PROPOSED RULE MAKING

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

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STATE OF WASHINGTON
FILED

DATE: April 17, 2025
TIME: 2:07 PM

WSR 25-09-089

Agency: Health Care Authority

☒ **Original Notice**
☐ **Supplemental Notice to WSR**
☐ **Continuance of WSR _____**

☒ **Preproposal Statement of Inquiry was filed as WSR 24-24-108 ; 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) 182-531-0300 - Anesthesia providers and covered physician-related services. and 182-531-0350- Anesthesia services – Reimbursement for physician-related services

Hearing location(s):

Date:	**Time:**	**Location:** (be specific)	**Comment:**
May 27, 2025	10:00 AM	The Health Care Authority holds public hearings virtually without a physical meeting place	To attend the virtual public hearing, you must register in advance: https://us02web.zoom.us/webinar/register/WN_tPBE4ot9T0eY4kiqA4mp4A If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing

Date of intended adoption: May 28, 2025 (Note: This is **NOT** the **effective** date)

Submit written comments to:	**Assistance for persons with disabilities:**
Name HCA Rules Coordinator	Contact Johanna Larson
Address PO Box 42716, Olympia WA 98504-2716	Phone 360-725-1349
Email arc@hca.wa.gov	Fax 360-586-9727
Fax 360-586-9727	TTY Telecommunication Relay Service (TRS): 711
Other	Email Johanna.Larson@hca.wa.gov
Beginning (date and time) April 18, 2025, 8:00 AM	Other
By (date and time) May 27, 2025, by 11:59 PM	By (date) May 9, 2025

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending these rules to allow for the payment of services under the Apple Health program by certified anesthesiologist assistants (CAA), as established in Chapter 18.71D RCW and adds other clarification about providers of anesthesia services.
The proposed rules:

- Add qualified dentists or oral surgeons and certified anesthesiologist assistants to the list of qualified anesthesiologist providers eligible for reimbursement
- Replace the “department” with “medicaid agency” or “agency”
- Relocate anesthesia reimbursement provisions from section 182-551-0300 to section 182-551-0350
- Update the source of the base anesthesia units (BAU) values
- Include the calculation of allowed anesthesia charges for more than one procedure and for add-on procedures
- Clarify that the agency does not reimburse attending surgeon for anesthesia services
- Describe reimbursement for multiple anesthesia providers present on a case and for anesthesia provided by a team

Reasons supporting proposal: See purpose

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Statute being implemented: RCW 41.05.021, 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	Melinda Froud	PO Box 42716, Olympia, WA 98504-2716	360-725-1408
Implementation	Andrea Allen	PO Box 45502, Olympia, WA 98504-5502	360-725-9805
Enforcement	Andrea Allen	PO Box 45502, Olympia, WA 98504-5502	360-725-9805

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:

- ☐ RCW 34.05.310 (4)(b) (Internal government operations)
- ☐ RCW 34.05.310 (4)(c) (Incorporation by reference)
- ☐ RCW 34.05.310 (4)(d) (Correct or clarify language)
- ☐ RCW 34.05.310 (4)(e) (Dictated by statute)
- ☐ RCW 34.05.310 (4)(f) (Set or adjust fees)
- ☐ RCW 34.05.310 (4)(g) ((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.*

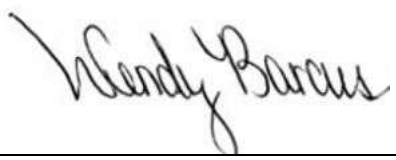
If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

☒ 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 rules identify which providers may receive reimbursement for anesthesia services under Apple Health and describe the calculations for those payments. This proposal does not impose more-than-minor costs on small 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: April 17, 2025	**Signature:** 
Name: Wendy Barcus	
Title: HCA Rules Coordinator	

AMENDATORY SECTION (Amending WSR 22-16-037, filed 7/27/22, effective 8/27/22)

WAC 182-531-0300 Anesthesia providers and covered physician-related services. The medicaid agency bases coverage of anesthesia services on medicare policies and the following rules:

(1) The agency reimburses providers for covered anesthesia services performed by a qualified anesthesiologist provider, which includes:

(a) Anesthesiologists as defined in RCW 18.71D.010;

(b) A doctor of medicine or osteopathy (other than an anesthesiologist);

(c) A dentist or oral surgeon who is qualified to administer anesthesia;

(d) Certified registered nurse anesthetists (CRNAs);

((~~(d) Oral surgeons with a special agreement with the agency to provide anesthesia services; and~~))

(e) Certified anesthesiologist assistants (CAAs); and

(f) Other providers who have a special agreement with the agency to provide anesthesia services.

