# Chapter 296-23 WAC
# RADIOLOGY, RADIATION THERAPY, NUCLEAR MEDICINE, PATHOLOGY, HOSPITAL, CHIROPRACTIC, PHYSICAL THERAPY, DRUGLESS THERAPEUTICS AND NURSING—— DRUGLESS THERAPEUTICS, ETC.

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**WAC**


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**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

296-23-010 General information—Radiology. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-010, filed 8/10/89, effective 9/10/89. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-010, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-010, filed 11/24/76, effective 1/1/77; Order 74-39, § 296-23-010, filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-010, filed 1/30/74; Order 71-6, § 296-23-010, filed 6/1/71; Order 70-12, § 296-23-010, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-010, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-01001 Injection procedures. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-01001, filed 8/10/89, effective 9/10/89. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-01001, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-01001, filed 11/24/76, effective 1/1/77.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-01002 Custody of X-rays. [Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-01002, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-01002, filed 12/23/80, effective 3/1/81; Order 77-27, § 296-23-01002, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-01002, filed 12/1/77; Emergency Order 77-16, § 296-23-01002, filed 9/6/77; Order 76-34, § 296-23-01002, filed 11/24/76, effective 1/1/77.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-01003 Identification of x-rays. [Order 76-34, § 296-23-01003, filed 11/24/76, effective 1/1/77.] Repealed by Order 77-27, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, filed 12/1/77; Emergency Order 77-16, filed 9/6/77.

296-23-01004 Billing procedures. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-01004, filed 8/10/89, effective 9/10/89. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-01004, filed 12/23/80, effective 3/1/81; Order 77-27, § 296-23-01004, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-01004, filed 12/1/77; Emergency Order 77-16, § 296-23-01004, filed 9/6/77; Order 76-34, § 296-23-01004, filed 11/24/76, effective 1/1/77.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-01005 Duplication of X-rays and extra views. [Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-01005, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-01005, filed 11/24/76, effective 1/1/77.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-01006 Radiology, radiation therapy, nuclear medicine and modifiers. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-17-038, § 296-23-01006, filed 8/16/91, effective 9/30/91; WSR 89-17-039 (Order 89-09), § 296-23-01006, filed 8/10/89, effective 9/10/89; WSR 87-03-005 (Order 86-47), § 296-23-01006, filed 1/8/87; WSR 86-06-032 (Order 86-19), § 296-23-01006, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-01006, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-01006, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-01006, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-01006, filed 11/24/76, effective 1/1/77.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-01007 Unlisted service or procedure. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-01007, filed 8/10/89, effective 9/10/89; WSR 83-16-066 (Order 83-23), § 296-23-01007, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-01007, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-01007, filed 11/24/76, effective 1/1/77.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-01008 Special report. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-01008, filed 12/1/92, effective 1/1/93; Order 76-34, § 296-23-01008, filed 11/24/76, effective 1/1/77.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-013 Footnotes. [Order 74-7, § 296-23-013, filed 1/30/74.] Repealed by WSR 81-24-041 (Order 81-28), filed 11/30/81, effective 1/1/82. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-015 Head and neck. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-015, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-015, filed 3/8/91,

effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-015, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-015, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-015, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-015, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-015, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-015, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-015, filed 11/24/76, effective 1/1/77; Order 74-39, § 296-23-061 (codified as WAC 296-23-015), filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-015, filed 1/30/74; Order 68-7, § 296-23-015, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-020 Chest. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-020, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-020, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-020, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-020, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-020, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-020, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-020, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-020, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-020, filed 11/24/76, effective 1/1/77; Order 74-39, § 296-23-064 (codified as WAC 296-23-020), filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-020, filed 1/30/74; Order 68-7, § 296-23-020, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-025 Spine and pelvis. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-025, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-025, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-025, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-025, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-025, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-025, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-025, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-025, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-025, filed 11/24/76, effective 1/1/77; Order 74-39, § 296-23-067 (codified as WAC 296-23-025), filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-025, filed 1/30/74; Order 68-7, § 296-23-025, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-030 Upper extremities. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-030, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-030, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-030, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-030, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-030, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-030, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-030, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-030, filed 11/24/76, effective 1/1/77; Order 74-39, § 296-23-071 (codified as WAC 296-23-030), filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-030, filed 1/30/74; Order 68-7, § 296-23-030, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-035 Lower extremities. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-035, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-035, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-035, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-035, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-035, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-035, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-035, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-035, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-035, filed 11/24/76, effective 1/1/77; Order 74-39, § 296-23-074 (codified as WAC 296-23-035), filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-035, filed 1/30/74; Order 68-7, § 296-23-035, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-040 Abdomen. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-040, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-040, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-040, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-040, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-040, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-040, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-040, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-040, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-040, filed 11/24/76, effective 1/1/77; Order 74-39, § 296-23-077 (codified as WAC 296-23-040), filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-040, filed 1/30/74; Order 68-7, § 296-23-040, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-045 Gastrointestinal tract. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-045, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-045, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-045, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-045, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-045, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-045, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-045, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-045, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-045, filed 11/24/76, effective 1/1/77; Order 74-7, § 296-23-045, filed 1/30/74; Order 68-7, § 296-23-045, filed 11/27/68, effective 1/1/69.]

Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-050 Urinary tract. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-050, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-050, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-050, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-050, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-050, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-050, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-050, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-050, filed 11/24/76, effective 1/1/77; Order 74-7, § 296-23-050, filed 1/30/74; Order 68-7, § 296-23-050, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-055 Female genital tract. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-055, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-055, filed 3/8/91, effective 5/1/91; WSR 87-16-004 (Order 87-18), § 296-23-055, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-055, 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), § 296-23-055, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-055, filed 11/24/76, effective 1/1/77; Order 74-7, § 296-23-055, filed 1/30/74; Order 68-7, § 296-23-055, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-060, 296-23-070, 296-23-075, 296-23-085, 296-23-090, 296-23-095, 296-23-100, 296-23-205, 296-23-210, 296-23-215, 296-23-220, 296-23-225, 296-23-230, 296-23-235, 296-23-240 and 296-23-245. [Order 68-7, filed 11/27/68, effective 1/1/69.] Repealed by Order 74-7, filed 1/30/74.

296-23-065 Vascular system. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-065, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-065, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-065, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-065, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-065, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-065, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-065, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-065, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-065, filed 11/24/76, effective 1/1/77; Order 74-7, § 296-23-065, filed 1/30/74; Order 68-7, § 296-23-065, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-079 Miscellaneous. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-079, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-079, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-079, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-079, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-079, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-079, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-079, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-079, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-079, filed 11/24/76, effective 1/1/77; Order 74-7, § 296-23-079, filed 1/30/74.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-07901 Diagnostic ultrasound. [Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-07901, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-07901, filed 11/28/75, effective 1/1/76.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-07902 Head and neck. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-07902, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-07902, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-07902, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-07902, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-07902, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-07902, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-07902, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-07902, filed 11/28/75, effective 1/1/76.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-07903 Heart and chest. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-07903, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-07903, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-07903, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-07903, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-07903, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-07903, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-07903, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-07903, filed 11/28/75, effective 1/1/76.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-07904 Thorax. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 87-16-004 (Order 87-18), § 296-23-07904, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-07904, 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), § 296-23-07904, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-07904, filed 11/28/75, effective 1/1/76.] Repealed by WSR 89-17-039 (Order 89-09), filed 8/10/89, effective 9/10/89. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-07905 Abdomen and retroperitoneum. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-07905, filed 12/1/92, effective 1/1/93; WSR 91-07-008, §

296-23-07905, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-07905, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-07905, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-07905, 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), § 296-23-07905, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-07905, filed 11/28/75, effective 1/1/76.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-07906 Pelvis, genitalia, and extremities. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-07906, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-07906, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-07906, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-07906, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-07906, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-07906, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-07906, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-07906, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-07906, filed 11/28/75, effective 1/1/76.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-07907 Vascular studies. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-07907, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-07907, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-07907, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-07907, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-07907, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-07907, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-07907, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-07907, filed 11/28/75, effective 1/1/76.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-07908 Miscellaneous. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-07908, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-07908, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-07908, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-07908, filed 7/23/87. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-07908, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-07908, filed 11/28/75, effective 1/1/76.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-080 Therapeutic radiology—General information and instructions. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-080, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-080, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-080, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-080, filed 7/23/87; WSR 83-16-066 (Order 83-23), § 296-23-080, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-080, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-080, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-080, filed 1/30/74; Order 68-7, § 296-23-080, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-105 Teletherapy. [Order 74-7, § 296-23-105, filed 1/30/74. Formerly WAC 296-23-085.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-110 Brachytherapy. [Order 74-7, § 296-23-110, filed 1/30/74. Formerly WAC 296-23-090.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-115 Special adjunctive services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-16-066 (Order 83-23), § 296-23-115, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-115, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-115, filed 1/30/74.] Repealed by WSR 87-16-004 (Order 87-18), filed 7/23/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-120 Nuclear medicine—General information and instructions. [Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-120, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-120, filed 1/30/74.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-125 Diagnostic. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-125, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-125, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-125, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-125, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-125, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-125, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-125, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-125, filed 1/30/74. Formerly WAC 296-23-100.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-130 Therapeutic. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-130, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-130, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-130, filed 8/10/89, effective 9/10/89. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-130, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-130, filed 1/30/74. Formerly WAC 296-23-095.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-150 Low osmolar contrast media. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-150, filed 8/1/93, effective 9/1/93.] Repealed by WSR 94-14-044, filed 6/29/94, effective 7/30/94. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-170 Nursing services. [Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.060, 51.32.072, and 7.68.070. WSR 01-18-041, § 296-23-170, filed 8/29/01, effective 10/1/01. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-170, filed 8/1/93, effective 9/1/93.] Repealed by WSR 02-21-108, filed 10/22/02, effective 12/1/02. Statutory Authority: RCW 51.04.020.

296-23-175 Stimulators. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-175, filed 8/1/93, effective 9/1/93.] Repealed by WSR 02-21-108, filed 10/22/02, effective 12/1/02. Statutory Authority: RCW 51.04.020.

296-23-185 Drug and alcohol rehabilitation services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 96-10-086, § 296-23-185, filed 5/1/96, effective 7/1/96. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-185, filed 8/1/93, effective 9/1/93.] Repealed by WSR 02-21-108, filed 10/22/02, effective 12/1/02. Statutory Authority: RCW 51.04.020.

296-23-190 General instructions—Chiropractic. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-190, filed 8/1/93, effective 9/1/93.] Repealed by WSR 97-24-044, filed 11/26/97, effective 1/1/98. Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080 and 51.36.110.

296-23-200 Pathology general information and instruction. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-200, filed 8/10/89, effective 9/10/89. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-200, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-200, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-200, filed 1/30/74; Order 70-12, § 296-23-200, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-200, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-201 Unlisted service or procedure. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-201, 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), § 296-23-201, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-201, filed 11/24/76, effective 1/1/77.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-20101 Special report. [Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-20101, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-20101, filed 11/24/76, effective 1/1/77.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-20102 Pathology modifier. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-17-038, § 296-23-20102, filed 8/16/91, effective 9/30/91; WSR 89-17-039 (Order 89-09), § 296-23-20102, filed 8/10/89, effective 9/10/89; WSR 87-03-005 (Order 86-47), § 296-23-20102, filed 1/8/87; WSR 83-16-066 (Order 83-23), § 296-23-20102, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-20102, filed 12/23/80, effective 3/1/81.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-204 Panel or profile tests. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-204, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-204, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-204, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-204, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-204, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-204, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-204, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-204, filed 12/23/80, effective 3/1/81; Order 74-39, § 296-23-204, filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-204, filed 1/30/74.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-208 Urinalysis. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-208, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-208, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-208, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-208, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-208, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-208, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-208, filed 1/30/74. Formerly WAC 296-23-245.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-210 Chiropractic office visits and special services. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-210, filed 8/1/93, effective 9/1/93.] Repealed by WSR 97-24-044, filed 11/26/97, effective 1/1/98. Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080 and 51.36.110.

296-23-212 Chemistry and toxicology. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-212, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-212, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-212, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-212, filed 7/23/87; WSR 87-03-005 (Order 86-47), § 296-23-212, filed 1/8/87; WSR 86-06-032 (Order 86-19), § 296-23-212, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-212, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-212, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-212, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-212, filed 1/30/74.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-215 Office visits and special services—Naturopathic physicians. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-215, filed 8/1/93, effective 9/1/93.] Repealed by WSR 24-11-122, filed 5/21/24, effective 7/1/24. Statutory Authority: RCW 51.04.020(1) and 51.04.030.

