



Washington State Department of
Labor & Industries

Self-Insurance



Self-Insurance Training Presents: Allowance, Interloc and Denial

2025 Training

Safety Message



Housekeeping

- Calling in?
 - Please put your name and phone number in the Q&A.
- Certification renewing soon?
 - Double check your SICATS credits.
 - Continuing Education/Certification renewal questions
SIContEdu@LNI.WA.GOV
- Course ID?
 - Will be provided at the end of training.

Resources

- Forms and Publications
 - Forms: Allowance Interlocutory, Denial, Overpayment
- Training Matrix
- Claim Adjudication Guidelines – Claim Validity

WAC 296-15-420

- Provides rules for how to request Allowance, Interlocutory or Denial orders. Including:
 - Timeframes
 - Documentation Requirements
 - Department Actions

Claim Allowance Request (CAR)

- Send to the department within 60-days of notice of a claim, when allowance is appropriate.
- Attach copies of SIF-2 and SIF-5A
 - Documentation supporting the DOI or DOM may be needed
- Not all claims require an allowance order.

Medical Only (MO)

- Do not require an allowance order and SIE/TPA's do not need to request one.
- Allowance orders are issued on MO claims if:
 - Claim Denial was requested, but claim should be allowed.
 - An Interlocutory order was previously issued on the claim.

Additional Information Needed

- The department may request additional information if:
 - The CAR was not complete.
 - The DOI/DOM cannot be confirmed.
- The department will only make one request for information.

Interlocutory Orders


- Must be requested when you are unable to make a claim determination within 60-days of notice of claim.
- If granted, it allows up to 90-days from notice of claim to make a determination.
- Allows additional time to investigate claim validity.

Interlocutory Requests (IR) Form

- Send to the department within 60-days of notice of a claim when unable to make a claim determination.
- Provide a reasonable explanation of why validity cannot be determined.
- Attach a copy of the claim file.
- Include a copy of the SIF-2 and SIF-5A.

Interlocutory Request (IR) Form

Date SIF-2 and PIR was Received	
<i>Please ensure the completed SIF-2 is attached with this form. This must be date stamped (RCW 51.32.190).</i>	
Date SIF-2 was Received	Date PIR was Received

Initial Interlocutory Request Reasons	
<i>Must be received within 60 days of notice of claim with a reasonable explanation why an interlocutory order is needed. Please attach a copy of the complete claim file.</i>	
Type of Claim <input type="checkbox"/> Specific Injury <input type="checkbox"/> Occupational Disease <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Unknown	Provisional Compensation Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
	

Extension of the Interlocutory Request Reasons
<i>The department will consider an extension of an interlocutory order if a reasonable explanation is provided. An extension may be granted up to 120 days from notice of claim. Please attach an updated copy of the claim file with each request.</i>

Valid Interlocutory Reasons

- Prima facie is not met.
- Missing medical / Provider Initial Report (PIR).
- IME for occupational disease causation.

Not Valid Interlocutory Reasons

- Obtain prior medical records.
- Need to investigate.
- Need IME.
- No reason given or blank.
- Need more time to review.
- Did not report.

Other Claims

- Hearing Loss
- Occupational Presumption Claims for Firefighters, Law Enforcement, and Direct Care Registered Nurses
 - PTSD/Mental Health
 - Cardiac Arrest (firefighters and Law Enforcement only)
- Radiological Hazardous Waste Facility
- Special Situations requiring more investigation
 - Cardiovascular
 - Plantar Fasciitis
 - Infectious Disease

SIF-2

- Must provide upon request or first knowledge.
 - WAC 296-15-320
 - WAC 296-15-405
- Even if the employer questions validity, an SIF-2 must still be supplied.

Not Timely Requests

- Interlocutory request is not requested within 60-days:
 - No interlocutory order will be issued.
 - Department will review for action.
 - If not enough information, the department will request a determination within 10-business days.

