Workers Comp Setup & Billing Workflow

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Document conventions

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<th>Icon</th>
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<tr>
<td><img src="image" alt="Note:" /></td>
<td>To create awareness about the fact.</td>
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<tr>
<td><img src="image" alt="Important:" /></td>
<td>To emphasize about aspects which are critically important and should be adhered to instruction.</td>
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Intended audiences
Intended audiences for this document are:

- Clients
- Front-end Implementers
- Technical support
- QA department
- Training department

Objective
The objective of this document is to explain the claim creation workflow for Workers Comp, set-up required for the same and the output formats.
Pre-requisite for creating Work Comp claims

Following 3 steps are mandatory for creating Workers Comp claims automatically from EMR:
1. Enc Type should have ‘Bill To’ set to ‘Workers Comp’.
2. Patient Insurance should have Status selected as ‘WorkerComp’ for atleast one Insurance.
3. Appointment should be scheduled for above encounter type.

Following steps are required for automatic data transfer from EMR to Claim on creation:
1. Specialty Template name should be defined in a property.
2. This template should be in active list of Specialty Templates.
3. Test codes for various tests should be mapped in appropriate properties.

Set-Up details step-by-step

1. Create as many Workers Comp Encounter types as below.
   Go to Settings > Configuration > Clinic > Enc Type.
   Add New encounter type.
   Enter Type= WN (Workers Comp NEW).
   Enter Duration in minutes.
   Select Bill to=”Workers Comp” and save.
   May be, if needed, add another workers comp encounter type.
   Enter Type= WF (Workers Comp FOLLOW UP), Duration in minutes then
   Select Bill to=”Workers Comp” and save.

   ![Fig: Define Enc Type with Bill To set as ‘Worker Comp’.

2. Template “Injury and illness details” is used to enter injury date and place of accident and test
codes used in template should be set to respective property as shown below.
Check template “Injury and illness details” in which below mentioned required test codes for workers comp should be present.

a) INJURY - Date of Injury

b) ACCIDENT - State where Accident occurred

**Fig:** Specialty Template with proper tests checked.

**Note:** Make sure to check the checkbox 'Face Sheet' for Automatic Data copy from previous encounter to avoid re-entering same data in every encounter.

Set below test code properties to transfer selected data of template from encounter to created claim.

i) billing.accident.templatename = Injury and illness details: Important

ii) cms1500.accident.place.testcode  = ACCIDENT

iii) cms1500.injury.date.testcode = INJURY

**Note:** It is important to have exact template name in above property for the Data Transfer to work. Else it will fail because of missing template. Also make sure to have this Template name in Specialty.

**Note:** Do Not Inactivate the template defined in above property as it might lead to claim creation failure.

**Note:** Sometimes it is easier to do data entry for users if these tests are defined in HPI, add them associated to HPI template and associate that template to multiple complaints, which is fine. Only make sure to have the Template Name in above property still present in Specialty as active template for Sync to work.
Fig: Properties set for Template Name and Test codes.

3. Patient should have Workers comp Insurance with Status ‘WorkerComp’ on Patient Insurance screen. Create a patient with mandatory details. Make sure to select Employer from Employer Master on ‘Contacts’ Tab. If needed, please go to ‘Other Info’ Tab and click on button ‘Case Management’ to enter Patient Attorney, Adjuster and Case Manager.

Note: Patient Case Management details are not sent on claim, hence they are not sent on Claims Screen from EMR. These contact details are useful for sending letters out.

Fig: Register Patients with mandatory information and Employer details from Master.

Add Insurance Type, Insurance Company, Subscriber Id and Status as ‘WorkerComp’ and click Update and save it.
Fig: Add Patient Insurance with Status ‘WorkerComp’. Sequence doesn’t matter.

You can also add Insurance Attorney and Adjuster on this screen. Both these details get transferred for Primary and Secondary Insurances i.e. Sequence 1 and 2 on claim and is displayed on pop-up screen when clicked on button ‘injury’.

**Creation of Workers Comp Claims**

**Step 1:** Take appointment from Appointment > Schedule screen, select patient and Enc type as WN or WF as defined earlier.
Fig: Select Work Comp Enc Type while scheduling appointment.

