



City Hall
601 4th Avenue E.
Olympia, WA 98501
360-753-8244

LEOFF I Disability Board

Approval of Case #20-4 Medical Request

Agenda Date: 2/10/2020
Agenda Item Number: 4.C
File Number: 20-0141

Type: decision **Version:** 1 **Status:** Passed

Title

Approval of Case #20-4 Medical Request

Report

Issue:

Whether to approve payment for medical expenses not covered by MedAdvantage.

Staff Contact:

Debbi Hufana, HR Analyst, Human Resources, 360.753.8149

Background:

The Board must decide whether or not to approve payment for medical testing not covered by the members MedAdvantage medical plan.

The LEOFF 1 member, submitted documentation from Kaiser Permanente denying payment due to medical necessity not met. The LEOFF 1 member also submitted documentation from Providence Medical Group Neurosurgery Clinic stating this test is the only reliable method of diagnosis to possibly avoid brain surgery in the future.

Attachments:

Application for Payment of Services

Providence Medical Group Neurosurgery Clinic letter of medical necessity

Kaiser Permanente claim denial

South Sound Radiology Receipt for payment of services

Reference:

Section III Procedures to Receive Benefits, A. Medical Services