

ADVISORY NO. 135

TOPIC: MEDICAL DISPUTE PROCESS

At the recent Medical Review Seminar, the following information was disseminated.

Medical Dispute Resolution is an informal process by the TWCC Medical Review Division to resolve disputes over the following issues. (The process only applies to injuries on or after January 1, 1991.)

Preauthorization

Will verify appropriateness of treatment.

Failure to obtain preauthorization from the carrier prior to rendering care.

Will **not** review issue of medical necessity if case was rendered before preauthorization.

Spinal Surgery (Prospective)

Third Opinion

MEO

RME

General Fee

Dispute over fees paid/denied (includes preauthorization services provided but not paid).

Medical Necessity

Verify appropriateness of services denied.

Medical Review Division Findings and Decision is binding unless appealed within twenty (20) days of receipt.

Steps Required Before Requesting Dispute Resolution

Attempt resolution with other party.

Document calls and/or letters with date of call, time of call, person called and summary of call.

One written attempt to include rebuttal to carrier, correlation of pertinent clinical information to support appeal to carrier.

Requests for Dispute Resolution

Request must be in writing or by filing TWCC-60, Request for Medical Dispute Resolution.

Provide all information and documentation per Rule 133.305 or as requested on TWCC-60.

Must include a position statement and identify results desired.

Forward a copy of ENTIRE REQUEST to responding party by certified mail.

Send Dispute Resolution Request to:

TWCC, Medical Review Division

Suite 814

Attn: Dispute Resolution MS48

4000 South IH-35

Austin, Texas 78704

TWCC Screens Requests for:

New law case (Injury on or after 1-1-91).

HCP request are dated more than 60 days from submission to carrier.

HCP request is less than 365 days from the date of services provided.

Request is sent by certified mail.

Boxes 1, 2 and 3 of TWCC-60 are

completed.

Verify that box 4 of TWCC-60 is accurate and completed.

Verify that box 4, item 6 contains.

Issues/items in dispute.

Specifics of dispute.

Total amount of bill in dispute.

The desired outcome.

Methodologies Used by TWCC are:

Internal review of medical necessity issues.
Application of the Medical Fee Guidelines and associated ground rules.
Application of Commission rules and pertinent section of the TWC Act.
If appropriate, mediation between the disputing parties.
Peer Reviews.
In some cases, Medical Examination Order.

If you want Flahive, Ogden & Latson to file a response on your behalf, please deliver the following material to us as soon as possible after you receive a notice letter from the TWCC that it has received a request for Medical Dispute Resolution:

1. A complete copy of the Request for Medical Dispute Resolution Form (TWCC-60) that you received INCLUDING all attachments that you received.
2. A copy of the notice letter received from the TWCC. PLEASE NOTE THAT THE DATE OF YOUR RECEIPT OF THIS NOTICE LETTER SETS THE 10-DAY TIMEFRAME FOR RESPONDING.
3. A statement of your position regarding the dispute with supporting documentation such as peer review and any other relevant medical.
4. DO NOT SEND A COMPLETE COPY OF YOUR FILE.