(2) The agency covers and reimburses anesthesia services for children and noncooperative clients in those situations where the medically necessary procedure cannot be performed if the client is not anesthetized. A statement of the client-specific reasons why the procedure could not be performed without specific anesthesia services must be kept in the client's medical record. Examples of such procedures include:

(a) Computerized tomography (CT);

(b) Dental procedures;

(c) Electroconvulsive therapy; and

(d) Magnetic resonance imaging (MRI).

(3) The agency covers anesthesia services provided for any of the following:

(a) Dental restorations and/or extractions:

(b) Maternity per subsection (9) of this section. See WAC 182-531-1550 for information about sterilization/hysterectomy anesthesia;

(c) Pain management per subsection (5) of this section;

(d) Radiological services as listed in WAC 182-531-1450; and

(e) Surgical procedures.

(4) For each ((~~client~~)) anesthesia case under the medical direction of an anesthesiologist, the anesthesiologist provider must do all of the following:

(a) Perform a preanesthetic examination and evaluation;

(b) Prescribe the anesthesia plan;

(c) Personally participate in the most demanding aspects of the anesthesia plan, including, if applicable, induction and emergence;

(d) Ensure that any procedures in the anesthesia plan that the ((~~provider~~)) anesthesiologist does not perform((~~,~~)) are performed by a qualified ((~~individual as defined in the program operating instructions~~)) anesthesia provider as described in subsection (1) of this section;

(e) At frequent intervals, monitor the course of anesthesia during administration;

(f) Remain physically present and available for immediate diagnosis and treatment of emergencies; and

(g) Provide indicated post anesthesia care.

(5) The agency does not allow the anesthesiologist ((~~provider~~)) to:

(a) Direct more than four anesthesia services concurrently; and

(b) Perform any other services while directing the single or concurrent services, other than attending to medical emergencies and other limited services as allowed by medicare instructions.

(6) The agency requires the anesthesiologist ((~~provider~~)) to document in the client's medical record that the medical direction requirements in subsection (4) of this section were met.

(7) ((~~General anesthesia:~~

~~(a) When a provider performs multiple operative procedures for the same client at the same time, the agency reimburses the base anesthesia units (BAU) for the major procedure only.~~

~~(b) The agency does not reimburse the attending surgeon for anesthesia services.~~

~~(c) When more than one anesthesia provider is present on a case, the agency reimburses as follows:~~

~~(i) The supervisory anesthesiologist and certified registered nurse anesthetist (CRNA) each receive 50 percent of the allowed amount.~~

~~(ii) For anesthesia provided by a team, the agency limits reimbursement to 100 percent of the total allowed reimbursement for the service.~~)) For anesthesia reimbursement, see WAC 182-531-0350.

(8) Pain management:

(a) The agency pays CRNAs or anesthesiologists for pain management services.

(b) The agency allows two postoperative or pain management epidurals per client, per hospital stay plus the two associated E&M fees for pain management.

(9) Maternity anesthesia:

(a) To determine total time for obstetric epidural anesthesia during normal labor and delivery and c-sections, time begins with insertion and ends with removal for a maximum of six hours. "Delivery" includes labor for single or multiple births, and/or cesarean section delivery.

(b) The agency does not apply the six-hour limit for anesthesia to procedures performed as a result of post-delivery complications.

(c) See WAC 182-531-1550 for information on anesthesia services during a delivery with sterilization.

(d) See chapter 182-533 WAC for more information about maternity-related services.

AMENDATORY SECTION (Amending WSR 11-14-075, filed 6/30/11, effective 7/1/11)

WAC 182-531-0350 Anesthesia services—Reimbursement for physician-related services. (1) The ((~~department~~)) medicaid agency reimburses anesthesia services on the basis of base anesthesia units (BAU) plus time.

