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

Member Name:	Date of Birth:	Referral Number:
7-day Review Period: Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____		
Case Manager Name:	Contact Number: ( ) _____ - _____	

For the member to remain eligible for the SNF benefit, they must –

- 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: 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: 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 speech 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

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