Provisional Benefits

- Requires payment of time-loss and other benefits while gathering further information.
 - If their provider has certified them unable to work due to the injury/occupational disease.
- Ongoing medical treatment and vocational services are **NOT PAYABLE** unless the claim is allowed.

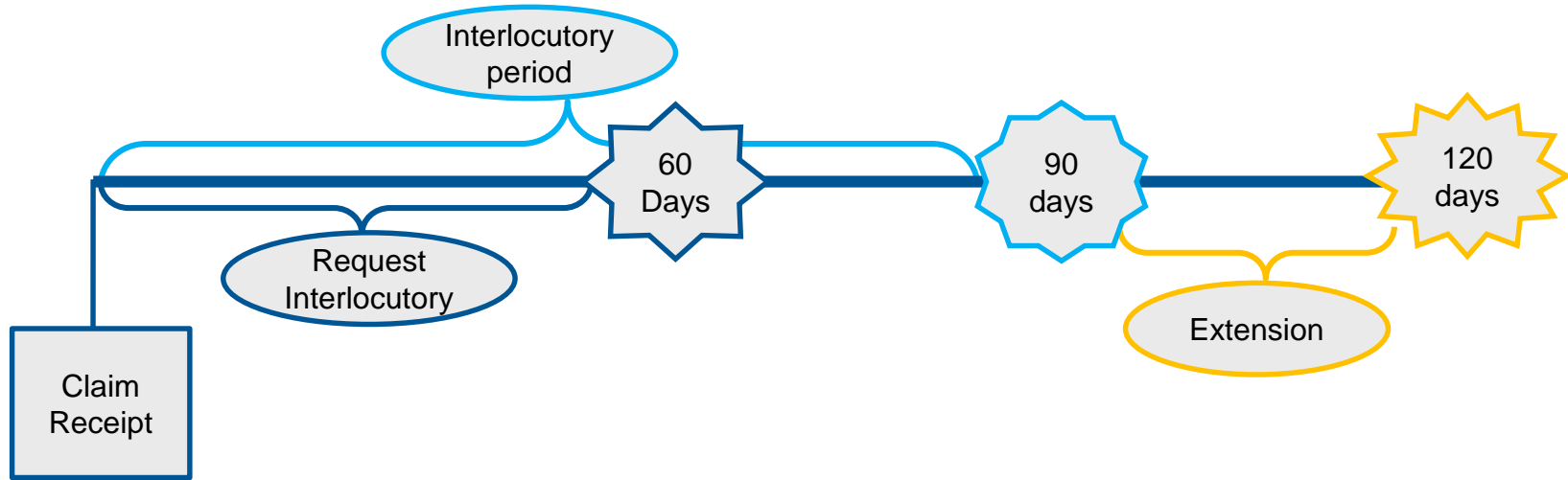
Extensions

- SIE/TPA can request a 30-day extension of the interlocutory period if investigation cannot be completed and there is good cause.
- If an extension is granted a maximum of 120 days for notice of claim is give to make a determination.

Interlocutory Reminders

- Interlocutory orders and requests are not to be used to delay claim allowance.
- SIE/TPA should not delay claim action while waiting for the department to issue an interlocutory order.
- Extensions will not be made due to inactivity.

Interlocutory Timeframe



Knowledge Check



How many days does an employer have from
claim receipt to request an allowance or
interlocutory order?

60-days

Which WAC covers this?

WAC 296-15-420

Which are valid reasons to request an interlocutory order?

Need more time to review.

Obtaining medical/causation.

Obtaining description of injury clarification.

Need to investigate.

Did not report.

Obtaining prior medical to determine correct DOM.

Jimmy fractured his ankle when he fell off his ladder at work. The provider indicated that Jimmy had a similar injury 8 years prior.

Is an interlocutory request appropriate, in order to allow time to gather prior medical?

No

Worker states they burned themselves on the oven at work, but hasn't seen a provider yet.