(2) The ((~~department~~)) agency calculates payment for anesthesia by adding the BAU to the time units and multiplying that sum by the conversion factor. The formula used in the calculation is: (BAU ×

((~~fifteen~~)) 15) + time) × (conversion factor divided by ((~~fifteen~~)) 15) = reimbursement.

(3) The ((~~department obtains BAU values from the relative value guide **(RVG)**, and updates them annually. The department and/or the anesthesia technical advisory group **(ATAG)** members establish the base units for procedures for which anesthesia is appropriate but do not have BAUs established by RVSP and are not defined as add-on~~)) agency obtains new BAU values from the most current Centers for Medicare and Medicaid Services (CMS) anesthesia base unit file and reviews them annually for updates.

(4) The ((~~department~~)) agency determines a budget neutral anesthesia conversion factor by:

(a) Determining the BAUs, time units, and expenditures for a **base period** for the provided procedure. Then,

(b) Adding the latest BAU ((~~RVSP~~)) to the time units for the base period to obtain an estimate of the new time unit for the procedure. Then,

(c) Multiplying the time units obtained in (b) of this subsection for the new period by a conversion factor to obtain estimated expenditures. Then,

(d) Comparing the expenditures obtained in (c) of this subsection with base period expenditure levels obtained in (a) of this subsection. Then,

(e) Adjusting the dollar amount for the anesthesia conversion factor and the projected time units at the new BAUs equals the allocated amount determined in (a) of this subsection.

(5) The ((~~department~~)) agency calculates anesthesia time units as follows:

(a) One minute equals one unit.

(b) The total time is calculated to the next whole minute.

(c) Anesthesia time begins when the ((~~anesthesiologist, surgeon, or CRNA~~)) qualified anesthesia provider begins physically preparing the client for the induction of anesthesia; this must take place in the operating room or its equivalent. When there is a break in continuous anesthesia care, blocks of time may be added together as long as there is continuous monitoring. Examples of this include, but are not limited to, the following:

(i) The time a client spends in an anesthesia induction room; or

(ii) The time a client spends under the care of an operating room nurse during a surgical procedure.

(d) Anesthesia time ends when the ((~~anesthesiologist, surgeon, or CRNA~~)) qualified anesthesia provider is no longer in constant attendance (i.e., when the client can be safely placed under post-operative supervision).

(6) When more than one surgical procedure is performed at the same operative session, the agency uses the BAU of the major procedure to determine anesthesia **allowed charges.**

(7) The agency reimburses for add-on procedures as defined by CPT only for the time spent on the add-on procedure that is in addition to the time spent on the major procedure.

(8) The agency does not reimburse the attending surgeon for anesthesia services.

(9) When more than one anesthesia provider is present on a case, the agency reimburses as follows:

(a) The medical directing anesthesiologist receives 50 percent of the allowed amount;

(b) The CRNA or CAA under medical direction receives 50 percent of the allowed amount; and

(c) For anesthesia provided by a team, the agency limits reimbursement to 100 percent of the total allowed reimbursement for the service.

(10) The agency considers an anesthesiologist who supervises a resident anesthesiologist to be a teaching anesthesiologist and reimburses as follows:

(a) When supervising one resident only, the teaching anesthesiologist receives 100 percent of the allowed amount.

(b) When supervising two or more residents concurrently, the teaching anesthesiologist receives 50 percent of the allowed amount for each case supervised.

(11) The ((~~department~~)) agency changes anesthesia **conversion factors** if the legislature grants a vendor rate increase, or other increase, and if the effective date of that increase is not the same as the ((~~department's~~)) agency's annual update.

((~~(7)~~)) (12) If the legislatively authorized vendor rate increase or other increase becomes effective at the same time as the ((~~department's~~)) agency's annual update, the ((~~department~~)) agency applies the increase after calculating the budget-neutral conversion factor.

((~~(8) When more than one surgical procedure is performed at the same operative session, the department uses the BAU of the major procedure to determine anesthesia **allowed charges**. The department reimburses for add-on procedures as defined by CPT only for the time spent on the add-on procedure that is in addition to the time spent on the major procedure.~~))