296-23-216 Hematology. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-216, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-216, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-216, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-216, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-216, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-216, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-216, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-216, filed 1/30/74. Formerly WAC 296-23-210.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-221 Immunology. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-221, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-221, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-221, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-221, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-221, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-221, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-221, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-221, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-221, filed 1/30/74.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-224 Microbiology. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-224, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-224, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-224, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-224, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-224, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-224, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-224, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-224, filed 1/30/74. Formerly WAC 296-23-205.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-225 Work hardening. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-225, filed 8/1/93, effective 9/1/93.] Repealed by WSR 02-21-108, filed 10/22/02, effective 12/1/02. Statutory Authority: RCW 51.04.020.

296-23-228 Anatomic pathology. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-228, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-228, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-228, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-228, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-228, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-228, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-228, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-228, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-228, filed 1/30/74. Formerly WAC 296-23-240.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-231 Anatomic pathology. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-231, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-231, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-231, filed 8/10/89, effective 9/10/89.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-232 Miscellaneous. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-24-066, § 296-23-232, filed 12/1/92, effective 1/1/93; WSR 91-07-008, § 296-23-232, filed 3/8/91, effective 5/1/91; WSR 89-17-039 (Order 89-09), § 296-23-232, filed 8/10/89, effective 9/10/89; WSR 87-16-004 (Order 87-18), § 296-23-232, filed 7/23/87; WSR 86-06-032 (Order 86-19), § 296-23-232, 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), § 296-23-232, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-232, filed 1/30/74.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-255 Independent medical examinations. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-255, filed 8/1/93, effective 9/1/93.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-260 Examination reports. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-260, filed 8/1/93, effective 9/1/93.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-265 Who may perform independent medical examinations? [Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. WSR 97-09-036, § 296-23-265, filed 4/14/97 effective 5/15/97. Statutory Authority: RCW 51.32.112. WSR 95-04-056, § 296-23-265, filed 1/26/95, effective 3/1/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-265, filed 8/1/93, effective 9/1/93.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-26501 How do doctors become approved examiners? [Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. WSR 97-09-036, § 296-23-26501, filed 4/14/97 effective 5/15/97.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-26502 Where can doctors get an application to become an approved examiner and other information about independent medical examinations? [Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. WSR 97-09-036, § 296-23-26502, filed 4/14/97 effective 5/15/97.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-26503 What factors does the medical director consider in approving, suspending or removing doctors from the approved examiners list? [Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. WSR 97-09-036, § 296-23-26503, filed 4/14/97 effective 5/15/97.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-26504 What happens if an examiner is suspended or removed from the approved examiner list by the medical director? [Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. WSR 97-09-036, § 296-23-26504, filed 4/14/97 effective 5/15/97.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-26505 Is there a fee schedule for independent medical examinations? [Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. WSR 97-09-036, § 296-23-26505, filed 4/14/97 effective 5/15/97.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-26506 Can a worker file a complaint about an independent medical examiner's conduct? [Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. WSR 97-09-036, § 296-23-26506, filed 4/14/97 effective 5/15/97.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-267 When may attending doctors perform impairment rating examinations? [Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. WSR 97-09-036, § 296-23-267, filed 4/14/97 effective 5/15/97.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-270 Independent medical examinations two or more examiners. [Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-270, filed 8/1/93, effective 9/1/93.] Repealed by WSR 04-04-029, filed 1/27/04, effective 3/1/04. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070.

296-23-300 General statement. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-20-074 (Order 86-36), § 296-23-300, filed 10/1/86, effective 11/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-300, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-300, filed 11/28/75, effective 1/1/76; Order 68-7, § 296-23-300, filed 11/27/68, effective 1/1/69.] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-301 Rates for daily and ancillary services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-20-074 (Order 86-36), § 296-23-301, filed 10/1/86, effective 11/1/86; WSR 86-04-035 (Order 86-15), § 296-23-301, filed 1/30/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-301, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-301, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-301, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-23-301, filed 11/28/75, effective 1/1/76.] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-305 Questionable beneficiary. [Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-305, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-305, filed 11/24/76, effective 1/1/77; Order 70-12, § 296-23-305, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-305, filed 11/27/68, effective 1/1/69.] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-307 Why are independent medical examinations requested? [Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-307, filed 1/27/04, effective 3/1/04.] Repealed by WSR 22-07-110, filed 3/23/22, effective 4/23/22. Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.070.

296-23-310 Refund of incorrect payments. [Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-310, filed 12/23/80, effective 3/1/81; Order 68-7, § 296-23-310, filed 11/27/68, effective 1/1/69.] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-315 Treatment of unrelated conditions. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-16-066 (Order 83-23), § 296-23-315, filed 8/2/83; Order 70-12, § 296-23-315, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-315, filed 11/27/68, effective 1/1/69.] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-320 Private room—Critical cases. [Order 74-7, § 296-23-320, filed 1/30/74; Order 68-7, § 296-23-320, filed 11/27/68, effective 1/1/69.] Repealed by Order 74-39, filed 11/22/74 and Order 75-39, filed 11/28/75.

296-23-325 Isolation of infected cases. [Order 70-12, § 296-23-325, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-325, filed 11/27/68, effective 1/1/69.] Repealed by Order 74-39, filed 11/22/74 and Order 75-39, filed 11/28/75.

296-23-330 Closed claims. [Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-330, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-330, filed 1/30/74; Order 70-12, § 296-23-330, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-330, filed 11/27/68, effective 1/1/69.] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-335 RX's take home. [Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-335, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-335, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-23-335, filed 11/28/75, effective 1/1/76; Order 68-7, § 296-23-335, filed 11/27/68, effective 1/1/69.] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-340 Routine laboratory procedures on admission. [Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-340, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-340, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-23-340, filed 11/28/75, effective 1/1/76; Order 74-39, § 296-23-340, filed 11/22/74, effective 1/1/75; Order 68-7, § 296-23-340, filed 11/27/68, effective 1/1/69.] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-345 Per diem rate. [Order 68-7, § 296-23-345, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-350 Bed accommodations. [Order 74-39, § 296-23-350, filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-350, filed 1/30/74; Order 68-7, § 296-23-350, filed 11/27/68, effective 1/1/69.] Repealed by Order 75-39, filed 11/28/75, effective 1/1/76.

296-23-355 Rate affidavit. [Order 75-39, § 296-23-355, filed 11/28/75, effective 1/1/76; Order 74-7, § 296-23-355, filed 1/30/74; Order 70-12, § 296-23-355, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-355, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-356 Billing procedures. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-20-074 (Order 86-36), § 296-23-356, filed 10/1/86, effective 11/1/86; WSR 83-16-066 (Order 83-23), § 296-23-356, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-356, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-356, filed 12/23/80, effective 3/1/81; Order 77-27, § 296-23-356, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-356, filed 12/1/77; Emergency Order 77-16, § 296-23-356, filed 9/6/77; Order 76-34, § 296-23-356, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-23-356, filed 11/28/75, effective 1/1/76; Order 74-39, § 296-23-356, filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-356, filed 1/30/74; Order 71-6, § 296-23-356, filed 6/1/71; Order 70-12, § 296-23-356, filed 12/1/70, effective 1/1/71. Formerly WAC 296-23-355 (part).] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-357 X-rays. [Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-357, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-357, filed 12/23/80, effective 3/1/81; Order 77-27, § 296-23-357, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-357, filed 12/1/77; Emergency Order 77-16, § 296-23-357, filed 9/6/77; Order 76-34, § 296-23-357, filed 11/24/76, effective 1/1/77; Order 74-7, § 296-23-357, filed 1/30/74.] Repealed by WSR 87-03-005 (Order 86-47), filed 1/8/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-360 Hospital daily service charge. [Order 74-7, § 296-23-360, filed 1/30/74; Order 68-7, § 296-23-360, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-365 Drugs. [Order 74-7, § 296-23-365, filed 1/30/74; Order 68-7, § 296-23-365, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-367 May the worker videotape or audiotape the independent medical examination? [Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-367, filed 1/27/04, effective 3/1/04.] Repealed by WSR 23-17-023, filed 8/8/23, effective 9/8/23. Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.070.

296-23-370 Dressing room and emergency room. [Order 74-39, § 296-23-370, filed 11/22/74, effective 4/1/75; Order 74-7, § 296-23-370, filed 1/30/74; Order 68-7, § 296-23-370, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-375 Anesthetic material. [Order 74-7, § 296-23-375, filed 1/30/74; Order 68-7, § 296-23-375, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-380 Anesthetic administration—General. [Order 74-39, § 296-23-380, filed 11/22/74, effective 4/1/75; Order 74-7, § 296-23-380, filed 1/30/74; Order 68-7, § 296-23-380, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-385 Anesthetic administration—Other. [Order 74-7, § 296-23-385, filed 1/30/74; Order 68-7, § 296-23-385, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-390 Surgery. [Order 74-39, § 296-23-390, filed 11/22/74, effective 4/1/75; Order 74-7, § 296-23-390, filed 1/30/74; Order 68-7, § 296-23-390, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-395 Recovery room—Use of. [Order 74-7, § 296-23-395, filed 1/30/74; Order 68-7, § 296-23-395, filed 11/27/68, effective 1/1/69.] Repealed by WSR 81-24-041 (Order 81-28), filed 11/30/81, effective 1/1/82. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-400 Oxygen. [Order 74-7, § 296-23-400, filed 1/30/74; Order 68-7, § 296-23-400, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-405 Parenteral fluid therapy. [Order 74-7, § 296-23-405, filed 1/30/74; Order 68-7, § 296-23-405, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-410 Use of cast room for application of casts. [Order 74-7, § 296-23-410, filed 1/30/74; Order 68-7, § 296-23-410, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-412 General information and instructions. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-16-066 (Order 83-23), § 296-23-412, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-415 Cast—Materials only. [Order 74-7, § 296-23-415, filed 1/30/74; Order 68-7, § 296-23-415, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-420 Fracture appliances. [Order 74-7, § 296-23-420, filed 1/30/74; Order 68-7, § 296-23-420, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-421 Diagnostic services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-421, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-421, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-421, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-425 Laboratory. [Order 74-7, § 296-23-425, filed 1/30/74; Order 68-7, § 296-23-425, filed 11/27/68, effective 1/1/69.] Repealed by Order 76-34, filed 11/24/76, effective 1/1/77.

296-23-430 Preventive services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-430, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-430, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-430, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-440 Restorative services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-440, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-440, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-440, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-450 Endodontics. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-450, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-450, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-450, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-460 Periodontics. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-460, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-460, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-460, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-470 Prosthodontics, removable—Including routine postdelivery care. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-470, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-470, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-470, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-480 Prosthodontics, fixed. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-480, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-480, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-480, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-485 Orthodontics. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-485, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-485, filed 2/28/86, effective 4/1/86.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-490 Oral surgery. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-490, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-490, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-490, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-495 Adjunctive general services, anesthesia and professional consultation. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-17-039 (Order 89-09), § 296-23-495, filed 8/10/89, effective 9/10/89; WSR 86-06-032 (Order 86-19), § 296-23-495, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-495, filed 8/2/83.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-500 Miscellaneous services and appliances. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 87-22-052 (Order 87-22), § 296-23-500, filed 11/2/87; WSR 83-24-016 (Order 83-35), § 296-23-500, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50001 Nursing services and attendant care. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 92-05-041, § 296-23-50001, filed 2/13/92, effective 3/15/92; WSR 86-06-032 (Order 86-19), § 296-23-50001, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50001, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50002 Transportation services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-07-008, § 296-23-50002, filed 3/8/91, effective 5/1/91; WSR 86-06-032 (Order 86-19), § 296-23-50002, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50002, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50003 Hearing aids and masking devices. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-50003, filed 2/28/86, effective 4/1/86; WSR

83-24-016 (Order 83-35), § 296-23-50003, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50004 Eyeglasses and contact lenses. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-50004, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50004, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50005 Orthotics and prosthetics. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-50005, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50005, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50006 Medical supplies. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-50006, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50006, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50007 Pulmonary and respiratory services and supplies. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-24-016 (Order 83-35), § 296-23-50007, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50008 Hospital beds and accessories. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-50008, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50008, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50009 Traction equipment. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-50009, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50009, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50010 Canes. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-24-016 (Order 83-35), § 296-23-50010, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50011 Crutches. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-24-016 (Order 83-35), § 296-23-50011, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50012 Walkers. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-50012, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50012, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50013 Wheelchairs. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-50013, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50013, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50014 Stimulators. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 87-22-052 (Order 87-22), § 296-23-50014, filed 11/2/87; WSR 86-06-032 (Order 86-19), § 296-23-50014, filed 2/28/86, effective 4/1/86; WSR 83-24-016 (Order 83-35), § 296-23-50014, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50015 Vehicle and home modification. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-24-016 (Order 83-35), § 296-23-50015, filed 11/30/83, effective 1/1/84.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-50016 Drug and alcohol rehabilitation services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-50016, filed 2/28/86, effective 4/1/86.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-510 Osteopathic office visits. [Order 68-7, § 296-23-510, filed 11/27/68, effective 1/1/69.] Repealed by Order 70-12, filed 12/1/70, effective 1/1/71.

