



Washington State Department of
Labor & Industries

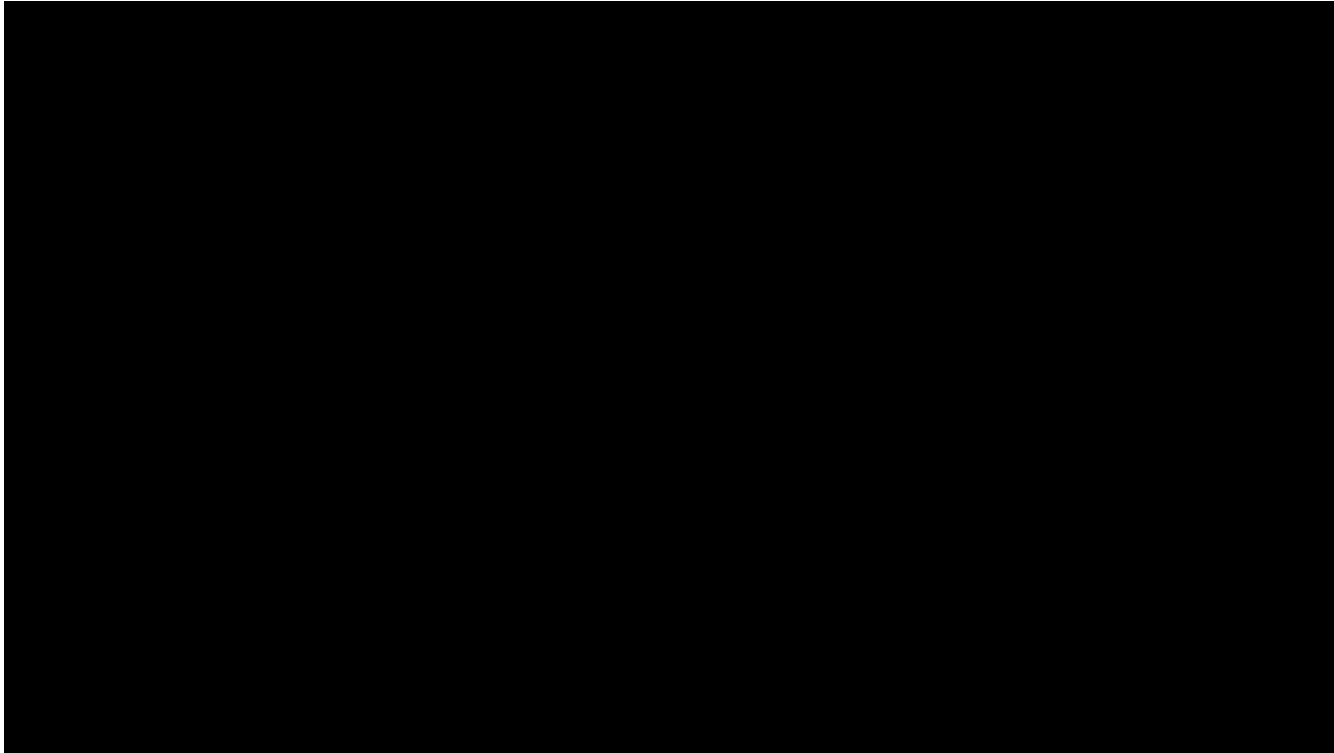
Self-Insurance



Self-Insurance Training Presents:

Forms and Templates

Safety Message



Forms and Publications

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Forms & Publications: Self-Insurance

SELF-INSURANCE

About Self-Insurance ^


- What's New in Self-Insurance
- How Do I Contact Self-Insurance
- Oversight
- Rules
- Forms & Publications: Self-Insurance**

Self-insurance forms categorized by area of business:

FOR EMPLOYERS FOR WORKERS FOR PROVIDERS FOR CERTIFICATION SERVICES MISCELLANEOUS

Forms for employers and third-party administrators who represent employers

- [Calculation Rate – SIF 5A](#) (F207-156-000)
- [Claim Allowance Request](#) (F207-215-000)
- [Claim Closure](#) (F207-216-000)
- [Claim Denial Request](#) (F207-217-000)
- Employers' Guide to Self-Insurance in Washington State (F207-079-000) *[pending update]*
- [Interlocutory Request](#) (F207-218-000)
- [Letter - Accept Newly Contended Condition](#) (F207-220-000)



Translated Forms and Templates

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Forms and Publications

F207-220-000

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Letter - Accept Newly Contended Condition