**Step 2:** Mark the appointment as ‘Arrived’ which will create an Encounter.

**Step 3:** From the specialty in TOC menu select specialty template “Injury and illness details”.

*Note:* The default template can be set to come automatically instead of being required to be selected by selecting the template name while defining the encounter type in field ‘Default Procedure’.

Fig: Specialty Template selection and Data entry for Tests.

**Step 4:** Enter Date of Injury and Place of Accident i.e. ‘State where Accident Occurred’ in template and save.

*Note:* Please make sure to enter the Place OF Accident as only 2 character State Code for Paper claims to fit it in. At max 10 char State name can be sent in EDI, but if more than 2 char are present, noting gets printed on CMS1500 form.

**Step 5:** Add Diagnosis (ICD Code) and Procedure (CPT and HCPC) codes as applicable and save.

*Note:* Source of ICD could be HPI and CPT and HCPC could be Template ‘Injury and illness details’ or Tests answered.
Fig: Add ICD, CPT, HCPC codes with appropriate Units and modifiers to transfer to claim.

Step 6: Go to Encounter Close screen, check create claim checkbox and save.

Fig: Claims creation by checking checkbox ‘Create Claim’ or ‘Mark Encounter Complete’.

Processing Created Claim
A. Claim will be created with appropriate data on billing side on Claims>Edit screen.
B. Workers comp Insurance company will get selected as primary insurance on claim from list of patient insurance companies automatically irrespective of Seqn Number it was on Patient Insurance table.

Note: Even if there is other Insurance Company present on Patient Insurance screen, in case of Worker’s comp claim, only one insurance gets associated to claim on claim creation. This is because there is generally no Secondary required for Work Comp claims. The above functionality is true even when claim is created from Claims>New and Primary Insurance is of Status ‘WorkerComp’.
C. Checkbox ‘Work Comp Employment’ gets checked automatically on Claims>Edit screen with red background.
D. Button ‘injury’ gets enabled with ‘Date of Injury’ and ‘Place of Accident’ entered on encounter.
E. Injury date also reflects on ‘i’ button too.
F. Other information like Hosp From and Upto Date and Unable to Work From and Upto Dates also get transferred if entered in Encounter.
G. Diagnosis codes(ICD) and Procedure codes (CPT/HCPC) also show up on claim screen.
H. Insurance Attorney and Adjuster Info also gets transferred and displayed on button ‘injury’ pop-up.
I. System treats this claim as ‘WorkerComp’ type claim as soon as Insurance is with Status ‘WorkerComp’ and if checkbox ‘Work Comp Employment’ is not checked, Date of Injury’, ‘Place of Accident’ are not present then system will show error message on ready to send and will not allow sending claim.

J. If Insurance is not of Status ‘WorkerComp’ and checkbox ‘Work Comp Employment’ is checked, an appropriate message is given on Save, suggesting unchecking Work Comp checkbox.

K. CMS1500: Place of accident should be 2 characters with US state code for Paper (CMS) Claim to print on CMS1500. Cell 14 prints ‘Date of Injury’ and cell 10 prints ‘Place of Accident’.
Fig: CMS1500 form generated for Workers Comp claim.

L. We can define template for workers comp in property
cms1500.workercomp.templatename, so that system automatically considers CMS1500
workers comp template. This is only required if Std CMS1500 does not fulfill the Work comp
CMS1500 requirement, which is no more required as printing tags have become dynamic.

M. If on Insurance master template name CMS_1500_WC_PDF is defined then while sending
secondary workers comp claim(which is not necessarily required for Work comp) system
automatically search for template CMS_1500_WC_SEC_PDF and use it print sec CMS1500.
EDI: If Claim is EDI(Workers comp Insurance is EDI) then place of accident will be 10 char
long string shown in loop 2300 segment CLM and date of Injury will be shows in loop 2300
segment DTP.

Fig: EDI Claim with Data in appropriate segments.

Note: As per 5010 norms, for Diagnosis codes 800 to 999, Injury Date is mandatory. We
have a validation for this while sending claims and its number is 129. For certain clinics, this
Injury Date is not mandatory because of type of patients they see even if Diagnosis code used is
in the range of 800 to 999. So for such practices, the property 837.ignore.checks should be set to
Note: This property supports only this validation number right now.