

This matrix details how to use the department-developed forms and templates when communicating with workers and L&I.

Forms
Department-developed forms should be used to request that the department issue an order on a claim or to report a specific action being taken on a claim. Imaging document (doc) types are indicated in parenthesis.

Forms			
Action requested from the department or reported by the self-insurer	The insurer must complete and send the following to the department	Time frame	They also need to send the worker/medical provider:
1. Requesting claim allowance	<ul style="list-style-type: none"> • Claim Allowance Request form (Doc type - CAR) • SIF-2 (if not previously submitted) • SIF-5A (TL claims) 	Within 60 days of notice of a claim	
2. Requesting interlocutory order	<ul style="list-style-type: none"> • Interlocutory Request (Doc type - IR) form that includes reasonable explanation of why interlocutory is needed • SIF-2 (if not previously submitted) • SIF-5A (TL claims) • All claim records (excluding medical bills) 	Within 60 days of notice of claim	

<p>3. Requesting claim denial order</p>	<ul style="list-style-type: none"> • Claim Denial Request (Doc type - CDR) form • SIF-2 (if not previously submitted) • All claim records (excluding medical bills) 	<p>Within 60 days of notice of a claim</p>	<ul style="list-style-type: none"> • Notification of the request for claim denial, may use copy of Claim Denial Request form
<p>4. Requesting claim closure order on time-loss (TL), permanent partial disability (PPD), and medical only (MO) claims</p>	<ul style="list-style-type: none"> • Claim Closure (Doc type - CCR) form • Transaction record of all time-loss payments • All claim records (excluding medical bills) • PPD schedule if necessary 	<p>At the time of closure or closure being requested</p>	<ul style="list-style-type: none"> • Claim Closure form to the worker • PPD schedule, if necessary, to the worker
<p>or Reporting claims closed by the self-insurer on time-loss (TL), permanent partial disability (PPD)</p>	<ul style="list-style-type: none"> • Claim Closure (Doc type -CCR) form • SIF-2 (if not previously submitted) • Closing Order • PPD schedule if necessary 	<p>At the time of closure or closure being requested</p>	<ul style="list-style-type: none"> • Claim Closure form to the worker • A closing order to the worker and attending provider • PPD schedule if necessary to the worker
<p>or Reporting medical only (MO) claims closed by the self-insurer</p>	<ul style="list-style-type: none"> • Transferred electronically in department format or • by paper, if submitted in paper, they must include the SIF-2 showing the date of closure and any vocational services provided <p>Note: no CAR & CCR is required</p>	<p>By the end of the month following closure</p>	<ul style="list-style-type: none"> • Closing order to the worker and attending provider

<p>5. Requesting an overpayment order</p>	<ul style="list-style-type: none"> • Overpayment Request (Doc type - OOR) form • Copy of Assessment of Overpayment template sent to worker • Payment ledgers • SIF-5A – if overpayment is due to wage calculation error • Documentation of a release/return to work – if payment due to worker receiving benefits for a period of time they were not entitled 	<p>At the time of claim closure if an overpayment remains uncollected.</p>	
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Department-developed templates – Defined in WAC 296-15-425 (4)

“...used by the self-insurer to inform a worker of administrative actions on the claim involving delivery of benefits”.

Templates are letters explaining actions being taken. Self-Insurers are required to complete and send a department-developed template to the worker **within 5 days** of taking the following actions:

Templates WAC 296-15-425		
Action taken by self-insurer	The insurer must complete and send the following to the department	Within 5 days, the insurer must complete and send the following template to the worker
<p>1. Calculation of the worker’s monthly wage</p>		<ul style="list-style-type: none"> • Calculation of Monthly Wage as a Basis for Time-Loss Compensation template • SIF-5A <p>Note: the template is intended to be a cover letter to the SIF-5A</p>
<p>2. Starting provisional time-loss or loss of earning power (LEP) benefits</p> <p>Note: may also be used for communication of ongoing provisional compensation benefits</p>	<p>When starting or paying provisional benefits:</p> <ul style="list-style-type: none"> • Provisional Compensation Benefits template • SIF-2 (if not previously sent) 	<ul style="list-style-type: none"> • Provisional Compensation Benefits template

3. Starting, stopping or denying time-loss or LEP benefits	<ul style="list-style-type: none"> • Start, Stop or Deny Compensation Benefits template • SIF-2 (if not previously sent) 	<ul style="list-style-type: none"> • Start, Stop or Deny Compensation Benefits template
4. Acceptance of a condition		<ul style="list-style-type: none"> • Accept Newly Contended Condition template
5. Denial of a condition		<ul style="list-style-type: none"> • Deny Newly Contended Condition template
6. Authorization or denial of treatment		<ul style="list-style-type: none"> • Treatment Decision template
7. Assessment of an underpayment		<ul style="list-style-type: none"> • Notice of Underpayment template
8. Assessment of an overpayment		<ul style="list-style-type: none"> • Assessment of Overpayment template