

## CHALLENGE:

Tower submitted an MSA to CMS for a projected allocation of \$16,223.71 but received a counter-higher of \$221,882.00. Tower's reconciliation team evaluated CMS's MSA determination and found that CMS had included the medication Lyrica 50mg and 70mg, adding \$205,286.40 to the MSA.

# CMS Re-Review Case Study

## SOLUTION:

While there was no dispute the claimant took Lyrica at the dosages allocated, Tower submitted that the prescription for Lyrica to treat a foot crush injury was a non-Medicare covered use for Lyrica.

Accordingly, Tower used the CMS MSA Re-Review process to submit a request that Lyrica be removed from the CMS-approved MSA. In response, CMS stood by its position that Lyrica is considered "Medicare-covered" under their guidelines.

Tower believed this was clearly an incorrect interpretation by CMS of its own Medicare coverage guidelines and escalated the request to senior CMS management for review.

## RESULTS: \$205,658 in Savings

On further review, CMS agreed that Lyrica prescribed for a crush injury to the foot is not a medically accepted indication and would not be covered by Medicare. Lyrica was removed from the allocation resulting in case settlement.

***While CMS agreed Lyrica use for a foot crush injury was non-Medicare covered, in an update to its WCMSA Reference Guide, CMS advised Lyrica will be allocated in the MSA when such use stems from spinal cord neuropathy, a use previously considered non-Medicare covered.***