Is an interlocutory request appropriate?

Yes

When requesting an interlocutory order, what must be included in the request?

SIF-2

Interlocutory Request form

A copy of the claim file

A reasonable explanation of why

Denial Requests

- SIE's/TPA's don't have authority to deny claims.
- The SIE must send:
 - Claim Denial Request (CDR) form
 - A complete copy of claim file (excluding bills)
- Must pay provisional time-loss benefits until the department issues the denial order and notice.

Claim Denial Request Form

- Must be complete
 - Including worker / claim info
- Denial Reasons
- Attending Provider and Language Preference



Self-Insurance
PO Box 44892
Olympia WA 98504-4892
Fax: 360-902-6900

Claim Denial Request

Injured Worker Name	Claim Number	
Injured Worker Address		
City	State	Zip Code
Date of Injury or Manifestation	Date Form Completed	
Employer Name	UBI	Account ID
Prepared By	Preparer Phone Number (include extension if needed)	

SIF-2: Please ensure the completed SIF-2 is attached to this form, if not previously submitted to the claim file. This must be date stamped ([RCW 51.32.190](#)).

OR

☐ No application was received from the worker. If this is marked, you **must** supply the worker's date of birth ____ / ____ / ____

Denial Reason

☐ No medical – attach copy of communication attempting to get medical documentation.
☐ Other – enter the reason for your denial request. Attach additional pages if needed. See page 2 for specific denial reasons.

Denial Request

You must submit the complete copy of the claim file. Include your supporting documentation for denial directly behind this form. This will be reviewed with your request.

Is this a hearing loss claim?

☐ Yes ☐ No

Are you requesting an overpayment of provisional benefits at this time? If so, please include the Overpayment Request form.

☐ Yes ☐ No

Attending Provider Information or Update

Please provide the current attending provider information.

Attending Provider Name	Attending Provider's Phone Number	
Attending Provider's Address		
City	State	Zip Code

Translation for Communicating the Decision

It is necessary the Employer and the Department ensure a means of communication to all parties per [WAC 296-15-350](#).

Does the worker have a preferred language other than English? If "Yes", what is the preferred language?

☐ Yes ☐ No

F207-217-000 Claim Denial Request 07-2025

RESET

Index: CDR

Claim Denial Request Form

SIF-2: Please ensure the completed SIF-2 is attached to this form, if not previously submitted to the claim file. This must be date stamped ([RCW 51.32.190](#)).

OR

Option 1

☐ No application was received from the worker. If this is marked, you **must** supply the worker's date of birth ____ / ____ / ____

Option 2

Denial Reason

- ☐ No medical – attach copy of communication attempting to get medical documentation.
- ☐ Other – enter the reason for your denial request. Attach additional pages if needed. See page 2 for specific denial reasons.

Option 3

Denial Request

You must submit the complete copy of the claim file. Include your supporting documentation for denial directly behind this form. This will be reviewed with your request.

Is this a hearing loss claim?

☐ Yes ☐ No

Are you requesting an overpayment of provisional benefits at this time? If so, please include the Overpayment Request form.

☐ Yes ☐ No

Possible Denial Reasons

- Intentional Injuries: removing oneself from the course of employment
- Injured while committing a felony
- Repair of clothing, equipment or footwear
- Mental stress as occupational disease
- No Employer-Employee Relationship
- Last injurious exposure was with a different self-insured employer or state fund claim