F207-220-000 - Form (05/01/2020) English

- [ខ្មែរ \(Cambodian\)](#) F207-220-214
- [中国 - 简体 \(Chinese-Simplified\)](#) F207-220-220
- [中文繁體 \(Chinese-Traditional\)](#) F207-220-221
- [한국어 \(Korean\)](#) F207-220-255
- [русский \(Russian\)](#) F207-220-294
- [Soomaali \(Somali\)](#) F207-220-303
- [Español \(Spanish\)](#) F207-220-999
- [tiếng Việt \(Vietnamese\)](#) F207-220-319



Translated Forms and Templates

Forms	Title
<u>F207-020-111</u>	Self-Insured Employers' Medical Only Claim Closure Order and Notice
<u>F207-070-000</u>	Self-Insured Employers' Time Loss Claim Closure and Notice
<u>F207-114-000</u>	Transfer of Attending Provider Form for Self-Insured Workers
<u>F207-155-000</u>	Workers' Compensation Filing
<u>F207-162-000</u>	Schedule of Future Payments for the Balance of PPD
<u>F207-164-000</u>	Self-Insured Employers' Permanent Partial Disability Closure Order and Notice
<u>F207-165-000</u>	Self-Insured Employers' PPD Closure Order and Notice (PPD-NTL)
<u>F207-220-000</u>	Letter - Accept Newly Contended Condition
<u>F207-221-000</u>	Letter - Deny Newly Contended Condition
<u>F207-222-000</u>	Letter - Assessment of Overpayment
<u>F207-223-000</u>	Letter - Assessment of Underpayment
<u>F207-224-000</u>	Letter - Provisional Compensation Benefits
<u>F207-225-000</u>	Letter - Start, Stop, or Deny Compensation Benefits
<u>F207-226-000</u>	Letter - Treatment Decision
<u>F207-227-000</u>	Letter - Calculation of Monthly Wage as a Basis for Time-Loss Compensation
<u>F207-236-000</u>	Self-Insurer Beneficiary Application Letter
<u>F207-238-000</u>	Self-Insurance IME Assignment Letter

What is Substantially Similar?

- Forms and templates used by TPAs/SIEs must be substantially similar.
- Substantially similar is defined in WAC 296-15-001 as:
 - The text of the department's document has not been altered or deleted; and
 - The self-insurer's document has the text; In approximately the same font size;
 - With the same emphasis (bolding, italics, underlining, etc.); and
 - In approximately the same location on the page as the department's document.

SIF-2

- SIF-2 is the required form for injury or occupational disease reporting and claim initiation to be submitted to the department
- Employer must provide an SIF-2 to the worker upon request or knowledge of an injury or occupational disease and assist in completing form as needed

Reminders Regarding SIF-2 Submissions

- Dept. prefers SIF2s with all the fields completed
- Minimum information
 - Worker's first and last name
 - Mailing address
 - Date of birth
 - Employer name and address (not TPAs)
 - Description of injury
 - Claim Number
 - Date of injury/Date of manifestation

Provider's Initial Report (PIR)

- Top section is for worker and includes much of same info as SIF-2
- Bottom section should have provider's diagnosis, history of same or similar conditions, causal relationship info, and any work restrictions
- Only provider types eligible to be an attending provider can sign the PIR (WAC 296-20-01010)

Activity Prescription Form (APF)

- Completed by providers to communicate the worker's ability to work, functional capacities, physical restrictions, and/or treatment plan
- Can be helpful for claims adjudicators, employers, workers and vocation rehabilitation counselors

WAC 296-15-420 (Communicating with Department)

- Requesting Allowance
 - Send CAR, SIF-2, and SIF-5A
- Requesting Interlocutory
 - Within 60 days of notice of claim
 - Send IR, SIF-2, and SIF-5A with a reasonable explanation

WAC 296-15-420

- Requesting Claim Denial
 - Within 60 days of notice of claim
 - Department Developed Form requesting denial (CDR)

Claim Allowance Request (CAR)

- Send to the department within 60 day of notice of a claim
- Attach copies of SIF-2 and SIF-5A
- Not all claims require an allowance order
- SIE/TPA still needs to submit if IR was requested

Interlocutory Request (IR)

- Send if unable to make a claim allowance determination within 60 days
- Attached copies SIF-2 and all claim records
- Include and explanation why an interlocutory order is needed

Interlocutory Request (IR)

- Send if unable to make a claim allowance determination within 60 days
- Attach copies of SIF-2 and all claim records
- Include an explanation why an interlocutory order is needed

Interlocutory Reasons

Reasonable

- Worker sought treatment but medical has not be received
- AP indicated condition(s) possibly related, send a request to AP for the causal relationship
- Need diagnostic studies for objective medical findings

Unreasonable

- No determination yet
- Still investigating
- Employer does not agree with claim

Interlocutory Extension

- Request if additional time is needed beyond 90 days
 - Include: valid reason for interlocutory extension and documentation of all claim activity since last update provided

Claim Denial Request

- Send to the department within 60 day of notice of a claim
- Include SIF-2 and all claim records
- Notify the worker of the request
- Include an explanation

Necessity of Timely Claim Determination

WAC 296-15-420

- The department has the right to intervene if the employer/TPA does not submit timely request for allowance, denial or interlocutory orders within 60 days from claim notice
- Delay in providing the required forms to the department could result in penalties, as a rule violation

Knowledge Check



What are the three Prima-Facie requirements?

