## Skilled Nursing Facility (SNF) Weekly Concurrent Review for Medical Necessity



2650 Novation Parkway • Madison, WI 53713 (888) 829-5687 • Fax (608) 821-4207

QuartzBenefits.com

7-day Review Period: Start Date:	Member Name:	Date of Birth:	Referral Nur	nber:	
Case Manager Name:  Contact Number:  ( )	7-day Review Period:				
Frequency:  Type of physical therapy:  Current functional level as of// (Quartz UM will compare with previous review for progress)  List under the form of th	Start Date: / /	End Date:	://	/	
■ Be actively participating (5 hours per week) and making progress in therapies, OR  ■ Require significant nursing care that cannot be provided in a lower level of care, such as home care.  Please provide clinical documents with this completed form.  List skilled nursing care and interventions:  Frequency:  Type of physical therapy:  (Quartz UM will compare with previous review for progress)  Limitations if any:  Frequency:  Total minutes for 7-day review period  Type of occupational therapy:  Frequency:  Total minutes for 7-day review period  Total minutes for 7-day review period  Current functional level as of/			Contact Number:		
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Please provide clinical documents with this completed form.  List skilled nursing care and interventions:  Type of physical therapy:  Current functional level as of/_/ (Quartz UM will compare with previous review for progress)  Limitations if any:  Frequency:  Total minutes for 7-day review period  Type of occupational therapy:  Frequency:  Total minutes for 7-day review period  Current functional level as of/_/ (Quartz UM will compare with previous review for progress)	<ul> <li>Be actively participating (5 hours per week) and making progress in therapies, OR</li> </ul>				
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(Quartz UM will compare with previous review for progress)				7-day review period	
Limitations if any:					
	Limitations if any:				
Type of speech therapy: Frequency: Total minutes for	Type of speech therapy:		Frequency:	Total minutes for	
7-day review period		,		7-day review period	
Current functional level as of/					
(Quartz UM will compare with previous review for progress) Limitations if any:		new for progress)			
Emitations if any.	Limitations if any.				

Please fax completed form and clinical documents to (608) 821-4207. For questions, call (888) 829-5687.