

Frequently Asked **Questions**

If I have court ordered future medical benefits, why am I being denied treatment?

A person's medical condition can change over time. Reviewing the medical necessity of the requested treatment is allowed.

Why are some of my prescribed medications being denied after many years of taking them?

The State of Tennessee Bureau of Workers' Compensation recently adopted a Drug Formulary. New medical evidence makes it important that you and your physician continually review the effectiveness of all the medications you take.

Do you have additional questions about your Utilization Review Appeal?

Phone: 1-800-332-2667 or 615-253-8368 Email: <u>UR.Appeals@tn.gov</u> Web: tn.gov/workerscomp

HOW CAN WE HELP YOU?

This brochure contains information about:

- Utilization Review (UR)
- Your appeal **rights** for a UR denial
- Steps to take if you receive a UR denial letter
- Which **forms** to complete and submit
- Appealing a denial of recommended treatment
- What to expect during your appeal





The Tennessee Department of Labor and Workforce Development is committed to principles of equal opportunity, equal access, and affirmative action. Auxiliary aids and services are available upon request to individuals with disabilities.



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GUIDE TO UTILIZATION REVIEW APPEALS







THE PROCESS

Utilization Review General Information

Employers, through their insurance carriers, have the right to review the medical care and treatment that is recommended by an injured worker's authorized treating physician. The review is performed to ensure that the treatment is necessary, appropriate and likely to be effective. This review is known as Utilization Review (UR).

If this review results in a denial of recommended medical treatment, injured workers have the right to appeal if they believe the carrier's denial is inappropriate. This is done by submitting a "Notice of Appeal Rights for Utilization Review Denial" **Form C-35A**. You should receive this form from the insurance carrier with your denial letter.

How To File Your Appeal

1. Send a completed **Form C-35A**, a copy of the denial letter, and the Peer Reviewer's Report that you received from the insurance carrier to the Bureau of Workers' Compensation.

Note: if you did not receive a **Form C-35A** or **Peer Reviewer's Report** with your denial letter, you should contact the individual that sent you the denial letter.

- 2. Send a copy of any **medical release** that you have signed for your authorized treating physician **or** a signed "Medical Waiver and Consent" **Form C-31**, which is available on the Bureau's website.
- Submit all documents within thirty
 (30) calendar days of your receipt of your denial letter.



by Email

UR.appeals@tn.gov

by Fax

(615) 253-5265

by Mail

Tennessee Bureau of Workers' Compensation ATTN: Medical Director 220 French Landing Drive, Suite 1B Nashville. TN 37243-1002

What To Expect During The Appeal Process

When the Bureau receives your UR Appeal, our Medical Director or Assistant Medical Director will review the facts of your case and decide whether the recommended treatment should be provided, or not.

The time needed to reach a decision will be determined by the specific nature of your case.

