HB 3042 - DIGEST

Provides that, if the department has made a medical coverage decision denying the request of a worker entitled to benefits under Title 51 RCW for coverage of a particular medical or surgical treatment under RCW 51.36.010 and the worker subsequently receives the medical or surgical treatment at personal expense, by using private insurance, or by using any other means, the department or self-insurer, as the case may be, shall reimburse the payor for the cost of the medical or surgical treatment and shall pay the treating provider any remaining balance, unpaid by the worker, if the worker has provided: (1) Adequate documentation of the medical or surgical treatment performed for a condition accepted by the department or self-insurer, as the case may be; and

(2) Medical evidence that shows that his or her condition has reasonably improved after the medical or surgical treatment is completed.

Provides that, upon request of the treating provider, the department must authorize coverage for a test on an individual worker entitled to benefits under this title of a medical or surgical treatment approved by the United States food and drug administration and considered the standard of care throughout the medical community.