



# Texas Department of Insurance

## Division of Workers' Compensation

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### Insurance Carrier Closed Pharmacy Formulary Data Call on Legacy Claims Instruction Sheet for Data Elements

Please enter the following data elements in the attached Excel spreadsheet. One row of the spreadsheet should be completed for each legacy claim. If a legacy claim has multiple prescribing doctors, use an additional row for each additional doctor. Each additional row must be completely filled out. These legacy claims must have injury dates prior to September 1, 2011.

<b>Insurance Carrier Identification</b>	Row 1	Insurance carrier's name
	Row 2	Insurance carrier's FEIN
	Row 3	Insurance carrier's point of contact name
	Row 4	Insurance carrier's point of contact phone number
	Row 5	Insurance carrier's point of contact e-mail address
<b>Injured Employee</b>	Column A	Injured employee's first name
	Column B	Injured employee's last name
	Column C	Injured employee's social security number XXX-XX-XXXX
	Column D	Injured employee's date-of-injury MM/DD/YYYY
	Column E	Insurance carrier's claim number
<b>Prescribing Doctor</b>	Column F	Prescribing doctor's first name
	Column G	Prescribing doctor's last name
	Column H	Prescribing doctor's NPI number
	Column I	Prescribing doctor's DEA number (If available)
<b>Insurance Carrier Letter</b>	Column J	Was letter sent to prescribing doctor? Yes/No
	Column K	If yes, date sent MM/DD/YYYY
	Column L	Was letter sent to injured employee? Yes/No
	Column M	If yes, date sent MM/DD/YYYY
	Column N	Type of carrier rep that sent prescribing doctor letter (use numeric code):  1- Certified URA 2- Carrier 3- PBM 4- TPA 5- Other (write brief description in Column N)
	Column O	Name of carrier rep who sent prescribing doctor letter
	Column P	Was letter sent to pharmacy? Yes/No
	Column Q	If yes, date sent MM/DD/YYY

<b>Insurance Carrier Agreement with Prescribing Doctor</b>	Column R	Did a peer to peer conversation occur with prescribing doctor? Yes/No
	Column S	If yes, Texas license # of doctor who conducted peer to peer conversation
	Column T	Was agreement reached with prescribing doctor? Yes/No
	Column U	If no, why not? (use numeric code)  1- Employee no longer receiving N drug 2- Agreement still in negotiation 3- Carrier hasn't yet initiated peer to peer conversation 4- Prescribing doctor unavailable to discuss employee's treatment 5- Other (write brief description in Column U)
	Column V	If yes, type of carrier rep that signed agreement (use numeric code)  1- Certified URA 2- Carrier 3- PBM 4- TPA 5- Other (write brief description in Column V)
	Column W	If yes, name of insurance carrier rep who signed agreement
	Column X	If yes, date insurance carrier rep signed the agreement MM/DD/YYYY
	Column Y	If yes, date prescribing doctor signed the agreement MM/DD/YYYY