

then schedule an opportunity for the member to appear before the Board. The member shall have the burden to show that the reimbursement request is for necessary medical services not payable from some other source.

5.6 MEDICAL EXPENSES: The Board may approve for payment only the reasonable cost of necessary medical care or services not caused by dissipation or abuse, for a member, which are not payable from some other source, as provided for in the preceding paragraph and in RCW 41.26.150. The Board shall only approve reimbursement for purchase of non-emergency durable medical or supportive equipment costing over \$100 in advance of purchase. Other expenses must be submitted to the Board within six months of the billing date. The Board will not pay for medical services which become necessary because of, in the judgment of the Board, dissipation or abuse by the member. The City shall have the right of subrogation to recover its costs if some third party may be responsible for the payment of the cost of the member's medical services. In addition to the above, the Board adopts the following policies:

- A. The Board will pay the cost of drugs or medicines only when prescribed by a physician and not caused by dissipation or abuse.
- B. The only dental charges which will be paid are those incurred by a member who sustains an accidental injury to the teeth and who commences treatment by a licensed dentist within 90 days after the accident, with treatment to be completed within two years from date of injury. For dental procedures necessary to correct or prevent physical problems, prior approval must be obtained from the Board.
- C. The Board will not approve reimbursement requests for membership in weight-loss programs, physical fitness clubs, health spas, or other programs of this nature, unless such treatment is prescribed by a physician as a medical necessity and equivalent treatment could not be obtained at less expense.
- D. The Board will approve reimbursement requests for the treatment of alcohol or drug problems only if administered by a state-approved treatment program.
- E. The Board will approve reimbursement requests for counseling services only if provided by a state-licensed psychologist or psychiatrist, unless the member is referred to a state-certified counselor by a physician or the Employee Assistance counselor (if one exists at the time).
- F. The Board will authorize payment for exams and corrective eye wear, prescribed by an optometrist or ophthalmologist, not to exceed two hundred dollars (\$200) per a 24 month period.

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- G. Hearing Aids. Prior approval must be obtained from the Board before any active member shall purchase a hearing aid or device. Retired personnel must supply their own hearing aids unless hearing deficiency was the reason for retirement and was duty-incurred. Suitable evidence of medical necessity in all cases shall be required. Additionally, at least three bids from different dealers of the cost of the equipment needed shall be presented to the Board. Failure to comply with this rule may result in denial of payment of all or part of the costs of such hearing aid or device. The Board will normally pay for damages sustained to the hearing aid. Damages by negligence and the cost of batteries are the responsibility of the active member or retiree.
- H. Only reasonable charges for medical services shall be approved for payment. All or any portion of a claim for medical services exceeding 110% of the Blue Cross determination for the reasonable and customary charge for such medical services, shall be deemed by the Board to be unreasonable.
- I. The Board authorizes reimbursement for Medicare part B premiums provided that the member submits proof the Part B premium is being withheld from their social security income on an annual basis.