

Managing the Worker Compensation Patient from the Front Office

Some added focus on treating Worker Compensation patients is being introduced. 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. Patients should be scheduled out for the duration of their care or at least for their current authorization. **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 vary by state-but most have WC at end. **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.
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.! We are instructing FOC's to input CM or adjuster contact info. in the referral tab.**
4. Getting all intake info. is crucial. Please see your FOC guide for intake or speak with Linda K., your FOC lead, or Work Comp Director 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 lead WC PT (gone on PTO, ill or schedule full), then the FOC should consult with CD to see who can eval these patients. This 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 primary 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. If 6 visits auth-be sure all 6 visits are scheduled 2-3x/wk. per evaluating PT recommendation. Fax schedule to case manager if they ask.

Authorization:

1. Be sure that a **case is open and allowed** and has authorization before their evaluation.
2. If an adjuster ok's any verbal auth-be sure to follow up next day and get the required auth in writing. This should be done only with a signed plan of continued care from the Attending Physician.
3. **If there are extended issues in communicating with case managers to acquire necessary auth for continued care, elevate this to CD, FO lead person or Linda 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.

Documenting:

1. **DOCUMENT ANY calls made or conversations in clinical notes:** this could be w/ Case Mgr's, MD office, Insurance adjusters, employers.

Day of Evaluation:

1. **Be sure the Job Analysis Questionnaire** is included with functional outcome forms for Work Comp. patients.
2. The evaluating therapist will 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:** 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 in 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 Partners Conduct:

1. **Regular or Acute Physical Therapy** for injuries sustained at work. **ALL** clinics treat this.
2. **FCE's**-Functional Capacity Evaluations. Each partner (w/a few exceptions) has a 1 or 2 clinics that can conduct FCE's. If you receive a call for an FCE, know which clinics provide 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 skill and strengthening. Each partner will have at least 1 clinic that provides this service. Just like FCE's know which clinics provide this service and be sure the caller receives the information they need.
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.

Julie Riordan, Director of Work Comp and Auto

(616) 283-0555 | julie.riordan@allianceptp.com