Claim Denial Reasons

Claim Denial Reasons

- There is no proof of a specific injury at a definite time and place in the course of employment.
- The worker's condition is not the result of an industrial injury as defined by the Industrial Insurance Laws.
- The claimant's condition is not the result of injury alleged.
- The worker's condition pre-existed the alleged injury and is not related thereto.
- The loss or damage of glasses is not the result of an industrial accident when they are not being worn as an artificial substitute as contemplated by RCW 51.36.020.
- The worker was not under the Industrial Insurance Laws at the time of injury.
- At the time of injury the worker was not in the course of employment.
- No claim has been filed by said worker within one year after the day upon which the alleged injury occurred.
- There is no provision in the Industrial Insurance Laws to provide for replacement of broken safety glasses which are not of prescription quality.
- No claim was filed within two years from the date on which the worker was informed in writing by a physician that an occupational disease had been contracted.
- The worker's condition is not an occupational disease as contemplated by section 51.08.140 RCW, and is excluded from coverage pursuant to section 51.08.142 RCW and section 296-14-300 WAC.
- No personal injury was sustained by the worker.
- The injury occurred in the parking area and is not covered under the Industrial Insurance Laws in accordance with section 51.08.013 RCW.

Claim Denial Guidelines

Claim Denial Reasons	Use this code when:
There is no proof of a specific injury at a definite time and place in the course of employment.	The worker is unable to point to a specific incident that led to the diagnosed condition.
The worker's condition is not the result of an industrial injury as defined by the Industrial Insurance Laws.	The attending provider states that the worker's condition is not causally related to the incident described by the worker.
The claimant's condition is not the result of exposure alleged.	The medical opinion states that the worker's occupational condition is not related to his or her job duties.
The worker's condition pre-existed the alleged injury and is not related thereto.	There is documented evidence that the worker's condition existed prior to the incident described and was not affected by the incident.
The loss or damage of glasses is not the result of an industrial accident when they are not being worn as an artificial substitute as contemplated by RCW 51.36.020.	The worker's glasses were lost or broken due to an industrial accident, but the glasses were not in use (being worn), and the worker sustained no other injury.

No Application Denial Requests

- Appropriate when the worker clearly declines to file a claim, or fails to return the SIF-2.
- Documentation needed:
 - Worker written decline of claim.
 - Attempts to collect back completed SIF-2.
- Only mark “No Application” bo

No Medical Report Denial Requests

- Worker did not seek treatment or SIE is unable to obtain medical information.
- SIE must document attempt to determine if worker received treatment.
- Worker can still seek treatment and file new claim.

Claim Denial Request: Department Action

- After review of the request for denial, the department will:
 - Request additional information if necessary.
 - Issue an order denying the claim.or
 - Issue an allowance order if claim does not meet denial criteria.

Overpayment Request Form

Overpayment Request		
<i>The worker must be notified of overpayments within one (1) year of the occurrence. This does not apply to provisional payments.</i>		
Type of benefits that were overpaid: <input type="checkbox"/> Time-Loss <input type="checkbox"/> LEP <input type="checkbox"/> PPD	Were the benefits provisional? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Social Security Offset overpayment request? <input type="checkbox"/> Yes <input type="checkbox"/> No
Overpayment Date(s) ____ / ____ / ____ through ____ / ____ / ____	Overpayment amount already recouped \$ _____	
<input type="checkbox"/> Overpayment is due to a wage calculation error (must attach the following) <ul style="list-style-type: none">• Copy of the SIF-5A used to calculate the wages• Payment ledgers* and/or LEP calculation worksheets with matching payroll statements• Copy of the Assessment of Overpayment notice sent to the worker• If L&I has not already issued a wage order, attach items listed on next page		
<input type="checkbox"/> Overpayment is due to the worker receiving benefits for a period of time they were not entitled (must attach the following) <ul style="list-style-type: none">• Supporting documentation of a release for work/return to work• Payment ledgers*• Copy of the Assessment of Overpayment notice sent to the worker		
<input type="checkbox"/> Overpayment is due to a PPD award paid in error or the result of claim closure being reversed <i>*Payment ledgers must include the payment period(s), amount paid, and the date the payment was sent to the worker.</i>		
Provide specifics about how the overpayment occurred.		