296-23-515 Osteopathic hospital visits. [Order 68-7, § 296-23-515, filed 11/27/68, effective 1/1/69.] Repealed by Order 70-12, filed 12/1/70, effective 1/1/71.

296-23-610 General instructions. [Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-610, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-610, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-610, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-23-610, filed 11/28/75, effective 1/1/76; Order 74-39, § 296-23-610, filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-610, filed 1/30/74; Order 71-6, § 296-23-610, filed 6/1/71; Order 70-12, § 296-23-610, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-610, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-61001 Who may treat. [Order 76-34, § 296-23-61001, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61002 Acceptance of rules and fees. [Order 76-34, § 296-23-61002, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61003 Penalties. [Order 76-34, § 296-23-61003, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61004 Initial treatment and report of accident. [Order 76-34, § 296-23-61004, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61005 Treatment following initial treatment. [Order 77-27, § 296-23-61005, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-61005, filed 12/1/77; Emergency Order 77-16, § 296-23-61005, filed 9/6/77; Order 76-34, § 296-23-61005, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61006 Rejected and closed claims. [Order 76-34, § 296-23-61006, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61007 Treatment beyond 60 days. [Order 76-34, § 296-23-61007, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61008 Doctor's supplemental report. [Order 76-34, § 296-23-61008, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61009 Transfer of practitioners. [Order 77-27, § 296-23-61009, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-61009, filed 12/1/77; Emergency Order 77-16, § 296-23-61009, filed 9/6/77; Order 76-34, § 296-23-61009, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61010 Concurrent treatment. [Order 76-34, § 296-23-61010, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-61011 Billing procedures. [Order 77-27, § 296-23-61011, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-61011, filed 12/1/77; Emergency Order 77-16, § 296-23-61011, filed 9/6/77; Order 76-34, § 296-23-61011, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-615 Office visits and special services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 87-16-004 (Order 87-18), § 296-23-615, filed 7/23/87; WSR 83-16-066 (Order 83-23), § 296-23-615, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-615, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-615, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-615, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-23-615, filed 11/28/75, effective 1/1/76; Order 74-39, § 296-23-615, filed 11/22/74, effective 4/1/75; Order 74-7, § 296-23-615, filed 1/30/74; Order 68-7, § 296-23-615, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-620 Chiropractic consultations. [Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-620, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-620, filed 11/24/76, effective 1/1/77; Order 74-7, § 296-23-620, filed 1/30/74; Order 68-7, § 296-23-620, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-710 Physical therapy rules. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-08-002 (Order 89-01), § 296-23-710, filed 3/23/89, effective 5/1/89; WSR 86-06-032 (Order 86-19), § 296-23-710, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-710, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-710, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-23-710, filed 11/28/75, effective 1/1/76; Order 74-39, § 296-23-710, filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-710, filed 1/30/74; Order 71-6, § 296-23-710, filed 6/1/71; Order 70-12, § 296-23-710, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-710, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-715 Modalities. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 87-16-004 (Order 87-18), § 296-23-715, filed 7/23/87; WSR 83-16-066 (Order 83-23), § 296-23-715, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-715, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-715, filed 1/30/74; Order 68-7, § 296-23-715, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-720 Procedures. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-720, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-720, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-720, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-720, filed 11/24/76, effective 1/1/77; Order 74-7, § 296-23-720, filed 1/30/74.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-725 Tests and measurements. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-17-038, § 296-23-725, filed 8/16/91, effective 9/30/91; WSR 87-08-004 (Order 87-09), § 296-23-725, filed 3/20/87; WSR 86-06-032 (Order 86-19), § 296-23-725, filed 2/28/86, effective 4/1/86; WSR 83-16-066 (Order 83-23), § 296-23-725, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-725, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-725, filed 1/30/74.]

Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-730 Work hardening. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-08-002 (Order 89-01), § 296-23-730, filed 3/23/89, effective 5/1/89.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-810 General instructions. [Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-810, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-810, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-23-810, filed 11/28/75, effective 1/1/76; Order 74-39, § 296-23-810, filed 11/22/74, effective 1/1/75; Order 74-7, § 296-23-810, filed 1/30/74; Order 71-6, § 296-23-810, filed 6/1/71; Order 70-12, § 296-23-810, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-23-810, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-81001 Who may treat. [Order 76-34, § 296-23-81001, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81002 Acceptance of rules and fees. [Order 76-34, § 296-23-81002, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81003 Penalties. [Order 76-34, § 296-23-81003, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81004 Initial treatment and report of accident. [Order 76-34, § 296-23-81004, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81005 Treatment following initial treatment. [Order 77-27, § 296-23-81005, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-81005, filed 12/1/77; Emergency Order 77-16, § 296-23-81005, filed 9/6/77; Order 76-34, § 296-23-81005, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81006 Rejected and closed claims. [Order 76-34, § 296-23-81006, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81007 Treatment beyond 60 days. [Order 76-34, § 296-23-81007, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81008 Doctor's supplemental report. [Order 76-34, § 296-23-81008, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81009 Transfer of practitioners. [Order 77-27, § 296-23-81009, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-81009, filed 12/1/77; Emergency Order 77-16, § 296-23-81009, filed 9/6/77; Order 76-34, § 296-23-81009, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81010 Concurrent treatment. [Order 76-34, § 296-23-81010, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-81011 Billing procedures. [Order 77-27, § 296-23-81011, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-23-81011, filed 12/1/77; Emergency Order 77-16, § 296-23-81011, filed 9/6/77; Order 76-34, § 296-23-81011, filed 11/24/76, effective 1/1/77.] Repealed by WSR 81-01-100 (Order 80-29), filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3).

296-23-811 Office visits and special services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 87-16-004 (Order 87-18), § 296-23-811, filed 7/23/87. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-24-041 (Order 81-28), § 296-23-811, filed 11/30/81, effective 1/1/82; WSR 81-01-100 (Order 80-29), § 296-23-811, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-23-811, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-23-811, filed 11/28/75, effective 1/1/76; Order 74-39, § 296-23-815, (codified as WAC 296-23-811), filed 11/22/74, effective 4/1/75; Order 74-7, § 296-23-811, filed 1/30/74; Order 68-7, § 296-23-811, filed 11/27/68, effective 1/1/69.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-900 Licensed nursing rules. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 90-18-028, § 296-23-900, filed 8/27/90, effective 9/27/90; WSR 89-17-039 (Order 89-09), § 296-23-900, filed 8/10/89, effective 9/10/89; WSR 86-20-074 (Order 86-36), § 296-23-900, filed 10/1/86, effective 11/1/86; WSR 83-16-066 (Order 83-23), § 296-23-900, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.16.120(3). WSR 81-01-100 (Order 80-29), § 296-23-900, filed 12/23/80, effective 3/1/81; Order 74-39, § 296-23-900, filed 11/22/74, effective 4/1/75; Order 74-7, § 296-23-900, filed 1/30/74.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-910 Licensed nursing billing instructions. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 90-18-028, § 296-23-910, filed 8/27/90, effective 9/27/90; WSR 86-20-074 (Order 86-36), § 296-23-910, filed 10/1/86, effective 11/1/86; WSR 86-06-032 (Order 86-19), § 296-23-910, 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), § 296-23-910, filed 12/23/80, effective 3/1/81; Order 74-7, § 296-23-910, filed 1/30/74.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-940 Vocational service providers. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 82-24-050 (Order 82-39), § 296-23-940, filed 11/29/82, effective 1/1/83.] Repealed by WSR 86-06-032 (Order 86-19), filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-9401 Reasons for holding provider ineligible for referral. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 82-24-050 (Order 82-39), § 296-23-9401, filed 11/29/82, effective 1/1/83.] Repealed by WSR 86-06-032 (Order 86-19), filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-9402 Time lines. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 82-24-050 (Order 82-39), § 296-23-9402, filed 11/29/82, effective 1/1/83.] Repealed by WSR 86-06-032 (Order 86-19), filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-9403 Services requiring authorization. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 82-24-050 (Order 82-39), § 296-23-9403, filed 11/29/82, effective 1/1/83.] Repealed by WSR 86-06-032 (Order 86-19), filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-9408 Vocational fee schedule. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-16-066 (Order 83-23), § 296-23-9408, filed 8/2/83. Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 82-24-050 (Order 82-39), § 296-23-9408, filed 11/29/82, effective 1/1/83.] Repealed by WSR 83-24-016 (Order 83-35), filed 11/30/83, effective 1/1/84. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-9409 Vocational services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-24-016 (Order 83-35), § 296-23-9409, filed 11/30/83, effective 1/1/84.] Repealed by WSR 86-06-032 (Order 86-19), filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-9410 Retraining service. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 83-24-016 (Order 83-35), § 296-23-9410, filed 11/30/83, effective 1/1/84.] Repealed by WSR 86-06-032 (Order 86-19), filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4) and 51.04.030.

296-23-950 Massage therapy rules. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-06-032 (Order 86-19), § 296-23-950, filed 2/28/86, effective 4/1/86.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-960 Massage—Modalities. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 86-20-074 (Order 86-36), § 296-23-960, filed 10/1/86, effective 11/1/86; WSR 86-06-032 (Order 86-19), § 296-23-960, filed 2/28/86, effective 4/1/86.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-970 Occupational therapy rules. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-08-002 (Order 89-01), § 296-23-970, filed 3/23/89, effective 5/1/89; WSR 86-06-032 (Order 86-19), § 296-23-970, filed 2/28/86, effective 4/1/86.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-980 Occupational therapy services. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 91-17-038, § 296-23-980, filed 8/16/91, effective 9/30/91; WSR 87-08-004 (Order 87-09), § 296-23-980, filed 3/20/87; WSR 86-20-074 (Order 86-36), § 296-23-980, filed 10/1/86, effective 11/1/86; WSR 86-06-032 (Order 86-19), § 296-23-980, filed 2/28/86, effective 4/1/86.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

296-23-990 Work hardening. [Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 89-08-002 (Order 89-01), § 296-23-990, filed 3/23/89, effective 5/1/89.] Repealed by WSR 93-16-072, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159.

## RADIOLOGY

**WAC 296-23-135 General information—Radiology.** (1) Rules and billing procedures pertaining to all practitioners rendering services to workers are presented in the general instruction section beginning with WAC 296-20-010.

(2) Billing codes, reimbursement levels, and supporting policies are listed in the fee schedules.

(3) Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

(4) Refer to the fee schedules for information on use of coding modifiers.

(5) The values listed in the fee schedules only apply when these services are performed by or under the responsible supervision of a doctor.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 94-14-044, § 296-23-135, filed 6/29/94, effective 7/30/94; WSR 93-16-072, § 296-23-135, filed 8/1/93, effective 9/1/93.]

**WAC 296-23-140 Custody of X-rays.** (1) Radiographs should not be sent to the department or self-insurer unless they are requested for comparison and interpretation in determining a permanent disability, administrative or legal decisions, and for cases in litigation. X-rays must be retained for a period of 10 years by the radiologist or the attending provider.

(2) X-rays must be made available upon request to consultants, to medical examiners, to the department, to self-insurers, and/or the board of industrial insurance appeals.

(3) In cases where the worker transfers from one provider to another, the former attending provider will immediately forward all films in his possession to the new attending provider.

(4) When a provider's office is closed because of death, retirement, or upon leaving the state, department approved custodial arrangements must be made to insure availability on request. If a radiological office is closed for any of the previously listed reasons or because the partnership or corporation is being dissolved, disposition of X-rays for industrial injuries will be handled in the same manner. In the event custodial arrangements are to be made, the department must approve the arrangements prior to transfer of X-rays to the custodian so as to assure their availability to the department or self-insurer upon request.

(5) Refer to chapter 296-20 WAC (including WAC 296-20-125) and to chapter 296-21 WAC for additional information.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-140, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-140, filed 8/1/93, effective 9/1/93.]

**WAC 296-23-145 Duplication of X-rays and extra views.** Every attempt should be made to minimize the number of X-rays taken for workers. The attending provider or any other person or institution having possession of X-rays which pertain to the injury and are deemed to be needed for diagnostic or treatment purposes should make these X-rays available upon request.

The department or self-insurer will not authorize or pay for additional X-rays when recent X-rays are available except when presented with adequate information regarding the need to re-X-ray.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-145, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-145, filed 8/1/93, effective 9/1/93.]

## PATHOLOGY

**WAC 296-23-155 Pathology general information and instructions.** (1) Rules and billing procedures pertaining to all practitioners rendering service to workers are presented in general information section beginning with WAC 296-20-010.

(2) Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

(3) Refer to the fee schedules for information on use of coding modifiers.

(4) Billing codes, reimbursement levels, and supporting policies are listed in the fee schedules.

(5) The reimbursement levels listed in the fee schedules apply only when the services are performed by or under the responsible supervision of a physician. Unless otherwise specified, the listed values include the collection and handling of the specimens by the laboratory performing the procedure. SERVICES IN PATHOLOGY AND LABORATORY are provided by the pathologist or by technologists under responsible supervision of a physician.

