

Penalty

Per WAC 296-15-266: In deciding whether to assess a penalty, the department will consider only the underlying record and supporting documents at the time of the request which will include documents listed in (2)(a) and (b), if timely available, to determine if the alleged untimely benefit was appropriately requested and if the employer timely responded.

Under RCW 51.48.017 the department's time-frame for determining a penalty is "within" 30 days of the worker's request.

Benefit Type	Section of WAC 296-15-266	Related Statute/WAC	Time Frames
Time-Loss (TL) 1st payment (Includes provisional)	(1)(a)(i), (1)(a)(ii), (1)(e)	RCW 51.32.190(3)	Within 14 days
TL ongoing (Includes provisional)	(1)(a)(i), (1)(a)(ii), (1)(e)	RCW 51.32.190(3)	Bi-weekly or Semi-monthly
Time-loss for newly contended condition	(1)(a)(iii), (1)(e)	WAC 296-15-266	If there is no ongoing payment of TL, within 30 days of receipt of written notice of the newly contended condition, the SIE must request that the department settle the dispute regarding TL.
Time-loss for newly contended condition – good cause extension	(1)(a)(iii)	WAC 296-15-266	For good cause, in the department's sole discretion, a sixty-day extension may be granted. The factors the department will consider in determining whether good cause exists for an extension are: <ul style="list-style-type: none"> • An exam is needed in a specialized field, provider availability • Prior medical records have not been received • Specialized testing or diagnostics, availability
Loss of Earning Power (LEP)	(1)(b), (1)(e)	RCW 51.32.090(3)(a)	Bi-weekly or Semi-monthly
Permanent Partial Disability (PPD) Award Department closed.	(1)(b), (1)(e)	WAC 296-15-450(9)	14 days
PPD closure by Self-insurer	(1)(b), (1)(e)	WAC 296-15-450(6)(B)	5 working days
Medical Bills prior to claim allowance	(1)(c), (1)(e)	WAC 296-20-124(1)	Initial exam and diagnostic services; pay within 60 days of receipt of a proper bill.* Initial exam and authorized diagnostics are paid regardless if claim allowed or denied.

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Medical Authorizations prior to claim allowance	(1)(c), (1)(e)	WAC 296-20-124(1)	Initial exam and diagnostic services carried out at the specific request of the department or SIE; within 60 days of receipt of a proper bill* as authorized diagnostics are paid regardless if claim allowed or denied.
Medical Bills after claim allowance	(1)(c), (1)(c)(i), (1)(c)(ii), (1)(e)	RCW 51.36.080 WAC 296-20-125 through 296-20-17004	Pay within 60 days of receipt of a proper bill. Within 30 days of receiving written notice of a dispute, SIE must forward to the department.
Payment of medical treatment benefits; newly contended conditions after claim allowance	(1)(c), (1)(c)(i), (1)(c)(ii), (1)(e)	WAC 296-20-125 through WAC 296-20-17004	Pay or deny within 60 days of receipt of a proper bill. Within 30 days of receiving a dispute to the denial of a bill for new condition, SIE must forward dispute to the department.
Emergent Medical	(1)(d), (1)(d)(i), (1)(d)(ii), (1)(e)	WAC 296-20-01002 RCW 51.36.020(1)	Respond within 14 days after receiving written notice of treatment.
Paying benefits during appeal	(1)(f), (1)(e)	RCW 51.52.050(2)(b)	Pay benefits until the BIIA grants a stay or the department reassumes the order which places the order in abeyance

Note: Department orders directing benefits and protest to a department order are addressed in the pay during appeal matrix and covered by RCW 51.52.050(2)(b). If a department order has not issued the department will issue an order determining an unreasonable delay of benefits has occurred based on the merits.

*Proper bill is defined by WAC 296-20-125