

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

Nashville, Tennessee 37243-0661

CASE MANAGEMENT CLOSURE

EMPLOYEE INFORMATION

State File # Date of Injury County of Injury
Claimant Social Security #
DOB Sex Occupation

EMPLOYER INFORMATION

FEIN: Employer:
Street: City: State: Zip:

INSURER INFORMATION

Insurer:
Insurer Claim #, Policy Number:

Table with 5 columns: Last Name, First Name, MD/DO/Chiro, License#, Physician(s)

The reverse side of this form must be completed or all applicable diagnosis (ICD9) and procedure (CPT) codes must be listed in the areas below.

Diagnosis:

Procedures:

Total Weeks Case Management Open Date Case Closed

Total Cost of Case Management

Medical Savings

How Saved:

negotiated provider/facility discount, arranged home PT,
avoided unnecessary ER visits, prevented duplicate testing,

Other

Indemnity Savings

How Saved:

coordinated modified duty,
facilitated early RTW,
assisted in making claim no lost time,

Other

Case Management Provider Company #

Case Manager(s) TN CM Registration #(s)

Closure Code Date of RTW Comments:

DIAGNOSIS: *SPINE*

	Cervical	Thorax	Lumbar
Strain/Sprain	847.0	847.1	847.2
HNP	722.0	722.11	722.10
DJD*			
Other*			

*Specify appropriate code(s)

Miscellaneous	
Burn(s)*	
Carpal Tunnel Syndrome	354.0
Inguinal Hernia	550.90
Rotator Cuff Tear	726.10
Torn Meniscus (Knee)	836.0
Epicondylitis*	
Other*	

*Specify appropriate code(s)

EXTREMITIES:

	Foot	Toe	Ankle	Knee	Hip	Finger
Strain/Sprain	845.1	845.13	845.00	844.9	843.9	842.10
Contusion	924.2	924.3	924.21	924.11	924.01	923.3
Tendonitis	727.0	726.90	727.06	726.60	726.5	727.0
DJD	715.0	715.07	715.07	715.08	715.05	715.04
Dislocation	838.0	838.09	837.0	836.50	835.00	834.00
Bursitis	726.7	726.70	726.70	726.69	726.5	726.4
Fracture*						
Laceration*						
Amputation*						
Other*						

*Specify appropriate

EXTREMITIES:

	Hand	Wrist	Forearm	Elbow	Arm	Should	Other
Strain/Sprain	842.1	842.01	841.8	841.9	840.9	840.90	
Contusion	923.2	923.21	923.10	923.11	923.9	923.00	
Tendonitis	727.0	727.0	727.00	726.39	726.2	726.10	
DJD	715.0	715.03	715.03	715.08	715.0	715.01	
Dislocation	833.0	833.00		832.00		831.00	
Bursitis		726.4		726.33		726.10	
Fracture*							
Laceration*							
Amputation*							
Other*							

*Specify appropriate

PROCEDURES:

	CT	MRI	Other
Head	70450	70551	
C-Spine	72125	72141	
T-Spine	72128	72146	
US Spine	72131	72148	
Coccyx	72131	72196	
Hip	73700	72196	
Pelvis	72192	72196	
Femur	73700	73720	
Knee	73700	73721	
Shoulder	73200	73220	
Chest	71250	71550	
Abdomen	74150	74181	
PHYSICAL THERAPY	Yes	No	

Miscellaneous	
ACL Reconstruction	27407
Arthroqram*	
Arthroscopy Knee*	
Carpal Tunnel Release	64721
EMG Upper Extremity	95860
EMG Lower Extremity	95861
Fracture Repair*	
Hernia Repair	49505
Laminectomy Cervical	63001
Laminectomy Lumbar	63005
Myelogram Cervical	72240
Myelogram Lumbar	72265
Rotator Cuff Repair	23410
Other*	

*Specify appropriate

CASE MANAGEMENT CLOSURE INSTRUCTIONS

The following list of closure codes is to be utilized for the case management closure form. The form is to be completed by the case manager upon the conclusion of lost time claims which require case management. The original two-sided copy should be submitted to the State of Tennessee, Department of Labor, Workers' Compensation Division. Every field must be completed including the physician's license number. The proper ICD 9 code should be used for each diagnosis, and the five digit AMA CPT code should be used for each procedure; the reverse side of the form has a checklist for many commonly used codes.

CLOSURE CODES

RTW Employee has returned to work successfully.

RRW Employee has been released to work, but did not return to work.

MMI Maximum medical improvement obtained.

SP Employee has not yet returned to work, but is making satisfactory progress.

CD Employee deceased.

NC Case Manager is closing case without significant progress by employee.

CR Closed at adjuster's request.