(6) Laboratory procedures performed by other than the billing physician shall be billed at the value charged that physician by the reference (outside) laboratory under the individual procedure number or the panel procedure number listed under "PANEL OR PROFILE TESTS" (see modifier -90).

(7) The department or self-insurer may deny payment for lab procedures which are determined to be excessive or unnecessary for management of the injury or conditions.

(8) Separate or multiple procedures: It is appropriate to designate multiple procedures that are rendered on the same date by separate entries.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 94-14-044, § 296-23-155, filed 6/29/94, effective 7/30/94; WSR 93-16-072, § 296-23-155, filed 8/1/93, effective 9/1/93.]

## DENTAL

**WAC 296-23-160 General information and instructions.** (1) The department or self-insurer is responsible only for repair or replacement of teeth injured or prosthodontics broken as a result of an industrial injury.

(2) Information pertaining to industrial claims is explained in WAC 296-20-010.

(3) Information pertaining to reports of accident is outlined in WAC 296-20-025.

(4) Information pertaining to the care of workers is explained in WAC 296-20-110.

(5) An estimate of cost is not needed prior to authorization of dental work unless indicated due to the extensive nature of the dental work. The department or self-insurer reserves the right to review all charges billed.

(6) Billing instructions are listed in WAC 296-20-125. Bills for services must be itemized, specifying tooth numbers and materials used. No services will be paid on rejected or closed claims except those rendered in conjunction with a reopening application.

(7) Billing codes, billing modifiers, reimbursement levels, and supporting policies are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-160, filed 8/1/93, effective 9/1/93.]

## MISCELLANEOUS SERVICES AND APPLIANCES

**WAC 296-23-165 Miscellaneous services and appliances.** (1) The department or self-insurer will reimburse for certain proper and necessary miscellaneous services and items needed as a result of an industrial accident. Nursing care, attendant services, transportation, hearing aids, eyeglasses, orthotics and prosthetics, braces, medical supplies, oxygen systems, walking aids, and durable medical equipment are included in this classification.

(a) When a fee maximum has been established, the rate of reimbursement for miscellaneous services and items will be the supplier's usual and customary charge or the department's current fee maximum, whichever is less. In no case may a supplier or provider charge a worker the difference between the fee maximum and their usual and customary charge.

(b) When the department or self-insurer has established a purchasing contract with a qualified supplier through an open competitive request for proposal process, the department or self-insurer will require that workers obtain specific groups of items from the contractor. When items are obtained from a contractor, the contractor will be paid at the rates established in the contract. When a purchasing contract for a selected group of items exists, suppliers who are not named in the contract will be denied reimbursement if they provide a contracted item to a worker. The noncontracting supplier, not the worker, will be financially responsible for providing an item to a worker when it should have been supplied by a contractor. This rule may be waived by an authorized representative of the department or self-insurer in special cases where a worker's attending provider recommends that an item be obtained from another source for medical reasons or reasons of availability. In such cases, the department may authorize reimbursement to a supplier who is not named in a contract. Items or services may be provided on an emergency basis without prior authorization, but will be reviewed for appropriateness to the accepted industrial condition and medical necessity on a retrospective basis.

(2) The department or self-insurer will inform providers and suppliers of the selected groups of items for which purchasing contracts have been established, including the beginning and ending dates of the contracts.

(3) Prior authorization by an authorized representative of the department or self-insurer will be required for reimbursement of selected items and services which are provided to workers. Payment will be denied for selected items or services supplied without prior authorization. The supplier, not the worker, will be financially responsible for providing selected items or services to workers without prior authorization. In cases where a worker's provider recommends rental or purchase of a contracted item from a supplier who lacks a contract agreement, prior authorization will be required.

The decision to grant or deny prior authorization for reimbursement of selected services or items will be based on the following criteria:

(a) The worker is eligible for coverage.

(b) The service or item prescribed is appropriate and medically necessary for treatment of the worker's accepted industrial condition.

(4) The decision to rent or purchase an item will be made based on a comparison of the projected rental costs of the item with its purchase price. An authorized representative of the department or self-insurer will decide whether to rent or purchase certain items provided they are appropriate and medically necessary for treatment of the worker's accepted condition. Decisions to rent or purchase items will be based on the following information:

(a) Purchase price of the item.

(b) Monthly rental fee.

(c) The prescribing provider's estimate of how long the item will be needed.

(5) The department will review the medical necessity, appropriateness, and quality of items and services provided to workers.

(6) The department's STATEMENT FOR MISCELLANEOUS SERVICES form or electronic transfer format specifications must be used for billing the department for miscellaneous services, equipment, supplies, appliances, and transportation. Bills must be itemized according to instructions in WAC 296-20-125 and the department or self-insurer's billing instructions. Bills for medical appliances and equipment must include the type of item, manufacturer name, model name and number, and serial number.

(7) All miscellaneous materials, supplies and services must be billed using the appropriate HCPCS Level II codes and billing modifiers. HCPCS codes are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-165, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.060, 51.32.072, and 7.68.070. WSR 01-18-041, § 296-23-165, filed 8/29/01, effective 10/1/01. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-165, filed 8/1/93, effective 9/1/93.]

**WAC 296-23-180 Vehicle and home modification.** Requires prior approval from the assistant director for industrial insurance.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 96-10-086, § 296-23-180, filed 5/1/96, effective 7/1/96. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-180, filed 8/1/93, effective 9/1/93.]

## CHIROPRACTIC

**WAC 296-23-195 Chiropractic consultations.** See WAC 296-20-035, 296-20-045, and 296-20-051 for rules pertaining to consultation.

Chiropractic consultation requires prior notification to the department or self-insurer. Consultants must be from an approved list of chiropractic consultants.

The codes and reimbursement levels for chiropractic consultations services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-195, filed 8/1/93, effective 9/1/93.]

## NATUROPATHIC PHYSICIANS

**WAC 296-23-205 General instructions—Naturopathic physicians.** General instructions for naturopathic physicians:

(1) Refer to WAC 296-20-010 through 296-20-125 for general rules and billing procedures including, but not limited to:

(a) WAC 296-20-06101 for reporting requirements.

(b) WAC 296-20-01002 for the definition of "proper and necessary" health care services.

(c) WAC 296-20-03002 for treatment not authorized by the department.

(2) Refer to WAC 296-20-132 and 296-20-135 regarding the use of conversion factors.

(3) Refer to WAC 296-23-135 through 296-23-145 and 296-20-121 for requirements for X-rays.

(4) Refer to chapter 246-836 WAC for scope of practice including prescribing authority and injection requirements.

(5) Refer to WAC 296-21-290 for physical medicine limitations for attending providers.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-205, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 24-11-122, § 296-23-205, filed 5/21/24, effective 7/1/24. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-205, filed 8/1/93, effective 9/1/93.]

## PHYSICAL THERAPY

**WAC 296-23-220 Physical therapy rules.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers.

Refer to WAC 296-20-132 and 296-20-135 regarding the use of conversion factors.

All supplies and materials must be billed using HCPCS Level II codes. Refer to chapter 296-21 WAC for additional information. HCPCS codes are listed in the fee schedules.

Refer to chapter 296-20 WAC (WAC 296-20-125) and to the department's billing instructions for additional information.

Physical therapy treatment will be reimbursed only when ordered by the worker's attending doctor and rendered by a licensed physical therapist, a physical therapist assistant serving under the direction of a licensed physical therapist as required in RCW 18.74.180 (3)(a), or a licensed athletic trainer serving under the direction of a licensed physical therapist as required in RCW 18.250.010 (4)(a)(v). In addition, physician assistants may order physical therapy under these rules for the attending doctor. Doctors rendering physical therapy should refer to WAC 296-21-290.

The department or self-insurer will review the quality and medical necessity of physical therapy services provided to workers. Practitioners should refer to WAC 296-20-01002 for the department's rules regarding medical necessity and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

The department or self-insurer will pay for a maximum of one physical therapy visit per day. When multiple treatments (different billing codes) are performed on one day, the department or self-insurer will pay either the sum of the individual fee maximums, the provider's usual and customary charge, or $155.04 whichever is less. These limits will not apply to physical therapy that is rendered as part of a physical capacities evaluation, work hardening program, or pain management program, provided a qualified representative of the department or self-insurer has authorized the service.

The department will publish specific billing instructions, utilization review guidelines, and reporting requirements for physical therapists who render care to workers.

Use of diapulse or similar machines on workers is not authorized. See WAC 296-20-03002 for further information.

A physical therapy progress report must be submitted to the attending doctor and the department or the self-insurer following 12 treatment visits or one month, whichever occurs first. Physical therapy treatment beyond initial 12 treatments will be authorized only upon substantiation of improvement in the worker's condition. An outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Physical therapy services rendered in the home and/or places other than the practitioner's usual and customary office, clinic, or business facilities will be allowed only upon prior authorization by the department or self-insurer.

No inpatient physical therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

The department may discount maximum fees for treatment performed on a group basis in cases where the treatment provided consists of a nonindividualized course of therapy (e.g., pool therapy; group aerobics; and back classes).

Biofeedback treatment may be rendered on doctor's orders only. The extent of biofeedback treatment is limited to those procedures allowed within the scope of practice of a licensed physical therapist. See chapter 296-21 WAC for rules pertaining to conditions authorized and report requirements.

Billing codes and reimbursement levels are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 26-10-059 (Order 25-29), s 296-23-220, filed 5/5/26, effective 7/1/26; WSR 25-11-075, s 296-23-220, filed 5/20/25, effective 7/1/25; WSR 24-12-047, § 296-23-220, filed 5/31/24, effective 7/1/24; WSR 23-11-126, § 296-23-220, filed 5/23/23, effective 7/1/23; WSR 22-10-064, § 296-23-220, filed 5/3/22, effective 7/1/22; WSR 21-11-084, § 296-23-220, filed 5/18/21, effective 7/1/21; WSR 20-17-116, § 296-23-220, filed 8/18/20, effective 10/1/20; WSR 18-10-082, § 296-23-220, filed 5/1/18, effective 7/1/18; WSR 17-10-060, § 296-23-220, filed 5/2/17, effective 7/1/17; WSR 16-10-084, § 296-23-220, filed 5/3/16, effective 7/1/16; WSR 15-09-120, § 296-23-220, filed 4/21/15, effective 7/1/15. Statutory

Authority: RCW 51.04.020 and 51.04.030. WSR 14-23-064, § 296-23-220, filed 11/18/14, effective 1/1/15. Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 14-09-094, § 296-23-220, filed 4/22/14, effective 7/1/14; WSR 13-11-020, § 296-23-220, filed 5/7/13, effective 7/1/13; WSR 12-11-107, § 296-23-220, filed 5/22/12, effective 7/1/12; WSR 08-09-121, § 296-23-220, filed 4/22/08, effective 7/1/08; WSR 07-10-082, § 296-23-220, filed 5/1/07, effective 7/1/07; WSR 06-09-071, § 296-23-220, filed 4/18/06, effective 7/1/06. Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 05-18-030, § 296-23-220, filed 8/30/05, effective 10/1/05. Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 05-09-062, § 296-23-220, filed 4/19/05, effective 7/1/05; WSR 04-09-100, § 296-23-220, filed 4/20/04, effective 7/1/04; WSR 03-14-043, § 296-23-220, filed 6/24/03, effective 8/1/03; WSR 02-10-129, § 296-23-220, filed 5/1/02, effective 7/1/02; WSR 01-10-026, § 296-23-220, filed 4/24/01, effective 7/1/01; WSR 00-09-077, § 296-23-220, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 99-10-043, § 296-23-220, filed 4/30/99, effective 7/1/99; WSR 98-09-125, § 296-23-220, filed 4/22/98, effective 7/1/98; WSR 97-10-017, § 296-23-220, filed 4/28/97, effective 7/1/97; WSR 96-10-086, § 296-23-220, filed 5/1/96, effective 7/1/96; WSR 95-05-072, § 296-23-220, filed 2/15/95, effective 3/18/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 94-02-045, § 296-23-220, filed 12/30/93, effective 3/1/94; WSR 93-16-072, § 296-23-220, filed 8/1/93, effective 9/1/93.]

## OCCUPATIONAL THERAPY

**WAC 296-23-230 Occupational therapy rules.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers.

Refer to WAC 296-20-132 and 296-20-135 for information regarding the conversion factors.

All supplies and materials must be billed using HCPCS Level II codes, refer to the department's billing instructions for additional information.

Occupational therapy treatment will be reimbursed only when ordered by the worker's attending doctor and rendered by a licensed occupational therapist or an occupational therapist assistant serving under the direction of a licensed occupational therapist. In addition, physician assistants may order occupational therapy under these rules for the attending doctor. Vocational counselors assigned to injured workers by the department or self-insurer may request an occupational therapy evaluation. However, occupational therapy treatment must be ordered by the worker's attending doctor or by the physician assistant.

