

WAC 296-14-420 Payment of benefits—Aggravation reopening/new injury. (1) Whenever an application for benefits is filed where there is a substantial question whether benefits shall be paid pursuant to the reopening of an accepted claim or allowed as a claim for a new injury or occupational disease, the department shall make a determination in a single order. Where one of the claims is with a self-insured employer and another is with a state fund employer, such determination shall be made jointly by the program managers for claims administration and self insurance, or their respective designees.

(2) Pending entry of the order, benefits shall be paid promptly by the entity which would be responsible if the claim were determined to be a new injury or occupational disease.

(3) The department is required to act under this rule only if:

(a) There is substantial evidence that the worker will be determined to be entitled to benefits on one of the claims; and

(b) There is uncertainty regarding which of the entities is responsible.

(4) Time-loss compensation shall be paid at the lesser of the two entitlements that may apply to the claim until responsibility has been determined between state fund and self-insured employer, two self-insured employers, or two state fund employers.

(5) If, upon final determination of the responsible insurer, the entity that paid benefits under subsection (2) of this section is determined not to be responsible for payment of benefits, such entity shall be reimbursed by the responsible entity for all amounts paid.

[Statutory Authority: Chapters 51.04, 51.08, 51.12, 51.24 and 51.32 RCW and 117 Wn.2d 122 and 121 Wn.2d 304. WSR 93-23-060, § 296-14-420, filed 11/15/93, effective 1/1/94. Statutory Authority: RCW 51.32.110 and 51.32.190(6). WSR 90-19-028, § 296-14-420, filed 9/12/90, effective 10/13/90.]