



TENNESSEE BUREAU 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 _____