An occupational therapy progress report must be submitted to the attending doctor and the department or self-insurer following 12 treatment visits or one month, whichever occurs first. Occupational therapy treatment beyond the initial 12 treatments will be authorized only upon substantiation of improvement in the worker's condition. An outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

The department or self-insurer will review the quality and medical necessity of occupational therapy services. Practitioners should

refer to WAC 296-20-01002 for the department's definition of medically necessary and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

The department will pay for a maximum of one occupational therapy visit per day. When multiple treatments (different billing codes) are performed on one day, the department or self-insurer will pay either the sum of the individual fee maximums, the provider's usual and customary charge, or $155.04 whichever is less. These limits will not apply to occupational therapy which is rendered as part of a physical capacities evaluation, work hardening program, or pain management program, provided a qualified representative of the department or self-insurer has authorized the service.

The department will publish specific billing instructions, utilization review guidelines, and reporting requirements for occupational therapists who render care to workers.

Occupational therapy services rendered in the worker's home and/or places other than the practitioner's usual and customary office, clinic, or business facility will be allowed only upon prior authorization by the department or self-insurer.

No inpatient occupational therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

The department may discount maximum fees for treatment performed on a group basis in cases where the treatment provided consists of a nonindividualized course of therapy (e.g., pool therapy; group aerobics; and back classes).

Billing codes, reimbursement levels, and supporting policies for occupational therapy services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 26-10-059 (Order 25-29), s 296-23-230, filed 5/5/26, effective 7/1/26; WSR 25-11-075, s 296-23-230, filed 5/20/25, effective 7/1/25; WSR 24-12-047, § 296-23-230, filed 5/31/24, effective 7/1/24; WSR 23-11-126, § 296-23-230, filed 5/23/23, effective 7/1/23; WSR 22-10-064, § 296-23-230, filed 5/3/22, effective 7/1/22; WSR 21-11-084, § 296-23-230, filed 5/18/21, effective 7/1/21; WSR 20-17-116, § 296-23-230, filed 8/18/20, effective 10/1/20; WSR 18-10-082, § 296-23-230, filed 5/1/18, effective 7/1/18; WSR 17-10-060, § 296-23-230, filed 5/2/17, effective 7/1/17; WSR 16-10-084, § 296-23-230, filed 5/3/16, effective 7/1/16; WSR 15-09-120, § 296-23-230, filed 4/21/15, effective 7/1/15; WSR 14-09-094, § 296-23-230, filed 4/22/14, effective 7/1/14; WSR 13-11-020, § 296-23-230, filed 5/7/13, effective 7/1/13; WSR 12-11-107, § 296-23-230, filed 5/22/12, effective 7/1/12; WSR 08-09-121, § 296-23-230, filed 4/22/08, effective 7/1/08; WSR 07-10-082, § 296-23-230, filed 5/1/07, effective 7/1/07; WSR 06-09-071, § 296-23-230, filed 4/18/06, effective 7/1/06. Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 05-18-030, § 296-23-230, filed 8/30/05, effective 10/1/05. Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 05-09-062, § 296-23-230, filed 4/19/05, effective 7/1/05; WSR 04-09-100, § 296-23-230, filed 4/20/04, effective 7/1/04; WSR 03-14-043, § 296-23-230, filed 6/24/03, effective 8/1/03; WSR 02-10-129, § 296-23-230, filed 5/1/02, effective 7/1/02; WSR 01-10-026, § 296-23-230, filed 4/24/01, effective 7/1/01; WSR 00-09-077, § 296-23-230, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020(4) and 51.04.030. WSR 99-10-043, § 296-23-230, filed 4/30/99, effective 7/1/99; WSR 98-09-125, §

296-23-230, filed 4/22/98, effective 7/1/98; WSR 97-10-017, § 296-23-230, filed 4/28/97, effective 7/1/97; WSR 96-10-086, § 296-23-230, filed 5/1/96, effective 7/1/96; WSR 95-05-072, § 296-23-230, filed 2/15/95, effective 3/18/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 94-02-045, § 296-23-230, filed 12/30/93, effective 3/1/94; WSR 93-16-072, § 296-23-230, filed 8/1/93, effective 9/1/93.]

**WAC 296-23-235 Work hardening.** The department will publish billing instructions, reimbursement limits, quality assurance standards, utilization review guidelines, admission criteria, outcome criteria, measures of effectiveness, minimum staffing levels, certification requirements, special reporting requirements, and other criteria that will ensure workers receive good quality services at cost-effective payment levels. Providers will be required to meet the department's requirements in order to qualify as a work hardening provider. The department may also establish a competitive or other appropriate selection process for work hardening providers. Providers should refer to WAC 296-20-12050 regarding special programs.

Billing codes, reimbursement levels, and supporting policies for work hardening services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-235, filed 8/1/93, effective 9/1/93.]

## ACUPUNCTURE

**WAC 296-23-238 Acupuncture rules.** (1) The department or self-insurer may pay for acupuncture treatment when ordered by the worker's attending provider or physician assistant and only for specific conditions related to the accepted condition on a claim and per department policy.

(2) For the purposes of this section, "acupuncture" is the insertion of needles or lancets, with or without electrical stimulation, to directly or indirectly stimulate acupuncture points and meridians.

(3) The department may amend the list of covered conditions for acupuncture treatment as documented in the medical coverage decision on acupuncture.

(4) Acupuncture services may be administered by a provider acting within the scope of their licensure.

(5) The department or self-insurer will pay for a maximum of one acupuncture treatment per day for not more than ten visits per worker's compensation claim.

(6) The acupuncture provider must submit documentation of functional status to the attending provider and the department or the self-insurer at baseline, at the middle visit and following the end of treatment or ten visits, whichever comes first. Providers must use validated instruments per department policy to track and document the worker's pain and functional status during the course of acupuncture treatment.

(7) The department or self-insurer may review the quality of acupuncture services provided to workers.

(8) Providers should refer to WAC 296-20-01002 for the definition of "proper and necessary treatment." See WAC 296-20-010 for general information and WAC 296-20-125 for billing procedures.

(9) Billing codes, reimbursement levels and payment policies for acupuncture are listed in the department's *Medical Aid Rules and Fee Schedules*.

[Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 19-10-063, § 296-23-238, filed 4/30/19, effective 6/1/19.]

## NURSING

**WAC 296-23-240 Licensed nursing rules.** (1) Registered nurses and licensed practical nurses may perform private duty nursing care in industrial injury cases when the attending provider deems this care necessary. Registered nurses may be reimbursed for services as outlined by department policy. (See chapter 296-20 WAC for home nursing rules.)

(2) Advanced registered nurse practitioners (ARNPs) may perform advanced and specialized levels of nursing care on a fee for service basis in industrial injury cases within the limitations of this section. ARNPs may be reimbursed for services as outlined by department policy.

(3) In order to treat workers under the Industrial Insurance Act, the advanced registered nurse practitioner must be:

(a) Recognized by the Washington state board of nursing or other government agency as an advanced registered nurse practitioner (ARNP). For out-of-state nurses an equivalent title and training may be approved at the department's discretion.

(b) Capable of providing the department with evidence and documentation of a reliable and rapid system of obtaining physician consultations.

(4) Billing procedures outlined in the medical aid rules and fee schedules apply to all nurses.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-240, filed 5/20/25, effective 7/1/25. Statutory Authority: 2004 c 65 and 2004 c 163. WSR 04-22-085, § 296-23-240, filed 11/2/04, effective 12/15/04. Statutory Authority: RCW 51.04.020. WSR 03-21-069, § 296-23-240, filed 10/14/03, effective 12/1/03. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-240, filed 8/1/93, effective 9/1/93.]

**WAC 296-23-241 Advanced registered nurse practitioners.** (1) Advanced registered nurse practitioners (ARNPs) may independently perform the functions of an attending provider under the Industrial Insurance Act and applicable rules in Title 296 WAC, with the exception of rating permanent impairment. These functions include, but are not limited to:

- Completing and signing the Report of Accident (Workplace Injury, Accident, or Occupational Disease) form or the Provider's Initial Report form, where applicable;
- Certifying time-loss compensation;
- Completing and submitting all required or requested reports;

• Referring workers for consultations;
• Performing consultations;
• Facilitating early return to work offered by and performed for the employer(s) of record;
• Doing all that is possible to expedite the vocational process, including making an estimate of the worker's physical or mental capacities that affect the worker's employability.

(2) Psychiatric advanced registered nurse practitioners can provide psychiatric services as defined in WAC 296-21-270.

(3) ARNPs can state whether a worker has permanent impairment, such as on the department's activity prescription form (APF). ARNPs cannot rate permanent impairment or perform independent medical examinations (IMEs).

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-241, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.04.020, 51.04.030. WSR 09-14-104, § 296-23-241, filed 6/30/09, effective 7/31/09. Statutory Authority: 2007 c 275, RCW 51.04.020 and 51.04.030. WSR 08-04-094, § 296-23-241, filed 2/5/08, effective 2/22/08. Statutory Authority: 2004 c 65 and 2004 c 163. WSR 04-22-085, § 296-23-241, filed 11/2/04, effective 12/15/04.]

**WAC 296-23-245 Licensed nursing billing instructions.** (1) Registered nurses may be required to obtain provider account numbers from the department as outlined by department policy.

(2) Advanced registered nurse practitioners must obtain provider account numbers from the department.

(3) Refer to WAC 296-20-132 and 296-20-135 for information regarding the conversion factors.

(4) Refer to the department's billing instructions for additional information.

(5) Services performed by advanced registered nurse practitioners must be billed using the appropriate procedure code number listed in the fee schedules preceded by a Type of Service Code "N."

(6) Refer to WAC 296-20-303 for rules regarding home attendant services.

[Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 16-20-078, § 296-23-245, filed 10/4/16, effective 11/15/16. Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.060, 51.32.072, and 7.68.070. WSR 01-18-041, § 296-23-245, filed 8/29/01, effective 10/1/01. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-245, filed 8/1/93, effective 9/1/93.]

## ATTENDANT SERVICES

**WAC 296-23-246 Attendant services.** (1) **What are attendant services?** Attendant services are proper and necessary personal care services provided to maintain the injured worker in their residence.

(2) **Who may receive attendant services?** Workers who are temporarily or permanently totally disabled and rendered physically helpless by the nature of their industrial injury or occupational disease may receive attendant services.

(3) **Is prior authorization required for attendant services?** Yes. To be covered by the department, attendant services must be requested by the attending provider and authorized by the department before care begins.

(4) **What attendant services does the department cover?** The department covers proper and necessary attendant services that are provided consistent with the injured worker's needs, abilities and safety. Only attendant services that are necessary due to the physical restrictions caused by the accepted industrial injury or occupational disease are covered.

The following are examples of attendant services that may be covered:

- Bathing and personal hygiene;
- Dressing;
- Administration of medications;
- Specialized skin care, including changing or caring for dressings or ostomies;
- Tube feeding;
- Feeding assistance (not meal preparation);
- Mobility assistance, including walking, toileting and other transfers;
- Turning and positioning;
- Bowel and incontinent care; and
- Assistance with basic range of motion exercises.

Services the department considers everyday environmental needs, unrelated to the medical care of the worker are not covered. The following chore services are examples of services that are not covered: Housecleaning, laundry, shopping, meal planning and preparation, transportation of the injured worker, errands for the injured worker, recreational activities, yard work, and child care.

(5) **Who may provide attendant services?** Attendant services provided on or after June 1, 2002, must be provided through an agency licensed, certified or registered to provide home care or home health services.

EXCEPTION: A worker who received department approved attendant services from a spouse prior to October 1, 2001, may continue to receive attendant services from that spouse as long as all of the following criteria are met.
The attendant service spouse provider:
(a) Had an active provider account with the department on September 30, 2001; and
(b) Maintains an active provider account with the department; and
(c) Remains legally married to the injured worker; and
(d) Allows the department or its designee to perform periodic independent nursing evaluations in the worker's residence.

(6) **What are the treatment limits for attendant services?** The department will determine the maximum hours of authorized attendant care services based on an independent nursing assessment of the worker's care needs.

Spouses eligible to provide attendant services are limited to a maximum of 70 hours of attendant services per week or to the maximum hours authorized for the worker, whichever is less. Workers who are receiving attendant services from spouses and whose care needs exceed 70 hours per week must receive attendant services in excess of 70 hours from an agency eligible to provide attendant services.

EXCEPTION: The department may exempt a spouse from the 70-hour limit if, after review by the department and based on independent nursing assessment:
(a) The injured worker is receiving proper and necessary care; and
(b) The worker's care needs exceed 70 hours per week; and
(c) No eligible agency provider is available.

(7) **Will the department review attendant services?** Yes. The department or its designee will perform periodic independent nursing evaluations of attendant services. Evaluations may include, but are

not limited to, on-site review of the injured worker and review of medical records.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-246, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.04.020. WSR 03-21-069, recodified as § 296-23-246, filed 10/14/03, effective 12/1/03. Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.060, 51.32.072, and 7.68.070. WSR 01-18-041, § 296-20-303, filed 8/29/01, effective 10/1/01.]

