

## Managing the BTS Worker Compensation Patient from the Front Office

Some added focus on treating Worker Compensation patients has started in 2021. The clinicians are being educated on how the evaluation and treatment differs from other patients. **All staff in the clinic will need to communicate with each other for optimum operational efficiency.**

The primary goal is to have **these cases scheduled timely-ideally within 48 hours of referral coming in or phone call requesting an appt.** This can sometimes be challenging with the ever-evolving schedules in the clinics and gaining auth. The FOC is a very important component of this process.

Below are steps, strategies, and information you should know to help manage Worker Compensation cases as efficiently as possible for best patient experience.

Intake:

1. How do you know if caller or faxed referral is Work Comp? It will have a **claim #** most often. Common insurance carriers are below. **Conduct normal screening & ask "Is this a work injury?"**
2. When receiving a Worker Compensation referral, make them a priority to gain auth and schedule-preferable within 48 hours. Work comp and Post-op are scheduling priorities.
3. Ask if there is a nurse case mgr. assigned to case on every call. If so, acquire their contact info.- Post-op, Patients that have had hospitalization, or have not been working for 3+ months often have a case mgr. assigned- this is different than an adjuster. All cases have an adjuster or 3<sup>rd</sup> party admin. (Medrisk, OneCall).
4. Getting all intake info. is crucial. Please see your FOC guide for intake or speak with Linda K. or Karen D. if unsure when gathering information.

Scheduling:

1. Each clinic will have a **Worker Compensation Lead therapist**. FOC should look to this therapist FIRST to schedule Work Comp IE's, possibly with help from the W Comp lead therapist or CD of clinic to re-arrange schedules if workable. If the IE cannot be scheduled with the WC Lead PT (gone on PTO, ill or schedule full), then the FOC should consult with CD to see who can eval these patients. It is best to have discussion pro-actively so a plan is in place.
2. The lead WC therapist should be notified of EVERY Work Comp Eval that comes into the clinic regardless if they are the evaluating therapist (Easy to IM or send email).
3. When speaking with these patients, it is helpful to find out their current work status. If they are completely off from work or part-time status, encourage them to take the first available appt. If a worker compensation patient suggests or says they would like an appt. later than 3 days out, and you have given them appt. choices, you can instruct them that their case mgr. and/or physician would be notified that therapy delay was at patient's request. Notify the Work Comp Lead if this occurs.
4. **Scheduling out:** Be sure the patient is scheduled out for duration of auth. Or once auth is received after evaluation has been completed. If 6 visits auth-be sure all 6 visits are scheduled 2-3x/wk. Send schedule to case manager if you have their email, fax or if they ask.

Authorization:

1. Be sure that a case is open and allowed and has authorization before their evaluation. Many Border cases I see will give auth for the eval and then want additional request for treatment-this is the Initial Evaluation report usually. Do this ASAP after eval.
2. If an adjuster ok's any verbal auth-be sure to follow up next day and get the required auth in writing. Usually insurance/adjuster will require a signed plan of care from the Attending Doc for any extended auth requested by PT services.
3. **If there are extended issues in communicating with case managers/adjusters to acquire necessary auth for continued care, elevate this to CD, FO lead person or Linda/Karen for assistance.**

4. Be sure therapist is aware of any additional documentation they would need to fill out for continued auth (a utilization review for example) **before** auth. issues are a problem. Think 6 visits needs Progress update with Any Work Comp insurance. One Call often won't give additional auth without a 6 visit Progress, but all WC insurances like the 6 visit progress. They either have their own form or we can utilize our updated POC in Agile. **Obtaining additional auth will be a headache sometimes-get your clinicians thinking ahead!** This will help prevent delays in continued care when requesting more visits.

#### Documenting:

1. DOCUMENT ANY calls made or conversations: this could be w/ CM's, MD office, Insurance. If it is something all should see-like MD or CM info, then best to input into Clinical Notes because that notice stands out and all can see easily.
2. Please document any non-compliance (missed appt., no show, changing appts. frequently, coming late) in the clinical note or home tab.

#### Day of Evaluation:

1. **Be sure the Job Analysis Questionnaire** is included with functional outcome forms for Work Comp. patients.
2. **Calls:** The evaluating therapist should be calling the case mgr. to introduce themselves after the IE. If they receive a call back, always try to get them to the phone rather than taking a message.
3. **Cancellations/Compliance:** If a Work Comp patient calls to cancel an appt., try to re-schedule for same week. If they NC/NS, for an appt. be sure primary therapist is aware. DOCUMENT ALL COMPLIANCE ISSUES INTO AGILE PATIENT ACCOUNT UNDER CLINICAL NOTES. The primary PT may have the FOC call the case mgr. to report the non-compliance. The primary PT and case mgr. should be made aware of any schedule changes, frequent re-schedules or NS visits by Work Comp patients.

#### Worker Compensation Programs that Border Conducts:

1. **Regular or Acute Physical Therapy** for injuries sustained at work. **ALL** clinics treat this.
2. **FCE's-Functional Capacity Evaluations.** **Montana and Remcon** clinics can conduct FCE's. If you receive a call for an FCE, know this and refer to them or better yet, transfer them to that clinic.
3. **Work Conditioning/Hardening:** This program is 3-5 days/week and focuses on return to work tasks and strengthening. Most Border clinics can provide this service for active patients they are already are treating. If you receive a call about this, reach out to your CD/Work Comp Lead for assistance.
4. **Ergonomic Evaluations:** This service can be done by a PT. If you receive a call asking for this, please forward to your CD or take down their contact information and tell them you will call back with appropriate info.

#### Questions?/Concerns

Please reach out for support. I am here to help.

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Common Insurance carriers for Texas-notice some are common Ins. names, but all end in WC.

OWCP (Office of Worker Compensation) DOL (Dept. of Labor) WC- <i>Often Border Patrol and Postal workers.</i>	Hartford Insurance Group WC	Sedgwick WC
Special Insurance Services WC	One Call WC	Broadspire WC

Athens 1 2 1 Claims Inc WC	National Interstate Insurance WC	Claims Administrators WC
New Mexico Mutual WC	Dillards Department Store WC	Berkshire Hathaway Homestate Companies WC
Sedgwick Claims Mgmt Srvs WC	EK Health Services WC	Chubb WC
Travelers WC	State of New Mexico Risk Mgt WC	Medrisk WC
CNA WC	T&T Staff Management WC	Salus Texas Choice WC
Texas Municipal League TML WC	CCMSI WC	Walmart Claims Services WC