

WAC 296-20-065 Transfer of providers. For services or provider types where the department has established the provider network, the injured worker must select an attending provider from the provider network for all care beyond the initial visit. If the initial office or emergency room visit was completed with a nonnetwork provider and additional treatment is needed, the worker must transfer care to a network provider and promptly inform the department or self-insurer.

All transfers from one network provider to another must be approved by the department or self-insurer. Normally transfers will be allowed only after the worker has been under the care of the attending provider for sufficient time for the provider to: Complete necessary diagnostic studies, establish an appropriate treatment regimen, and evaluate the efficacy of the therapeutic program.

Under RCW 51.36.010 the worker is entitled to free choice of treating provider. Except as provided under subsections (1) through (7) of this section, no reasonable request for transfer to a network provider will be denied. The worker must be advised when and why a transfer is denied.

When a transfer is approved, the new attending provider must be provided with a copy of the worker's treatment record by the previous attending provider. X-rays in the possession of the previous attending provider must be immediately forwarded to the new attending provider for his or her retention as long as the worker remains under his or her care. Copies of X-rays and other records may be provided in lieu of originals.

The department or self-insurer reserves the right to require a worker to select another provider or specialist for treatment, under the following conditions:

(1) When more conveniently located providers, qualified to provide the necessary treatment, are available.

(2) When the attending provider fails to cooperate in observance and compliance with the department rules.

(3) In time loss cases where reasonable progress towards return to work is not shown.

(4) Cases requiring specialized treatment, which the attending provider is not qualified to render, or is outside the scope of the attending provider's license to practice.

(5) Where the department or self-insurer finds a transfer of provider to be appropriate and has requested the worker to transfer in accordance with this rule, the department or self-insurer may select a new attending provider if the worker unreasonably refuses or delays in selecting another attending provider.

(6) In cases where the attending provider is not qualified to treat each of several accepted conditions. This does not preclude concurrent care where indicated. See WAC 296-20-071.

(7) No transfer will be approved to a consultant or special examiner without the approval of the attending provider and the worker.

Transfers will be authorized for the foregoing reasons or where the department or self-insurer in its discretion finds that a transfer is in the best interest of returning the worker to a productive role in society.

When a worker's care is transferred to another provider each provider must submit a separate bill to the department or self-insurer for their portion of the care. Payment will be made at rates determined by department policy.

[Statutory Authority: RCW 51.36.010, 51.04.020, and 51.04.030. WSR 12-06-066, § 296-20-065, filed 3/6/12, effective 4/6/12. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-20-065, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-20-065, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-20-065, filed 12/23/80, effective 3/1/81; Order 77-27, § 296-20-065, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-20-065, filed 12/1/77; Emergency Order 77-16, § 296-20-065, filed 9/6/77; Order 75-39, § 296-20-065, filed 11/28/75, effective 1/1/76; Order 74-7, § 296-20-065, filed 1/30/74; Order 71-6, § 296-20-065, filed 6/1/71; Order 70-12, § 296-20-065, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-065, filed 11/27/68, effective 1/1/69.]