**WAC 296-23-250 Massage therapy rules.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers. See WAC 296-20-125 for billing instructions.

Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

Massage therapy treatment will be permitted when given by a licensed massage practitioner only upon written orders from the worker's attending provider.

A progress report must be submitted to the attending provider and the department or the self-insurer following six treatment visits or one month, whichever comes first. Massage therapy treatment beyond the initial six treatments will be authorized only upon substantiation of improvement in the worker's condition in terms of functional modalities, i.e., range of motion; sitting and standing tolerance; reduction in medication; etc. In addition, an outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Massage therapy in the home and/or places other than the practitioners usual and customary business facilities will be allowed only upon prior justification and authorization by the department or self-insurer.

No inpatient massage therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

Massage therapy treatments exceeding once per day must be justified by the attending provider.

Maximum daily reimbursement levels for massage therapy are 75 percent of the maximum daily reimbursement levels for physical and occupational therapy services that may be found in WAC 296-23-220 and 296-23-230.

Billing codes, reimbursement levels, and supporting policies for massage therapy services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-250, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.04.020(1) and 51.04.030. WSR 08-09-120, § 296-23-250, filed 4/22/08, effective 7/1/08. Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 05-18-030, § 296-23-250, filed 8/30/05, effective 10/1/05. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 93-16-072, § 296-23-250, filed 8/1/93, effective 9/1/93.]

## INDEPENDENT MEDICAL EXAMINATION

**WAC 296-23-302 Definitions. Approved independent medical examination (IME) provider** - A licensed provider or firm whose credentials are approved to conduct an independent medical examination, rating evaluation, or provide IME associated services including, but not limited to, file preparation, scheduling of examinations, and processing billing. An approved IME provider is assigned a unique provider number.

**Case progress examination** - An examination requested for an accepted condition because:

(a) A proper and necessary treatment plan, per the definition of "proper and necessary" found in WAC 296-20-01002, is not in place; or

(b) The treatment plan has stalled or been completed without resulting in objective or functional improvement for physical conditions, or clinically meaningful signs of improvement for mental health conditions.

**Department** - For the purpose of this section, department means the department of labor and industries industrial insurance workers' compensation state fund and self-insured programs.

**Direct patient care** - For the purpose of meeting the qualifications of an independent medical examination (IME) provider, direct patient care means face-to-face contact with the worker for the purpose of evaluation and management of care that includes, but is not limited to:

- History taking and review of systems;
- Physical examination;
- Medical decision making;
- Coordination of care with other providers and agencies.

This does not include time spent in independent medical examinations.

**Impairment rating examination** - An examination to determine whether or not the injured/ill worker has any permanent impairment(s) as a result of the industrial injury or illness after the worker has reached maximum medical improvement. An impairment rating may be conducted by a qualified attending provider, a medical consultant, or an approved examiner. An impairment rating may be a component of an IME.

**Independent medical examination (IME)** - An objective medical-legal examination requested (by the department or self-insurer) to establish medical findings, opinions, and conclusions about a worker's physical condition. These examinations may only be conducted by department-approved examiners.

**Independent medical examination (IME) provider** - A firm, partnership, corporation, or individual licensed doctor (examiner) who has been approved and given an independent medical examination (IME) provider number by the department to perform IMEs.

**Medical director** - A licensed provider and approved IME examiner in the firm, partnership, corporation or other legal entity responsible to provide oversight on quality of independent medical examinations, impairment ratings and reports.

***Medical Examiners' Handbook*** - A handbook developed by the department containing department policy and information to assist providers who perform independent medical examinations and impairment rating examinations.

**Patient related services** - Patient related services are defined as one or more of the following professional activities:

- Direct patient care;
- Locum tenens;
- Clinical consultations for attending providers;
- Clinical instruction of medical, osteopathic, dental, podiatry, or chiropractic students and/or residents;
- On-call emergency services;
- Volunteer clinician providing direct patient care services in their specialty.

**Provider number** - A unique number(s) assigned to a provider by the department of labor and industries. The number identifies the provider and is linked to a tax identification number that has been designated by the provider for payment purposes. A provider may have more than one provider number assigned by the department.

**Suspension** - A department action during which the provider is approved by the department but not available to accept referrals.

**Temporarily unavailable** - Provider is approved by the department but is temporarily unavailable to accept referrals. Temporarily unavailable applies at the provider's request for personal reasons or by the department as part of an administrative action. Provider remains unavailable until the issue is resolved.

**Termination** - The permanent removal of a provider from the list of approved IME examiners. All IME provider numbers assigned to the examiner are inactivated.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-302, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.070. WSR 22-07-110, § 296-23-302, filed 3/23/22, effective 4/23/22. Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114, 51.32.055, 51.36.060, 51.36.070. WSR 13-03-129, § 296-23-302, filed 1/22/13, effective 2/25/13. Statutory Authority: RCW 51.32.055, 51,32,112 [51.32.112], 51.32.114, 51.36.060, and 51.36.070. WSR 09-24-085, § 296-23-302, filed 11/30/09, effective 3/1/10; WSR 04-04-029, § 296-23-302, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-308 Scheduling case progress examinations.** (1) Unless a case progress examination is requested by the attending provider, no case progress examination may be scheduled until 120 days have passed since the later of:

(a) The department or self-insurer's receipt of the claim; or

(b) The department or self-insurer's receipt of the last case progress examination report and additional treatment of the condition, if requested, has been authorized.

(2) Subject to subsection (1) of this section, the department or self-insurer may schedule a case progress examination of an injured worker after:

(a) Requesting an explanation from the attending provider regarding status of the treatment plan per WAC 296-23-302, definition of case progress examination, or a referral of the injured worker to a consultation with the appropriate specialty(ies) per WAC 296-20-051 within 15 business days of the request; and

(b) The attending provider or consultant:

(i) Did not respond within 15 business days of the department or self-insured employer request or the consultation could not be completed within 90 days;

(ii) Omitted requested information;

(iii) Did not have further treatment recommendations;

(iv) Recommended a treatment plan that is not proper and necessary or does not meet the department's medical treatment guidelines; or

(v) Wrote a report that does not comply with the provisions of WAC 296-20-06101.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.070. WSR 22-07-110, § 296-23-308, filed 3/23/22, effective 4/23/22.]

**WAC 296-23-309 How many examinations may be requested?** Unless explicitly required by statute, the total number of examinations per claim is limited as follows:

(1) One complete examination including report prior to an order under RCW 51.52.050 or 51.52.060 allowing or denying a new claim unless an additional examination is authorized by the department in state fund or self-insured cases;

(2) One complete examination including report(s) from all appropriate specialty(ies) for an impairment rating unless the prior rating examination determined a rating was premature and/or further treatment was needed and is authorized by the self-insured employer or department;

(3) One complete examination including report(s) from all appropriate specialty(ies) to adjudicate any application to reopen a claim under RCW 51.32.160 prior to a final order under RCW 51.52.050 or 51.52.060 allowing or denying reopening of the claim, unless the department authorizes an additional examination in state fund and self-insured cases. Additional impairment rating examinations are allowed following each time a claim is reopened under RCW 51.32.160;

(4) One examination may be performed after any new medical issue is contended to resolve a new medical issue prior to a final order, under RCW 51.52.050 or 51.52.060, accepting or denying responsibility of the condition, unless the department authorizes an additional examination in state fund and self-insured cases; and

(5) Additional examinations per case progress rules and to resolve appeals as outlined in WAC 296-23-308 and 296-23-401.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.070. WSR 22-07-110, § 296-23-309, filed 3/23/22, effective 4/23/22.]

**WAC 296-23-312 Can a provider conduct independent medical examinations (IMEs) for the department or self-insurer without an active IME provider number from the department?** No. Only doctors who possess an active IME provider number can provide independent medical examinations for the department or self-insurer. Providers must submit an IME provider application and be approved by the department to receive this number.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-312, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-317 What qualifications must a provider meet to become an approved independent medical examination (IME) provider and be assigned an IME provider number?** To ensure that independent medical examinations are of the highest quality and propriety, examiners and firms (partnerships, corporations, or other legal entities) that derive income from independent medical exams must apply and meet the following requirements for department approval:

(1) Examiners must:

(a) Submit an accurate and complete IME provider application, including any required supporting documentation and sign without modification, an IME provider agreement with the department.

(b) Be currently licensed, certified, accredited or registered according to Washington state laws and rules or in any other jurisdiction where the applicant would conduct an examination.

(i) The license, registration or certification must be free of any restrictions, limitations, or conditions relating to the provider's acts, omissions, or conduct.

(ii) The applicant must not have surrendered, voluntarily or involuntarily his or her professional state license or Drug Enforcement Administration (DEA) registration in any state while under investigation or due to findings resulting from the provider's acts, omissions, or conduct. The department may grant an exception for any restriction, limitation, or condition deemed by the department to be minor or clerical in nature or for a case where the restriction, limitation, or condition has been removed.

(iii) If any restriction once existed against the applicant's license, registration, or certification, the department must automatically deny the application if the applicant's record has not been clear for at least five years. If after five years the record has been cleared, then the department exclusively reserves the right to grant or deny the application based on the nature of the prior restriction.

(iv) Exception to the five-year limit may be granted for any restriction or offense deemed by the department to be of a minor or clerical nature.

(c) Not have had clinical admitting and management privileges denied, limited, or terminated for quality of care issues.

(i) If an applicant has any pending action on their privilege to practice by any court, board, or administrative agency, or by any health care institution such as a hospital in any jurisdiction, the department exclusively reserves the right to grant or deny the application based upon the nature of the action.

(ii) If the applicant has any criminal history, history of a violation of statutes or rules by any administrative agency, court or board in any jurisdiction, the department must automatically deny the application if such history exists within five years of the application. If such history exists but is older than five years, then the department exclusively reserves the right to grant or deny the application based upon the nature of the history.

(iii) Exception to the five-year limit may be granted for any restriction or offense deemed by the department to be of a minor or clerical nature.

(d) Have no final action by the department to suspend or revoke a previously assigned provider number as a treating provider or independent medical examiner.

(e) Have no pending civil or administrative action in any jurisdiction that affects the ability or fitness to practice medicine. The

department will not process the application until the matter has been resolved.

(f) Have not been excluded, expelled, terminated, or suspended from any federally or state funded health care programs including, but not limited to, medicare or medicaid programs based on cause or quality of care issues.

(g) Have no significant malpractice claims or professional liability claims (based on severity, recency, frequency, or repetition).

(h) Have not been denied approval, or removed, from the provider network as defined in WAC 296-20-01010.

(i) Attest that all information submitted on the application or credentialing materials is true and accurate and must sign under penalty of perjury.

(j) Comply with all federal, state, and local laws, regulations, and other requirements with regard to business operations, including specific requirements for the provision of medical services.

(k) Adhere to the independent medical examination standards of conduct, and all other laws, rules, and policies. These include but are not limited to the following:

- IME provider application agreement;
- *Medical Aid Rules and Fee Schedules* (MARFS);
- Payment policies;
- *Medical Examiners' Handbook*.

(l) Review and sign the IME report and attest to its accuracy.

(m) Conduct examinations in a facility primarily designated as a professional office for medical, dental, podiatric, chiropractic or psychiatric examinations where the primary use of the facility is for medical services. The facility must not be residential, commercial, educational or retail in nature. The facility must be clean, sanitary and provide adequate access, climate control, light, space, and equipment. The facility must provide for the comfort and safety of the worker and for the privacy necessary to conduct examinations and discuss medical issues. Providers must have a private disrobing area and adequate provision of examination gowns if disrobing is required.

(n) Have telephone answering capability during regular business hours, Monday through Friday, in order to facilitate scheduling of independent examinations and means for workers to contact the provider regarding their scheduled examination. If the office is open on Saturday, telephone access must be available.

(o) Agree that either they or the department may inactivate their IME provider number or numbers. If an IME provider number has been inactivated and the examiner wishes to resume performing IMEs, they must reapply and meet current requirements.

(p) Agree to keep the department informed and updated with any new information regarding changes or actions that may affect their status as an IME examiner.

(q) Reapply every three years in order to maintain an active IME provider number.

(i) In the first year of the new rule, effective March 1, 2013, all current examiners must reapply.

(ii) Examiners may have until March 1, 2014, to comply with the new continuing education (CE) documentation requirement.

(iii) Examiners will be notified by mail sixty days prior to their renewal application due date.

(r) Achieve a passing score on the *Medical Examiners' Handbook* test prior to initial application and when renewal is due or required.

(2) Requirements for specific examiner specialties:

(a) Medical physician and surgeon (MD) or osteopathic physician and surgeon (DO) applicants must: Hold a current board certification in their specialty; or have completed a residency and become board certified within five years of completing the residency.

(i) Residency must be in a program approved by the American College of Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent approving body.

(ii) Fellowships will not be accepted in lieu of accredited residency training though they may be used to determine examination specialty qualifications.

