

ADVISORY NO. 317
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TOPIC: CHANGES TO THE MEDICAL DISPUTE RESOLUTION PROCESS

The form TWCC-60, "Request for Medical Dispute Resolution Request/Response" has been revised in order to incorporate prospective and retrospective reviews by independent review organizations, as well as to reflect the new medical dispute process. Commission Rules 133.305 "Medical Dispute Resolution - General," 133.307 "Medical Dispute Resolution of a Medical Fee Dispute" and 133.308 "Medical Dispute Resolution by Independent Review Organizations" outline the new process as well as the use of the TWCC-60 form and should be reviewed carefully. The new TWCC-60 is required for all disputes filed on or after January 1, 2002.

The provider will forward the initial request to the carrier. The request should include all relevant medical bills and EOBs. The carrier must review the request and attach any missing EOBs and/or medical bills, and complete Parts II, III, and IV of the form. **Carriers must then forward the TWCC-60 to the Commission within three (3) days of receipt.** The Commission has noticed that respondent carriers are not complying with the 3-day turnaround required by 133.307(e)(2)(C). Carriers should consider setting up a dedicated fax to receive TWCC-60s. The TWCC-60 must be filed with the Commission by fax.

The Commission will determine whether the request is a medical necessity or a medical fee dispute. It will notify the parties, and the healthcare provider will then have fourteen days to forward documentation supporting the healthcare provider's request. This supporting information will only be required *after* the Commission has reviewed the completed request and notified the parties. The carrier will legibly respond within fourteen days to the additional documentation stating its position on the fee dispute. The response must include:

1. A single copy of each document contained in the response.
2. Documentation of the carrier's response to reconsideration in accordance with TWCC rules.
3. A copy of all medical bills relevant to the dispute if different from that as originally submitted to the carrier for reimbursement.
4. A copy of all medical audit summaries and/or explanations of benefits relevant to the fee dispute or a statement certifying that the carrier did not receive the provider's disputed billing prior to the initial request.
5. A copy of any pertinent medical records or other documents relevant to the fee dispute.
6. A statement of the disputed fee issue(s) which includes:
 - a.) A description of the health care in dispute.
 - b.) A statement of the reasons that the disputed medical fees should not be paid or refunded.
 - c.) A discussion of how the Texas Labor Code and Commission rules, including fee

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- guidelines, impact the disputed fee issues, and
- d.) A discussion regarding how the submitted documentation supports the respondent position for each disputed fee issue, and
7. If the dispute involves health care for which the Commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code 413.011 and 133.1 and 134.1 of this title.
 8. Any documentation that contains confidential information regarding a person other than the injured employee for that claim or a party in the dispute must be redacted by the party submitting the documentation, to protect the confidential information and the privacy of the individual. Unredacted information or evidence shall not be considered in resolving the medical fee dispute.

The response shall address only those denial reasons presented to the requestor prior to the date the initial request for medical dispute resolution was filed with the division and the other party. Responses shall not address new or additional denial reasons or defenses after the filing of an initial request. Any new denial reasons or defenses raised shall not be considered in the review.