1. Legal definition of an injury is met
2. The worker was in the course of employment
3. A medical opinion relates the condition to work injury or exposure on a more probable than not basis

How many days from claim receipt does an employer have to request an allowance, interlocutory, or denial order? Which WAC covers this?

60 calendar days
WAC 296-15-420

How many more days are allowed if an interlocutory is granted?

30 additional days
(90 days from claim receipt)

How many more days are allowed if an interlocutory extension is granted?

30 more days from claim receipt

WAC 296-15-425 Templates

- Communicating to injured workers
 - Must use department developed templates and send to worker within 5 days from the action taken on claim
 - Informs the worker of actions being taken on the claim and how to dispute
- **Penalties may be assessed for not using templates**

Treatment Decisions

- Send within 5 days of taking action
- Provides timely communication to workers and providers
- Outlines dispute rights

Newly Contented Conditions

- Worker or medical provider may believe a new diagnosis is causally related to the injury or occupational disease
- Contention should be documented in the claim file:
 - Request for treatment (either in chart notes or separately)
 - Medical bills for new conditions
 - Consulting provider's report

New Conditions Resulting from Treatment

- Conditions arising from treatment for an accepted condition should be accepted on the claim
- Medical documentation must support the relationship

Examples:

- Surgical complications (DVT, infection)
- Reactions to medication

Actions

To determine if the new condition should be accepted under the claim, consider:

- Description of the initial injury
- Length of time between the injury and onset of new symptoms
- Prior medical records or treatment
- Medical opinion documenting the relationship

Accept/Deny Newly Contended Conditions

- Within 5 days of determination, SIE/TPA must send appropriate template to the worker:
 - **Accept Newly Contended Condition**
 - **Deny Newly Contended Condition**

Segregation of Condition(s)

- If the department receives a dispute in regards to the acceptance/denial of a condition the department will review the file and issue a order either allowing or denying the condition

Self-Insurance IME Assignment Letter

- RCW 51.36.070 outlines reason for examination
- RCL language
- If worker plans not to attend, they must give 5 business days notice language
- Failure to fully cooperate language
- Dispute rights

Self-Insurance IME Assignment Letter

- Send appointment letter 28 calendar days prior to the exam
- Letter informs the worker of:
 - Who the exam is with
 - Location of the exam
 - Date and time of the exam

Start, Stop or Deny Compensation Benefits

- Sent within 5 days of starting, stopping or denying compensation
- Send with a copy of the SIF-5A
- Provides explanation for a change in benefit status

SIF-5A Form

- Sent to the worker to show how compensation was calculate
- Sent to the department when requesting allowance or interlocutory
- Establishes worker's employment pattern at the time of injury

Notice of Underpayment

- Used when TTD/LEP benefits originally issued to worker were less than what is owed due to the following:
 - TTD/LEP benefits calculated at lower rate than what is actually owed
 - TTD/LEP paid for less days than what is owed
- Send notice of underpayment within 5 days from issuance of benefits paid

Assessment of Overpayment

- Letter sent to worker when SIE/TPA discovers overpayment for TTD/LEP benefits paid
- Send assessment of overpayment to worker within 5 days of discovery
- Worker must be notified within 1 year of overpayment issuance

Overpayment Request Form

- Send to Department when requesting Overpayment Order for benefits paid, include the reason for overpayment issued
- Include with request form the following:
 - Assessment of Overpayment template
 - Payment ledger
 - Supporting documentation

Knowledge Check



How many days does the SIE/TPA have to send the Treatment Decision template when authorizing treatment? Who do they need to send this to?

Within 5 days

Worker and Doctor

Audrey received the SI IME Assignment letter informing her that she has an IME on Jan. 30th 2023. She plans not to attend. When must she notify the SIE/TPA to avoid a no-show fee?

No later than Jan. 23rd 2023

When requesting an overpayment order what should be submitted to the Department for determination?

