

## ADVISORY NO. 243

### TOPIC: CONFIRMATION OF MEDICAL BENEFITS COVERAGE

TWCC Advisory 98-06 governs Carrier communications with all health care providers for **all treatment that does not require preauthorization under Rule 134.600.**

Insurers are instructed to simply confirm coverage by stating that “the insurance carrier will pay for reasonable and necessary medical treatment if it is related to the compensable injury.” An alternative permissible statement is to communicate that a workers’ compensation policy was or was not in effect for the date of injury. **Carriers should not prospectively dispute reasonableness or necessity of treatment being requested.**

**If no TWCC-21 has been filed, Carriers should not prospectively inform a provider that it will not pay for a service because of a liability dispute.** Carriers should prospectively communicate the existence of a liability dispute only when a TWCC-21 has been previously filed. If the service has already been incurred, the carrier should retrospectively communicate the dispute on a TWCC-62 form (Notice of Medical Payment Dispute). This should be sent to the provider after the carrier receives, audits and adjusts the bill for medical treatment.

**Carriers should never refuse medical treatment simply because an employee has reached maximum medical improvement.** A certification of MMI does not mean that medical treatment is no longer needed.

The Commission reiterates that the failure to confirm medical benefit coverage or communicating a prospective dispute in violation of this advisory may cause an administrative violation to be issued.