

ADVISORY NO. 301
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**TOPIC: PREAUTHORIZATION PROCESS AND ACCESS TO
 MEDICAL DISPUTE RESOLUTION**

Attached is TWCC Advisory 2001-03.

TWCC has issued a clarifying advisory regarding preauthorization. It does not announce any changes to the preauthorization process.

It confirms that the insurance carrier and utilization review agent have three working days in which to respond to requests for preauthorizations.

The advisory does not affect the duty of a healthcare provider to seek preauthorization on services covered by Rule 134.600. An insurance carrier, through its Utilization Review Agent must process a request for preauthorization without regard to the status of a pending compensability dispute. Preauthorization establishes the medical necessity of the treatment and that may not be later denied. However, it is not a guarantee for payment. An insurance carrier may later deny reimbursement because the injury was not compensable, or because the service was for a part of the body that was not injured in the otherwise compensable injury.