a) The agency covers oral sedation medications only when prescribed and the prescription is filled at a pharmacy. The agency does not cover oral sedation medications that are dispensed in the provider's office for home use.
  - (b) The agency covers therapeutic parenteral drugs as follows:
    - (i) Includes antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This does not include sedative, anesthetic, or reversal agents.
    - (ii) Only one single-drug injection or one multiple-drug injection per date of service.
    - (c) ((~~For clients age 20 and younger,~~)) The agency covers other drugs and medicaments ((~~dispensed in the provider's office for home use~~)) under the client's pharmacy benefit. This includes, but is not limited to, oral antibiotics and oral analgesics. The agency does not cover the time spent writing prescriptions.

(d) For clients enrolled in an agency-contracted managed care organization (MCO), the client's MCO pays for dental prescriptions.

(4) **Miscellaneous services.** The agency covers:

(a) Behavior management provided by a dental provider or clinic. The agency does not cover assistance with managing a client's behavior provided by a dental provider or staff member delivering the client's dental treatment.

(i) Documentation supporting the need for behavior management must be in the client's record and including the following:

- (A) A description of the behavior to be managed;
- (B) The behavior management technique used; and

(C) The identity of the additional professional staff used to provide the behavior management.

(ii) Clients, who meet one of the following criteria and whose documented behavior requires the assistance of one additional professional staff employed by the dental provider or clinic to protect the client and the professional staff from injury while treatment is rendered, may receive behavior management:

- (A) Clients age eight and younger;

(B) Clients age nine through 20, only on a case-by-case basis and when prior authorized;

(C) Clients any age of the developmental disabilities community services division of DSHS;

- (D) Clients diagnosed with autism;

(E) Clients who reside in an alternate living facility (ALF) as defined in WAC ((182-513-1301)) 182-513-1100, or in a nursing facility as defined in WAC 182-500-0075.

(iii) Behavior management can be performed in the following settings:

(A) Clinics (including independent clinics, tribal health clinics, federally qualified health centers, rural health clinics, and public health clinics);

- (B) Offices;

- (C) Homes (including private homes and group homes); and

(D) Facilities (including nursing facilities and alternate living facilities).

(b) Treatment of post-surgical complications (e.g., dry socket). Documentation supporting the medical necessity of the service must be in the client's record.

(c) Occlusal guards when medically necessary and prior authorized. (Refer to WAC 182-535-1094(4) for occlusal orthotic device coverage and coverage limitations.) The agency covers:

(i) An occlusal guard only for clients age 12 through 20 when the client has permanent dentition; and

(ii) An occlusal guard only as a laboratory processed full arch appliance.

(5) **Nonclinical procedures.**

(a) The agency covers teledentistry according to the department of health, health systems quality assurance office of health professions, current guidelines, appropriate use of teledentistry, and as follows (see WAC 182-531-1730 for coverage limitations not listed in this section):

(i) Synchronous teledentistry at the distant site for clients of all ages; and

(ii) Asynchronous teledentistry at the distant site for clients of all ages.

- (b) The client's record must include the following supporting documentation regarding teledentistry:
- (i) Service provided via teledentistry;
  - (ii) Location of the client;
  - (iii) Location of the provider; and
  - (iv) Names and credentials of all persons involved in the teledentistry visit and their role in providing the service at both the originating and distant sites.