Overpayment Request Form

Documentation Required for Wage Order	
<input type="checkbox"/>	Earning statements for the requested date range. Earning statements are “unprocessed” payroll documentation, initial payroll documents such as records kept by HR to calculate the worker’s recurring paychecks including deductions for each pay period. It is complete paystub information, if not actual paystubs.
<input type="checkbox"/>	Daily time records for the requested date range. This means timecard records showing the worker’s clock in and clock out time.
<input type="checkbox"/>	Definitions of all pay codes used in earning statements.
<input type="checkbox"/>	“Bonuses” and “lump sum payments” paid in the 12 months prior to the date of injury.
<input type="checkbox"/>	Monthly amount of the employer’s contribution to the worker’s health care benefits (HCB) on the date of injury. If benefits have stopped or are going to be stopped in the future, please include that date.
<input type="checkbox"/>	Most current SIF-5A, if not yet submitted to the department.
<input type="checkbox"/>	Earning statements for additional employment for the 12 months prior to the date of injury. If the worker indicated more than one employer on the SIF-2, include documentation for each employer. If the records were not obtained, explain why and submit a copy of the letter sent to the worker requesting the documentation.
<input type="checkbox"/>	Any additional documentation needed for clarification of the worker’s wages.

Knowledge Check



Stacy filed a claim when she fainted in a meeting at work and sustained no injuries. Her provider stated that she fainted due to unregulated blood sugar from her diabetes.

Is sending a Claim Denial Request appropriate?

Yes, this claim should be sent for denial, since Stacy did not sustain any injuries.

Jean sprained her ankle in the parking lot when she was leaving to pick up lunch for an offsite team meeting.

Should you request allowance, interlocutory, or denial?

Allowance, because she was performing a work errand prior to her lunch break.

Phil slipped on ice and fell while opening his car door after his shift. He fractured his right wrist.

What is the appropriate denial reason?

The injury occurred in a parking area and is not covered under the Industrial Insurance Laws in accordance with section 51.08.013 RCW.

Christina filed an SIF-2 on 2/9/23. Two letters were sent to the worker to seek medical treatment. No medical treatment was sought.

What is the appropriate denial reason?

No licensed physician's report or medical proof has been filed as required by law. You still have the right to file another claim under RCW 51.28.050 which requires a claim for benefits be filed within one year from the date of injury.

Sheila filed a claim for mental stress due to supervisor overloading her with extra work while a co-worker was out of the office.

What is the appropriate denial reason?

The worker's condition is not an occupational disease as contemplated by section RCW 51.08.140, and is excluded from coverage pursuant to section RCW 51.08.142 and section WAC 296-14-300.

Adam and Billy were in an altercation. Both sustained injuries related to the fight.

What would you do?

Request Allowance of both claims.

Request Allowance of Adam's and Denial of Billy's claim.

Request Allowance of Billy's and Denial of Adam's claim.

Request Denial for both claims.

Request Interlocutory for both claims.

Charley was in a MVA and sustained a cervical strain and chest contusions. He was picking up lunch for his work team. He made a personal stop at home prior to picking up lunch.

What would you do?

Request Interlocutory

Noah was injured on 2/1/22. He didn't seek medical attention until 10/2/22. The chart notes provide a causal relationship for the diagnosed strain injury.

What would you do?

Request Allowance

James went to the ER after work for lower back pain. The provider completed the PIR, diagnosed a lumbar strain and indicated it was not caused by a work injury.

What would you do?

Request Denial

Resources

- Forms and Publications
 - Forms: Allowance Interlocutory, Denial, Overpayment
- Training Matrix
- Claim Adjudication Guidelines – Claim Validity



Questions?

- Claim-specific questions:
 - Contact the adjudicator assigned to the claim.
 - or
 - Call 360-902-6901 and ask for the adjudicator assigned to the claim.
- General claim questions:
 - Email us at SITrainerquestions@Lni.wa.gov
- Course ID: **004-1224-0350**