

**FLAHIVE, OGDEN & LATSON**

**Advisory No. 29**

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**TOPIC:**       PROCEDURE FOR REQUESTING PRE-AUTHORIZATION OF SPECIFIC TREATMENTS AND SERVICES

TWCC has adopted Rule 134.600, effective December 23, 1991, for certain medical treatments and services that require advance approval (pre-authorization) by the carrier. The Rule lists 16 different categories of services and procedures that, in most circumstances, must be approved in advance by the insurance carrier in order for the health care provider to be paid.

In addition, the rule requires that the carrier pay for medical emergency treatment and treatments ordered by the Commission.

The rule requires the carrier to designate a telephone number for conveying a request for pre-authorization. The carrier must provide a response to the treating doctor within 3 working days. Additionally, written notice must be sent to the treating doctor and employee no later than 24 hours after the original response is made. A doctor or employee may adjudicate the denial of pre-authorization according to Rule 133.305, relating to Medical Dispute Resolution.

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