(b) Podiatric physician (DPM) applicants must: Have a current board certification in their specialty or have completed a residency and become board certified within five years of completing the residency.

(i) Complete a residency program approved by the American Podiatric Medical Association (APMA).

(ii) Fellowships will not be accepted in lieu of accredited residency training though they may be used to determine examination specialty qualifications.

(c) Chiropractic physician (DC) applicants must be a chiropractic consultant for the department for at least two years and attend the department's chiropractic IME seminar in the twenty-four months before initial application.

(d) Dentist (doctor of dental science/doctor of dental medicine) (DDS/DMD) applicants must have at least two years of clinical experience after licensure, and:

(i) Hold current certification in their specialty; or

(ii) Have one year of postdoctoral training in a program approved by the American Dental Association Commission on Dental Accreditation (CODA); or

(iii) Be a general dentist.

(3) All examiners must meet the continuing education (CE) requirement for their respective state licensure. Washington state CE requirements are shown in the table below.

| | **Doctors licensed to practice:** | | | | |
|---|---|---|---|---|---|
| | **Medicine & surgery** | **Osteopathic medicine & surgery** | **Podiatric medicine & surgery** | **Chiropractic** | **Dentistry** |
| **Required continuing education hours:** | 50 hours per year or 200 hours in 4 years | 50 hours per year or 150 hours in 3 years | 25 hours per year or 50 hours every 2 years | 25 hours per year | 21 hours per year |

Applicants must submit documentation of CE hours with their initial application and when renewal is due or required. This training must focus on subject areas relevant to the provider's specialty or skills required to complete IMEs.

**Exception:** The requirement to submit CE documentation will be waived for applicants who provide documentation of a minimum of seven hundred sixty-eight hours of patient related services (excluding independent medical examinations) per calendar year.

Only examiners in the following practice specialties who meet all other requirements may perform IMEs:

| | Doctors licensed to practice: | | | | |
|---|---|---|---|---|---|
| **Examiner is:** | **Medicine & surgery** | **Osteopathic medicine & surgery** | **Podiatric medicine & surgery** | **Chiropractic** | **Dentistry** |
| **In Washington** | Yes | Yes | Yes | Yes | Yes |
| **Outside Washington** | Yes | Yes | Yes | No | Yes |

(4) IME firms (partnerships, corporations or other legal entities) that derive income from independent medical examinations must:

(a) Have a medical director. The medical director must be a licensed medical physician and surgeon (MD) or osteopathic physician and surgeon (DO), be responsible to provide oversight on the quality of independent medical examinations, impairment ratings and reports, and be available to resolve any issue that department staff may bring to the medical director's attention.

(i) IME firms conducting exams in Washington state must have a medical director who has a Washington state medical license.

(ii) The medical director must be an approved independent medical examiner.

(b) Have no previous business or audit action by the department to suspend or revoke an assigned provider number.

(c) Have no previous action taken by any federal or state agency for any business previously owned or operated.

(d) Facilitate scheduling of providers both for the examination and for any required follow up, including amendments to the report, subsequent reports, or for any testimony required. If the provider fails to participate in scheduling or otherwise causes an undue expense to the department, whether intentionally or not, the department may fine the provider up to five hundred dollars per violation.

(e) Attest that all information submitted on the application is true and accurate and must sign under penalty of perjury.

(f) Comply with all federal, state, and local laws, regulations, and other requirements with regard to business operations including specific requirements for any business operations for the provision of medical services.

(g) Adhere to the independent medical examination standards of conduct, and all other laws, rules, and policies. These include, but are not limited to, the following:

- IME provider application agreement;
- *Medical Aid Rules and Fee Schedules* (MARFS);
- Payment policies;
- *Medical Examiners' Handbook*.

(h) Ensure that examinations are conducted in a facility primarily designated as a professional office for medical, dental, podiatric, chiropractic or psychiatric examinations where the primary use of the facility is for medical services. The facility must not be residential, commercial, educational or retail in nature. The facility must be clean, sanitary and provide adequate access, climate control, light, space, and equipment. The facility must provide for the comfort and safety of the worker and for the privacy necessary to conduct examinations and discuss medical issues. Providers must have a private disrobing area and adequate provision of examination gowns if disrobing is required.

(i) Have telephone answering capability during regular business hours, Monday through Friday, in order to schedule independent medical

examinations and communicate with workers about scheduled examinations. If an exam site is open on Saturday, telephone access must be available.

(j) Agree that either the firm or the department may inactivate their IME provider number or numbers. If an IME provider number has been inactivated and the firm wishes to resume related services, they must reapply and meet current requirements.

(k) Agree to keep the department informed and updated with any new information such as exam site or administrative office locations, phone numbers or contact information.

(l) Reapply every three years in order to maintain an active IME provider number.

(i) In the first year of the new rule, effective March 1, 2013, all IME firms must reapply.

(ii) Firms will be notified by mail sixty days prior to their renewal application due date.

(m) Have their medical director and a representative from their quality assurance (QA) staff achieve a passing score on the *Medical Examiners' Handbook* test prior to initial application and when renewal is due or required.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114, 51.32.055, 51.36.060, 51.36.070. WSR 13-03-129, § 296-23-317, filed 1/22/13, effective 2/25/13; WSR 11-01-069, § 296-23-317, filed 12/10/10, effective 1/10/11. Statutory Authority: RCW 51.32.055, 51,32,112 [51.32.112], 51.32.114, 51.36.060, and 51.36.070. WSR 09-24-085, § 296-23-317, filed 11/30/09, effective 3/1/10; WSR 04-04-029, § 296-23-317, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-322 What boards are recognized by the department for independent medical examination (IME) provider approval?** The department accepts certifications from boards recognized by the following as meeting the board certification requirements in WAC 296-23-317:

(1) American Board of Medical Specialties;

(2) American Osteopathic Association (AOA) Bureau of Osteopathic Specialties;

(3) American Podiatric Medical Association;

(4) American Dental Association.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-322, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-327 What other factors may the department's medical director consider in approving or disapproving an application for an independent medical examination (IME) provider number?** The department's medical director considers other factors in approving or disapproving an IME application, including, but not limited to, the following:

(1) Complaints about the provider;

(2) Quality of reports;

(3) Timeliness of reports;

(4) Charges regarding any crime, gross misdemeanor, felony or violation of statutes or rules by any administrative agency, court or board;

(5) Convictions of any crime, gross misdemeanor, felony or violation of statutes or rules by any administrative agency, court or board.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-327, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-332 What are the requirements for notifying the department or self-insurer if an independent medical examination (IME) provider has a change in status?** Providers must immediately notify the department of any change in status that might affect their qualifications for an independent medical examination (IME) provider number. The notification must be in writing. Providers must include a copy of any charges or final orders if applicable. Changes in status include, but are not limited to:

(1) Changes in time spent in direct patient care;

(2) Loss or restriction of hospital admitting or practice privileges;

(3) Changes affecting business requirements (WAC 296-23-317);

(4) Loss of board certification;

(5) Charges regarding any crime, gross misdemeanor, felony or violation of statutes or rules by any administrative agency, court or board;

(6) Convictions of any crime, gross misdemeanor, felony or violation of statutes or rules by any administrative agency, court or board;

(7) Temporary or permanent probation, suspension, revocation, or limitation placed on their license to practice by any court, board, or administrative agency in any state or foreign jurisdiction.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-332, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-337 For what reasons shall the department's medical director or designee suspend or terminate approval of an independent medical examination (IME) examiner or firm?** To ensure high quality independent medical examinations (IMEs), the department's medical director or designee may, in the situations described below, terminate, suspend, or inactivate approval of examiners or firms (partnerships, corporations, or other legal entities) that derive income from IMEs. IME providers must have an active provider account number to perform IMEs or provide IME related services.

**FOR EXAMINERS:**

(1) **AUTOMATIC TERMINATION.** The department's medical director or designee may terminate approval of examiners in situations including, but not limited to, the following:

(a) Their license has been revoked in any jurisdiction.

(b) A final order or stipulation to informal disposition has been issued against the examiner by a state authority in any jurisdiction including, but not limited to, the Washington state department of health, when such charges involve conduct or behavior as defined in chapter 18.130 RCW, Uniform Disciplinary Act. These include, but are not limited to:

(i) Sexually inappropriate conduct, behavior or language.

(ii) Behavior that puts a patient's safety or well-being at risk.

(c) The examiner has committed perjury or falsified documents provided to the department or insurer.

(d) The examiner has a criminal felony history in any jurisdiction.

(e) The examiner has failed to reapply every three years or when required.

(2) **AUTOMATIC SUSPENSION.** The department's medical director or designee may suspend approval of examiners in situations including, but not limited to, the following listed below. The department will initiate a review within ninety days of notification. The results of the review will determine if further action is necessary, which may include termination of approval status.

(a) The examiner has failed to meet or maintain the requirements for approval as an IME examiner.

(b) The examiner's license or Drug Enforcement Administration (DEA) registration has been restricted in any jurisdiction. Exceptions may be granted for any restriction or offense deemed by the department to be of a minor or clerical nature.

(c) The examiner has lost hospital privileges for cause.

(d) A statement of charges has been filed against the examiner by a state authority in any jurisdiction, including, but not limited to the Washington state department of health, when such charges involve conduct or behavior as defined in chapter 18.130 RCW, Uniform Disciplinary Act. These include, but are not limited to:

(i) Sexually inappropriate conduct, behavior or language.

(ii) Behavior that puts a patient's safety or well-being at risk.

(e) The examiner has any pending or history of criminal charges or violation of statutes or rules by any administrative agency, court or board in any jurisdiction.

(3) **OTHER EXAMINER ACTIONS.** In addition to automatic terminations and suspensions described in subsections (1) and (2) of this section, the department's medical director or designee may consider any of the following factors in determining a change in status for examiners. These status changes include temporarily unavailable, suspension or termination of the approval to conduct IMEs.

These factors include, but are not limited to:

(a) Substandard quality of reports, failure to comply with current department policy on report contents, or inability to effectively convey and substantiate medical findings, opinions, and conclusions, concerning workers.

(b) Unavailable or unwilling to testify on behalf of the department, worker, or employer.

(c) Failure to cooperate with attorneys representing a party in industrial insurance litigation at the board of industrial insurance appeals (board) by not cooperating in a timely manner to schedule preparatory activities and/or testimony during business hours and within the dates and locations ordered by the board to complete testimony.

(d) Failure to stay current in the area of specialty and in the areas of impairment rating, performance of IMEs, industrial injury and occupational disease/illness, industrial insurance statutes, regulations and policies.

(e) Substantiated complaints or pattern of complaints about the provider.

(f) Other disciplinary proceedings or actions not listed in subsections (1) and (2) of this section.

(g) Other proceedings in any court dealing with the provider's professional conduct, quality of care or criminal actions not listed in subsections (1) and (2) of this section.

(h) Untimely reports.

(i) Unavailable or unwilling to communicate with the department in a timely manner.

(j) Misrepresentation of information provided to the department.

(k) Failure to inform the department of changes or actions that may affect the approval status as an IME examiner.

(l) Failure to comply with the department's orders, statutes, rules, or policies.

(m) Failure to accept the department fee schedule rate for independent medical examinations, testimony, or other IME related services.

(n) Any pending action in any jurisdiction.

**FOR FIRMS:**

(4) **AUTOMATIC TERMINATION.** The department's medical director or designee may terminate approval of firms when they fail to reapply every three years.

(5) **AUTOMATIC SUSPENSION.** The department's medical director or designee may suspend approval of firms in situations including, but not limited to, those listed below. The department will review the matter to determine if further action is necessary, which may include termination of approval status.

(a) The firm no longer meets requirements for approval as an IME provider.

(b) The firm's representative has committed perjury or falsified documents provided to the department or insurer.

(c) A firm representative's behavior has placed a patient's safety or well-being at risk.

(6) **OTHER FIRM ACTIONS**. In addition to automatic terminations and suspensions described in subsections (4) and (5) of this section, the department's medical director or designee may consider any of the following factors in determining a change in status for firms. These status changes include temporarily unavailable, suspension or termination of the approval to provide IME related services.

These factors include, but are not limited to:

(a) Substantiated complaints or pattern of complaints about the firm.

(b) Other disciplinary proceedings or actions not listed in subsections (4) and (5) of this section.

(c) Other proceedings in any court dealing with the provider's professional conduct, quality of care or criminal actions not listed in subsections (4) and (5) of this section.

(d) Untimely reports.

(e) Unavailable or unwilling to communicate with the department in a timely manner.

(f) Misrepresentation of information provided to the department.

(g) Failure to inform the department of changes affecting the firm's status as an IME provider.

(h) Failure to comply with the department's orders, statutes, rules, or policies.

(i) Failure to accept the department fee schedule rate for independent medical examinations and services.

