

ADVISORY NO. 385
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TOPIC: SPECIAL RULES IN EFFECT BECAUSE OF HURRICANE RITA

According to Commissioner's Bulletin No. B-0056-05 that we previously forwarded, special rules apply to all aspects of workers' compensation insurance in areas affected by Hurricane Rita. **This will affect all workers' compensation policies and claims in the Texas coastal area from Sabine Pass to Brownsville (the entire Gulf Coast including the metropolitan areas of Houston and Corpus Christi).** The geographical scope of this rule may be limited by further Commissioner Bulletin. The dates affected are all dates after September 20, 2005 until subsequent notice from TDI.

For employers, employees, healthcare providers and any other system participant in the affected areas for dates after September 20, 2005, carriers must accommodate the following issues:

- 1. All claim deadlines are relaxed and should not apply.** Accordingly, from September 20, 2005 until further notice from TDI, do not assert any deadlines involving those dates. This will toll any deadlines, including but not limited to 30-day notice to employer, one year filing of claim, 90-day rule to dispute impairment ratings, 95-day requirement to submit a medical bill, time deadlines for protecting rights in dispute resolution, etc.
- 2. Preauthorization requirements under Rule 134.600 are waived.** Do not assert the defense that the service was not preauthorized. If no preauthorization was obtained, retrospectively review the service for medical necessity issues. The relaxed requirements apply to "necessary health care." B-0054-05. You may deny preauthorization or retrospectively deny unnecessary services. However, note that payment should not be denied on the basis that the same services had been "recently provided." B-0055-05. Voluntary certification of requested medical treatment not covered by Rule 134.600 should be considered, even if your company does not otherwise routinely certify medical care in advance. (See Paragraph 4 below for rules regarding medications.)
- 3. Carriers should not deny bills because of lack of ADL registration by the treating provider. Carriers should not deny bills because necessary treatment was provided by a non-treating doctor without a treating doctor referral.** B-0054-05.
- 4. If requested, carriers should "authorize payment to pharmacies for up to a**

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90 day supply of any prescription medication.” B-0047-05.

5. Carriers should endeavor to identify current addresses for displaced injured workers and to “use all available means” to provide “prompt and immediate relief.”

6. Policies of insurance should not be cancelled because of failure to pay premiums.

Further details are available in Commissioner Bulletin Nos. B-0047-05, 0049-05, 0050-05, 0051-05, 0054-05 0055-05 and 0056-05.