Overpayment request form

Assessment of overpayment template

Payment ledger

Supporting documentation

SIVRF



Self-Insurance Vocational Reporting Form

Self-Insurance Section
PO Box 44892
Olympia WA 98504-4892

Employer	Worker Name			L&I Claim Number	
VRC Name:	VRC Phone No.:	VRC ID No.:	VRC Provider No.:		
Vocational Firm Name:			Voc Firm Branch No.:	Voc Firm No.:	
Injured Worker's Address:		City:	State:	Zip Code:	
Employer or Service Representative's Signature:		Phone Number:	Date:		

Instructions

When submitting this form, attach only medical reports and claim documents relevant to the vocational recommendation or outcome. Submit all other medical reports and claim documents in the self-insurer's possession and not previously forwarded to L&I now, but separately (do not attach to this form). For pertinent outcome code below, see [Full List of Outcome Codes](#).

Recommendation or Outcome – Choose one of the following, A-H below A. <input type="checkbox"/> Assessment Closing Report – Select an option from numbered list (1 through 11) below. B. <input type="checkbox"/> Plan Development Closing Report – Select an option from numbered list (1 through 11) below. C. <input type="checkbox"/> Plan Implementation Closing Report – Select an option from numbered list (1 through 11) below and complete No. 1 on page 2.	Index L&I use only
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Self-Insurance Vocational Reporting Form (SIVRF)

- If an injured worker is found employable a SIVRF is submitted to the department for a formal determination of employability

1. <input type="checkbox"/> Worker returned or is released to job of injury without restrictions, in usual work pattern, effective ____/____/____ <input type="checkbox"/> (RTW1) or <input type="checkbox"/> (ATW1 – AWA only) or <input type="checkbox"/> (ATW5 – AWA only) <input type="checkbox"/> (ATW2 – PD/PI only) or <input type="checkbox"/> (ATW6 – PD/PI only)	EAR VCLOS
2. <input type="checkbox"/> Worker returned to regular ongoing work in usual work pattern on ____/____/____ <input type="checkbox"/> RTW2 or <input type="checkbox"/> RTW4 Enter return-to-work priority B-G (RCW 51.32.095(2)): _____	EAR
3. <input type="checkbox"/> Worker turns down valid ongoing job offered by employer (ATW3 – AWA only)	EAR
4. <input type="checkbox"/> Worker can work based on transferable skills (ATW7)	EAR

SIVRF

- When a determination for plan development is made, a SIVRF must be submitted within 90 days

5. Worker is eligible for vocational services (SAS3)

6. Not eligible for vocational services due to one of the following (choose one):

Direct effects of the industrial injury (SNA2)

Worker's actions – Suspension request submitted (SNA3)

Unrelated conditions: pre-existing naturally progressed or post injury (SNA3)

Combined effects (SNA4)

Worker voluntarily retires (SNA6)

7. Temporary medical condition precludes vocational services (choose one):

Related condition (ADM1)

or

Unrelated condition (ADM2)

SIVRF

- Must be submitted with all vocational reports sent to the department
(**Exception:** Not required if worker returns to or is found able to work at JOI)
- Must be submitted within 10 working days of SIE/TPA receipt of report
- Send when Option 2 is selected by worker

Claim Closure

- SIEs have authority to close claims:
 - All claims (MO, TL, PPD) on or after 8/1/97
 - As long as the department has not intervened in a dispute or protest
 - Injured worker returned to work with SIE at same job or job with comparable wages and benefits
 - Closing medical must be sent to the AP
 - SIE/TPA must provide written notice of closure to worker and provider

Claim Closure Request (CCR)

- Required when requesting Department closure as well as reporting employer closure
- Written notice must be provided to worker and provider
- Submit to the department with updated claim file documents not sent previously

Other Forms and Letters

- A Guide to Workers' Compensation Benefits For Employees of Self-Insured Businesses
- Calculation of Monthly Wage as a Basis for Time-Loss Compensation
- Provisional Compensation Benefits

Knowledge Check



What does SIVRF stand for?

Who at the Department handles the SIVRF disputes?

Self Insurance Vocational Reporting Form
VDRO

True or False:

The self-insured employer may communicate a department order to the worker if they did not receive copy sent to them by Department.

True

Training Matrix

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 - OOOR) 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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Knowledge Check



Joey's claim is ready to close based on an IME.

1. Does the SIE/TPA have jurisdiction to close his claim?
2. What must be done prior to closure?

Yes

IME must be sent to AP for concurrence

On April 6th 2020 you received a new injury claim report with a blank SIF2.

When does the completed SIF2 form need to be submitted to the Department by?

No later than June 5th 2020
(60 days from claim receipt)



SITrainerQuestions@lni.wa.gov