



**TENNESSEE BUREAU OF WORKERS' COMPENSATION**

220 French Landing Dr.  
Nashville, Tennessee 37243-1002

**UTILIZATION REVIEW CLOSURE**

Please **submit** the  
Utilization Review Closure Form, (C-36/C-37)  
**via** the CM/UR **Portal**:  
<https://cmur.app.tn.gov/cmur/>

**Paper copies will not be accepted.**

Utilization Review Organizations  
registered with the BWC  
that have an active status  
may access the CM/UR portal.

For additional information,  
email **UR.ResearchData@tn.gov**.



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**UTILIZATION REVIEW CLOSURE**

**EMPLOYEE INFORMATION**

State File # \_\_\_\_\_ Date of Injury \_\_\_\_\_ Social Security # \_\_\_\_\_  
Claimant \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

**EMPLOYER INFORMATION**

FEIN: \_\_\_\_\_ Employer: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSURER INFORMATION**

Insurer: \_\_\_\_\_  
Insurer Address: \_\_\_\_\_  
Insurer Claim #: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**UTILIZATION REVIEW INFORMATION**

Utilization Review Company \_\_\_\_\_ TN ID# \_\_\_\_\_  
License Number \_\_\_\_\_  
Healthcare Provider \_\_\_\_\_ MD/Chiro/DO \_\_\_\_\_  
Treating Facility \_\_\_\_\_ City \_\_\_\_\_  
Address \_\_\_\_\_

Summary of Actions Taken by the Utilization Review Provider (Indicate each type of review performed. List the amount of savings including zero when applicable. Complete the "no actions taken" field if there were no discrepancies. The actual cost and length of physical therapy and chiropractic services must be documented even if there are no savings).

**A.**  **Pre-admission Review** Diagnosis Code \_\_\_\_\_ CPT Code \_\_\_\_\_

Requested length of stay \_\_\_\_\_  
Authorized length of stay \_\_\_\_\_  
Actual length of stay \_\_\_\_\_ Date / / - / /  
Identified discrepancy code \_\_\_\_\_  
In-Patient Savings \$ \_\_\_\_\_

Comments \_\_\_\_\_

**B.**  **Concurrent Review** Diagnosis Code \_\_\_\_\_

Procedure	CPT Code	Identified Discrepancy Code	Cost
TOTAL SAVINGS			\$

Comments \_\_\_\_\_

C.  Retrospective Review

Diagnosis Code \_\_\_\_\_.

Procedure	CPT Code	Identified Discrepancy Code	Cost
TOTAL SAVINGS			\$

Comments \_\_\_\_\_

D.  Chiropractic Services

Diagnosis Code \_\_\_\_\_.

Requested Service	Cost	Authorized Service	Identified Discrepancy Code	Savings
TOTAL SAVINGS				\$

Length of Treatment \_\_\_\_\_ (Number of Weeks)

Total Cost of Treatment \$ \_\_\_\_\_

Comments \_\_\_\_\_

E.  Physical Therapy

Diagnosis Code \_\_\_\_\_.

Procedure	CPT Code	Identified Discrepancy Code	Cost
TOTAL SAVINGS			\$

Length of Treatment \_\_\_\_\_ (Number of Weeks)

Total Cost of Treatment \$ \_\_\_\_\_

Comments \_\_\_\_\_

F.  No actions were taken.

G. Cost of Utilization Review \$ \_\_\_\_\_

H. Reviewer's Name \_\_\_\_\_