

WAC 296-20-02702 Who uses medical coverage decisions? Self-insured employers and state fund claim managers use medical coverage decisions to help them make claim-specific decisions. For example, the director or director's designee may find that a particular medical device is effective in treating a specific category of injuries. The medical coverage decision might be that that device is a covered benefit for that category of injuries. The self-insured employer or state fund claim manager would make a claim-specific decision to pay or deny payment for that device based on a number of factors, one of which is whether the accepted condition on that claim matches the approved category of injuries in the medical coverage decision.

[Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 00-01-037, § 296-20-02702, filed 12/7/99, effective 1/8/00.]