

Recent Updates

Self-Insurance Claims Adjudication Guidelines

The online publication of the Self-Insurance Claims Adjudication Guidelines is the current version of what was previously published in the Workers' Compensation Manual for Self-Insurance. The purpose of Recent Updates is to show the latest updates made to the materials. Please refer to How to Use the Guidelines in the [Introduction](#) for additional information.

All chapters of the Claims Adjudication Guidelines (CAG) have been updated to reflect the 13 Self-Insurance WAC changes that went into effect on July 1, 2019. In addition, “doctor” or “physician” has been changed to “provider” in multiple places to reflect the most current and accurate terminology.

Changes are outlined below by chapter.

Claim Validity

Page(s)	Change(s)
4	New form: Claim Allowance Request form.
5	New forms: Interlocutory Request form; Claim Denial Request Form. Corrected interlocutory deadline information.
6	Added new section on No Medical Report Denials.
6-9	Added new Denial Code Guidelines.
18	Removed life-threatening qualifier from goodwill actions, as there is no legal basis for requiring an emergency to be life-threatening for actions to be considered goodwill.
22	Corrected terminology to Date of Manifestation for occupational disease claims.
29	Added link to Hearing Impairment Calculation Worksheet. Added clarification of hearing impairment for tinnitus.
30-34	Reorganized and updated presumption information to include PTSD in law enforcement officers and firefighters based on 2018 legislation.
34-36	Added section on the Hanford presumption law passed in 2018.
38	Removed health care worker qualifier from infectious disease claims information. A worker in any position is entitled to the same protections/coverage if exposed to a needle stick or bodily fluids.

Loss of Earning Power

Page(s)	Change(s)
3	Removed Reporting Criteria section. Moved information to new Reporting and Communication Requirements section.
6	Corrected bonus calculation.
19-20	Added new Reporting and Communication Requirements section to address the required use of the new templates per WAC 296-15-425 and new statement of benefits requirement in WAC 296-15-340.
21	Added requirement that the new Stop or Deny Compensation Benefits template must be used when terminating LEP benefits.

Medical Treatment

Throughout this chapter, multiple references have been added to WAC 296-15-425, requiring self-insurers to communicate treatment authorization or denial in writing using the approved template.

Page(s)	Change(s)
5	Added Authorization and Denial of Treatment section to address use of new template per WAC 296-15-425. Added new section on Acupuncture coverage criteria effective June 1, 2019.
15	Removed statement that lumbar artificial disc surgery candidates be evaluated for a SIMP prior to requesting surgery. Lumbar artificial disc surgeries are no longer covered per the department coverage decision.
20	Updated summary report requirements to reflect current MARFS.
25	Removed section on Lumbar Intervertebral Artificial Disc Replacement Candidates as this procedure is no longer covered.
26	Consultations: Changed wording of the last bullet to be more in line with the language in the WAC.
27	Corrected description of a Class II tooth fracture.
30-31	Added section on Hearing Aids and Masking Devices, including updates to the insurer's responsibility under WAC 296-20-1101.
36	Corrected link to Post Exposure Prophylaxis and Testing on the department web site. Prior Bloodborne Pathogens Guidelines page no longer exists.
39	Dry Needling: removed mention of acupuncture not being covered. Can be covered effective 6/1/19.

Page(s)	Change(s)
40	Updated Botulinum Toxin-A Injection information to reflect current coverage decision.
43-44	Updated APF information – no longer called Insurer APFs; appropriate use and billing has changed.
47	Removed reference to the Release of Medical Record document. Document is no longer available on the department web site.
49	Added required use of new templates for acceptance/denial of a new condition, and the department will not issue segregation orders without a dispute.
52	Clarified that the authorization letter for obesity treatment is not required per the MARFS, but the insurer may choose to have the parties sign an authorization letter.
65	Removed link to the Pay During Appeal Matrix. This is no longer a standalone document.

Miscellaneous Claims Issues

Page(s)	Change(s)
3	Removed reference to SIF-5. New Claim Closure Request form is used to report employer closures to the department.
4	Updated information required when reporting time-loss and PPD closures per changes to WAC 296-15-450. Self-insurer must submit Claim Closure Request form and record of all time-loss payments made.
5-6	Included “Questions to Address” (previously Claim Closure Checklist) as this no longer a standalone document.
6	Added section on Self-Insurer Communication of Department Closing orders per amendment to RCW 51.52.050.
19	Changed SIF-5 reference to Claim Closure Request form.
24	Updated Overpayments section to reflect new communication requirements in WAC 296-15-425 and new Overpayment Request form.
25	Included update to WAC 296-15-350 that self-insurers must establish claim confidentiality procedures, and penalties may be assessed if confidential claim information is revealed.
32-34	Added Penalty Matrix because it is no longer a standalone document.

Pensions and Fatalities

Page(s)	Change(s)
5,7	Full time school enrollment changed to 22 because RCW 51.08.030 says “under the age of 23.”
6	Corrected Notification of Fatality WAC to 296-27-031.

Permanent Partial Disabilities

Page(s)	Change(s)
4	Corrected statement regarding who can perform chiropractic impairment exams.
6	Corrected the WACs referenced for the category rating system.
8	Removed requirement to send PPD payment documentation to the department.

Protests and Appeals

Page(s)	Change(s)
2	Added exception that closing order is not final on any party if not communicated to the attending provider (<i>Shafer v. DLI</i> , 2009).
7	Adjusted wording in wage example because wage orders will no longer be issued without a dispute.
8	Added requirement to use Assessment of Overpayment template to communicate overpayments to the worker.
10-13	Added the Pay During Appeal Matrix as this is no longer a standalone document.

Reopenings

Page(s)	Change(s)
2	Added clarification that issuance of an order granting reopening does not stop the 90-day statutory timeframe (<i>In re Raymond W. Belden</i> , 2013).
3	Updated information regarding non-network providers completing a reopening application per <i>Ma’Ae v. DLI</i> , (2019): “A medical examination and report submitted in support of reopening a claim is not ‘treatment’ under RCW 51.32.010.”

Time-Loss Compensation

Page(s)	Change(s)
14	Added new Reporting and Communication Requirements for using templates to communicate with workers about calculation of wages, starting benefits, and underpayments/overpayments per WAC 296-15-425; also new statement of benefits requirement per WAC 296-15-340.
15	Added link to the 5-decimal COLA chart.
19	Added requirement to use the Stop or Deny Compensation Benefits template when terminating time-loss benefits.
21	Updated KOS reporting requirement – must now be reported with the Claim Allowance Request form.

Vocational Rehabilitation

Page(s)	Change(s)
6	Added a link to the department’s Accountability Agreement statement .
8	Removed reference to actions being taken in 5 days per WAC 296-15-4316, as this time frame now only applies to part of the actions outlined by the WAC.
10	Added clarification that preferred worker benefits can apply to future injury or occupational disease claims, not just occupational diseases.
11	Changed wording for plan requirements to refer to the WAC instead of referring to the State Fund requirements.
13	Changed required Option 2 actions to reflect updates to WAC 296-15-4316.
14	Removed reference to SIF-5. Did not reference the Claim Closure Request form, as there is no place to report vocational outcomes on the CCR.

Wages

Page(s)	Change(s)
3	Removed information relevant to wage order requests from the self-insurer, as wage orders are no longer issued without a dispute from the worker.
25	Added clarification that only bonuses paid by the employer of injury are included in wage calculations per RCW 51.08.178.