

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation
 220 French Landing Dr.
 Nashville, Tennessee 37243-1002



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 _____