

WAC 296-20-124 Rejected and closed claims. (1) No payment will be made for treatment or medication on rejected claims except:

(a) Services which were carried out at the specific request of the department or the self-insurer; or

(b) Examination or diagnostic services which served as a basis for the adjudication decision; or

(c) Initial prescription drugs prescribed during the initial visit for state fund claims.

(2) No payment will be made for services rendered after the date of claim closure. Following the date of the order and notice of claim closure, the department or self-insurer will be responsible only for those services specifically requested or those examinations, and diagnostic services necessary to complete and file a reopening application.

(3) Periodic medical surveillance examinations will be covered by the department or self-insurer for workers with closed claims for asbestos-related disease, to include chest X-ray abnormalities, without the necessity of filing a reopening application when such examinations are recommended by accepted medical protocol.

(4) Replacement of prosthetics, orthotics, and special equipment can be provided on closed claims after prior authorization. See WAC 296-20-1102 for further information.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 2007 c 134. WSR 08-02-021, § 296-20-124, filed 12/21/07, effective 1/21/08. Statutory Authority: Chapters 34.04 [34.05], 51.04, 51.32 and 51.36 RCW. WSR 90-04-007, § 296-20-124, filed 1/26/90, effective 2/26/90. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-20-124, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-20-124, filed 11/24/76, effective 1/1/77.]