(j) Any pending action in any jurisdiction.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114, 51.32.055, 51.36.060, 51.36.070. WSR 13-03-129, § 296-23-337, filed 1/22/13, effective 2/25/13; WSR 11-01-069, § 296-23-337, filed 12/10/10, effective 1/10/11. Statutory Authority: RCW 51.32.055, 51,32,112 [51.32.112], 51.32.114, 51.36.060, and 51.36.070. WSR 09-24-085, § 296-23-337, filed 11/30/09, effective 3/1/10; WSR 04-04-029, § 296-23-337, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-342 Are providers entitled to referrals from the department or self-insurer?** No. The department or self-insured employer refers industrially injured or ill workers for independent medical examination (IME) services at their sole discretion. No provider is entitled to referrals from the referral source.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-342, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-347 What are the independent medical examination (IME) provider's responsibilities in an examination?** (1) The IME provider's responsibilities prior to the examination are to:

(a) Be familiar with the contents of the medical examiner's handbook;

(b) Review all claim documents provided by the department or self-insurer;

(c) Contact the worker prior to the examination to confirm the appointment date, time and location; and

(d) Review the purpose of the examination and the questions to be answered in the examination report.

(2) The IME provider's responsibilities during the examination are to:

(a) Introduce themselves to the worker;

(b) Verify the identity of the worker;

(c) Let the worker know that the claim documents from the department or self-insurer have been reviewed;

(d) Explain the examination process and answer the worker's questions about the examination process;

(e) Advise the worker that they should not perform any activities beyond their physical capabilities;

(f) Allow the worker to remain fully dressed while taking the history;

(g) Ensure adequate draping and privacy if the worker needs to remove clothing for the examination;

(h) Refrain from expressing personal opinions about the worker, the employer, the attending provider, or the care the worker has received;

(i) Conduct an examination that is unbiased, sound and sufficient to achieve the purpose and reason the examination was requested;

(j) Conduct the examination with dignity and respect for the worker;

(k) Ask if there is any further information the worker would like to provide; and

(l) Close the examination by telling the worker that the examination is over.

(3) The IME provider's responsibilities following the examination are to:

(a) Send a complete IME report to the department or self-insurer within 14 calendar days of the examination date, or within 14 calendar days of receipt of the results of any special tests or studies requested as a part of the examination. Reports received after 14 calendar days may be paid at a lower rate per the fee schedule. The report must meet the requirements of WAC 296-23-382; and

(b) The claim file information received from the department or self-insurer should be disposed of in a manner used for similar health records containing private information after completion of the IME or any follow-up test results are received. IME reports should be retained per WAC 296-20-02005.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-347, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-347, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-352 Must the independent medical examination (IME) provider address job analyses (JAs) at the request of the department or self-insurer?** Job analyses (JAs) sent to the IME provider at the time of the IME referral must be completed and submitted with the IME report. JAs submitted within sixty calendar days after the IME must be completed and returned within fourteen calendar days of receipt of the JAs.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-352, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-357 May an independent medical examination (IME) provider offer to provide ongoing treatment to the worker?** No. However, if a worker voluntarily approaches an IME provider who has previously examined the worker and asks to be treated by that provider, the provider can treat the worker. The provider must document that the worker was aware of other treatment options.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-357, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-358 What happens when there is no approved independent medical exam (IME) provider in the specialty needed available in a reasonably convenient location for the worker?** When there is no approved examiner in the worker's community or in a reasonably convenient location for the worker, the department or self-insurer may make alternate arrangements for the examination including, but not limited to:

(1) Considering whether a consultation might be a sufficient alternative;

(2) Using telemedicine where appropriate;

(3) Notifying the worker or their representative before scheduling the IME in the nearest location available. In this case:

(a) Travel must not exceed any travel restrictions imposed by the attending provider unless alternative methods of travel will overcome the travel limitations.

(b) The department or self-insured employer will assist the worker with travel accommodations when requested by the worker.

(c) Travel accommodations are paid by the department or self-insured employer as listed in the fee schedule.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.070, 51.32.055, 51.32.110, 51.32.112, 51.32.114, and 51.32.072. WSR 23-16-115, § 296-23-358, filed 8/1/23, effective 9/1/23.]

**WAC 296-23-359 When is telemedicine appropriate for an independent medical exam (IME)?** (1) The following exams may be conducted via telehealth:

(a) Mental health;

(b) Dermatology;

(c) Speech when there is no documented hearing loss;

(d) Kidney function;

(e) Hematopoietic system;

(f) Endocrine.

(2) The terms telehealth and telemedicine are used interchangeably and have the same requirements as in-person visits. Telemedicine may be appropriate to effectively conduct an independent medical exam when:

(a) Face-to-face services by a qualified medical provider can be delivered through a real-time, two-way, audio video connection, and complies with all federal, state, and local rules and laws; and

(b) A worker is able and willing to participate in an exam via telemedicine; and

(c) The department or self-insured employer, and worker, have agreed a telemedicine IME is appropriate; these individuals should also agree to the location of the worker during the exam; and

(d) The agreement is documented in the claim file; and

(e) A physical or hands-on exam is not required.

(3) Upon request of the department or self-insured employer and with the agreement of the worker, a telemedicine IME may be approved on a case-by-case basis for additional specialties not listed under subsection (1) of this section.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.070, 51.32.055, 51.32.110, 51.32.112, 51.32.114, and 51.32.072. WSR 23-16-115, § 296-23-359, filed 8/1/23, effective 9/1/23.]

**WAC 296-23-362 Independent medical examination (IME)—Accompanying person.** (1) Workers can bring an adult observer to the IME to provide comfort and reassurance.

The accompanying person will not be compensated for attending the examination by the department or self-insured employer. The accompanying person must be unobtrusive at all times. Obtrusive behavior includes, but is not limited to, verbally or physically interrupting, interfering, or obstructing the examination in any way.

(2) The accompanying person cannot be:

(a) The worker's attorney, paralegal, any other legal representative, or any other personnel employed by the worker's attorney or legal representative; or

(b) The worker's attending provider, any other provider involved in the worker's care, or any other personnel employed by the attending provider or other provider involved in the worker's care.

The department may designate other conditions under which the accompanying person is allowed to be present during the IME.

(3) The worker may not bring an interpreter to the examination. If interpretive services are needed, the department or self-insurer will provide an interpreter.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.070. WSR 24-08-025, § 296-23-362, filed 3/26/24, effective 4/26/24. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-362, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-364 Definition of notification process required for workers to record independent medical examinations (IME).** (1) After receipt of the IME appointment/assignment letter, but no less than seven calendar days before the date of the examination, the worker or their representative must provide written notice to the IME firm or an examiner not in a firm, as listed in the appointment/assignment letter, to inform of their intent to record the examination.

(2) Written notification of the workers' intent to record must be given for each IME appointment.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.070. WSR 24-08-025, § 296-23-364, filed 3/26/24, effective 4/26/24.]

**WAC 296-23-366 Independent medical examination (IME)—Recording notification time frame.** If notice is received less than seven calendar days prior to the IME, a worker may record the examination **only if** the IME provider waives the seven calendar day notification requirement. If notification is received after 5:00 p.m., in the time zone of the examination location, the notification is considered received the next calendar day.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.070. WSR 24-08-025, § 296-23-366, filed 3/26/24, effective 4/26/24.]

**WAC 296-23-372 Can a worker file a complaint about a provider's conduct during an independent medical examination?** Workers can send written complaints about a provider's conduct during an independent medical examination to the self-insurer or department. Based on the nature of the complaint, the department may refer the complaint to the department of health.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-372, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-377 If an independent medical examination (IME) provider is asked to do an impairment rating examination only, what information must be included in the report?** When doing an impairment rating examination, the IME provider must first review the determination by the attending provider that the worker has reached maximum medical improvement (MMI).

(1) If, after reviewing the records, taking a history from the worker and performing the examination, the IME provider concurs with the attending provider's determination of MMI, the impairment rating report must, at a minimum, contain the following:

(a) A statement of concurrence with the attending provider's determination of MMI;

(b) Pertinent details of the physical or psychiatric examination performed (both positive and negative findings);

(c) Results of any pertinent diagnostic tests performed (both positive and negative findings). Include copies of pertinent tests with the report;

(d) An impairment rating consistent with the findings and a statement of the system on which the rating was based (for example, the AMA *Guides to the Evaluation of Permanent Impairment* and edition used, or the Washington state category rating system - refer to WAC 296-20-19000 through 296-20-19030 and WAC 296-20-200 through 296-20-690); and

(e) The rationale for the rating, supported by specific references to the clinical findings, especially objective findings and supporting documentation including the specific rating system, tables, figures and page numbers on which the rating was based.

(2) If, after review of the records, a history from the worker and the examination, the IME provider does not concur with the attending provider's determination of MMI, an IME report must be completed. (See WAC 296-23-382.)

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-23-377, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-377, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-381 What rating systems are used for determining an impairment rating conducted by an independent medical examination (IME) provider?** The following table provides guidance regarding the rating systems generally used. These rating systems or others adopted through department policies should be used to conduct an impairment rating.

**Overview of Systems for Rating Impairment**

| Rating System | Used for These Conditions | Form of the Rating |
|---|---|---|
| RCW 51.32.080 | Specified disabilities: Loss by amputation, total loss of vision or hearing | Supply the level of amputation |

| Rating System | Used for These Conditions | Form of the Rating |
|---|---|---|
| AMA *Guides to the Evaluation of Permanent Impairment* | Loss of function of extremities, partial loss of vision or hearing | Determine the percentage of loss of function, as compared to amputation value listed in RCW 51.32.080 |
| Category Rating System | Spine, neurologic system, mental health, respiratory, taste and smell, speech, skin, or disorders affecting other internal organs | Select the category that most accurately indicates overall impairment |
| Total Bodily Impairment (TBI) | Impairments not addressed by any of the rating systems above, and claims prior to 1971 | Supply the percentage of TBI |

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-381, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-382 What information must be included in an independent medical examination (IME) report?** (1) It is the department's intention to purchase objective examinations to ensure that sure and certain determinations are made of all benefits to which the worker might be entitled. The independent medical examination report must:

(a) Contain objective, sound and sufficient medical information;

(b) Document the review of the claim documents provided by the department or self-insurer;

(c) Document the worker's history and the clinical findings;

(d) Answer all the written questions posed by the department or self-insurer or include a description of what would be needed to address the questions;

(e) Include objective conclusions and recommendations supported by underlying rationale that links the medical history and clinical findings;

(f) Be in compliance with current department reporting policies; and

(g) Be signed by the IME provider performing the examination.

(2) An impairment rating report may be requested as a component of an IME. Impairment rating reports are to be done as specified in WAC 296-20-200 and 296-20-2010 (2)(a) through (e) and 296-23-377.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-382, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-387 What are the responsibilities of an independent medical examination (IME) provider regarding testimony?** IME providers must make themselves reasonably available to testify at the board of industrial insurance appeals (board) or by deposition. Reasonably available to all parties means cooperating in the timely scheduling of the pretestimony conference and testimony and being available to testify during business hours (7:00 a.m. to 6:00 p.m.) as ordered by the judge and within the dates ordered by the board to complete testimony, unless a different time is needed and agreed upon by all parties. In signing the application to be an independent medical examination provider, the provider agrees to perform examinations and be available to testify and to answer questions about the medical facts of the case at rates established under the authority of Washington industrial insurance law. The department may fine the firm and/or examiner up to five hundred dollars per violation for failure to comply with these requirements, whether the failure was intentional or not.

In addition, failure to comply with these requirements may result in suspension or termination of the IME provider number.

[Statutory Authority: RCW 51.32.055, 51,32,112 [51.32.112], 51.32.114, 51.36.060, and 51.36.070. WSR 09-24-085, § 296-23-387, filed 11/30/09, effective 3/1/10; WSR 04-04-029, § 296-23-387, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-392 Is there a fee schedule for independent medical examinations?** The maximum fee schedule for performing independent medical examinations is published by the department in the *Medical Aid Rules and Fee Schedule* available from the department.

[Statutory Authority: RCW 51.32.055, 51.32.112, 51.32.114, 51.36.060, and 51.36.070. WSR 04-04-029, § 296-23-392, filed 1/27/04, effective 3/1/04.]

**WAC 296-23-401 Can the department schedule an examination or order a self-insured employer to schedule an examination after receipt of an appeal to the board of industrial insurance appeals (BIIA)?** Following receipt of an appeal by any party, the department may reassume and schedule, or may order the self-insured employer to schedule, an examination.

The self-insured employer may also schedule an examination regarding an appeal if a request has been approved by the department.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.070. WSR 22-07-111, § 296-23-401, filed 3/23/22, effective 4/23/22.]

**WAC 296-23-403 Independent medical examinations—Department data reporting.** The department will regularly provide independent medical examination data to interested parties that includes emerging trends.

As much as possible, the data should include and differentiate between examinations for claims insured by the department and those covered by self-insured employers.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.070. WSR 22-07-110, § 296-23-403, filed 3/23/22, effective 4/23/22.]