

Workflow for: Internal Medicine I Pediatrics I Family Medicine I Specialty I Clarical I Clinical I Practice

igsquigar Clerical \Box Clinical \Box Provider

Date Updated: 3/14/13

NextGen: Worker's Compensation Encounter

Pages: 6

When creating an encounter for the evaluation of a work related injury the following additional fields must be completed:

- 1. Onset Date: Enter the date the accident occurred.
- 2. Onset Time: Enter the time the accident occurred.
- 3. Check $\sqrt{}$ the box next to Condition related to Employment.

The Occurrence Code remains Illness

Bilable Date Bilable Time Occurrence Code State Onset Date Onset Time Time 02/26/2013 10:00 AM Illness Illness 02/25/2013 10:00 AM Filter General Clinical Billing & Collections Encounter Specifics Claime Mgrketing History Patient Type Image: Condition Related to Employment Providers Referring Pescatello MD, Michael Referring Complaints Oate Last Seen Image: Condition Related Injury Image: Condition Relate	🧱 Create Encounter - Test, Bob	×
General Clinical Billing & Collections Encounter Specifics HigtKeting HigtKeting Patient Type Complaints Complaints Date Last Seen Wrist Pain - Wk Related Injury Practice Specifics NP/PA INCIDENT-TO SUPERVISOR Practice Specifics NP/PA INCIDENT-TO SUPERVISOR Admit Date Discharge Date Initial Treatment Date Incident-To Bill Encounter Facility Incident-To Bill Encounter Facility Fest, Bob Relation: Patient Encounter Types Case Case Case Date Fint Encounter On Statements Patient is Homebound Exempt from Outsourcing 	Billable Date Billable Time Occurrence Code State	Onset Date Onset Time 02/25/2013 10:00 AM
Patient Type Providers Remarks Same/Similar Date Complaints Date Last Seen Wrist Pain - Wk Related Injury /_/ Practice Specifics NP/PA INCIDENT-TO SUPERVISOR NP/PA INCIDENT-TO SUPERVISOR Admit Date Discharge Date Initial Treatment Date /	General Clinical Billing & Collections Encounter S	pecifics Claime Marketing History
Remarks Same/Similar Date Image: Complaints Complaints Wrist Pain - Wk Related Injury Practice Specifics NP/PA INCIDENT-TO SUPERVISOR Admit Date Discharge Date Intial Treatment Date Image: Complaints Supervisor Supervisor Image: Complaints Referring Facility Image: Complaints Practice Specifics NP/PA INCIDENT-TO SUPERVISOR Image: Complaints Admit Date Discharge Date Intial Treatment Date Image: Complaints Image: Complaints Service Location Bellingham Medical Association Bellingham Medical Association Image: Complaints I	Patient Type	Providers Rendering
Complaints Date Last Seen Wrist Pain - Wk Related Injury /_/ Practice Specifics NP/PA INCIDENT-TO SUPERVISOR Admit Date Discharge Date Initial Treatment Date Service Location Bellingham Medical Association Bellingham Medical Association Guarantor Test, Bob Relation: Patient Encounter Types Case Billable Print Encounter On Statements Patient is Homebound Exempt from Outsourcing	Remarks Same/Similar Date	Pescatello MD, Michael
Complaints Date Last Seen Wrist Pain - Wk Related Injury /_/ Practice Specifics NP/PA INCIDENT-TO SUPERVISOR Admitting Admit Date Discharge Date Initial Treatment Date /_/ Incident-To Bill Encounter Guarantor Image: Test, Bob Relation: Patient Encounter Types Case Date Last Seen Image: Test, Bob Relation: Patient Encounter Types Case Print Encounter On Statements Patient is Homebound		Referring Pescatello MD, Michael
Practice Specifics NP/PA INCIDENT-TO SUPERVISOR Admit Date Discharge Date Initial Treatment Date Current Discharge Date Discha	Complaints Date Last Seen	Referring Facility
Admit Date Discharge Date Initial Treatment Date Image: Supervisor Service Location Bellingham Medical Association Bellingham Medical Association Image: Service Location Bellingham Medical Association Image: Service Location Bellingham Medical Association Image: Service Location Bellingham Medical Association Image: Service Location Image: Service Location Bellingham Medical Association Image: Service Location Image: Service L	Practice Specifics NP/PA INCIDENT-TO SUPERVISOR	Admitting
Admit Date Discharge Date Initial Treatment Date /_/ /_/ Facility		
Admit Date Discharge Date Initial Treatment Date Image: Admit Date Discharge Date Initial Treatment Date Image: Admit Date Image: Admit Date Image: Admit Date Image:		Supervisor
Admit Date Discharge Date Initial Treatment Date Image: Admit Date Initial Treatment Date Image: Admit Date Image		Service Location
Facility Incident-To Bill Encounter Facility Incident-To Bill Encounter Guarantor Image: Case incident in the second incident incincident incident incident incincincident incident inc	Admit Date Discharge Date Initial Treatment Date	Bellingham Medical Associa
Guarantor Image: Test, Bob Relation: Patient Encounter Types Case Case Case Date Billable Image: Case Image: Print Encounter On Statements Patient is Homebound Exempt from Outsourcing	→' →' →→ ₩1 →' →' →→ ₩1 →' →' →→ ₩1	Incident-To Bill Encounter
Guarantor Image: Test, Bob Relation: Patient Encounter Types Case Case Case Date Billable Image: Case Image: Print Encounter On Statements Patient is Homebound Exempt from Outsourcing	_	
Image: Test, Bob Relation: Patient Encounter Types Case Billable Image: Test Encounter On Statements Print Encounter On Statements Patient is Homebound Exempt from Outsourcing	Guarantor	
Encounter Types Case Case Date Billable Print Encounter On Statements Patient is Homebound Exempt from Outsourcing	E lest, Bob Relation: Patient	
Print Encounter On Statements Patient is Homebound Exempt from Outsourcing	Encounter Types Case	Case Date
Print Encounter On Statements 1 Patient is Homebound 1 Exempt from Outsourcing		
Homeless Status Service Type	Homeless Status Service Type	kempt from Outsourcing
<u>O</u> K <u>C</u> ancel		<u>OK</u> <u>C</u> ancel

Click OK

The worker's compensation insurance must be entered, or if already on file reviewed with the check-in process.

From the Update Patient Information screen; click the Insurance button.

land Modify Patient Information	×
Last First Middle Previous Last Nickname Test Bob Boby	
SSN Birth Date Age Sex Medical Record 999-99-9999 01/15/1945 68 yrs. Male 184484	
Demographics Status Client Defined Provider Privacy Employer Relations UDS Ext Histor	nz İ
Street Billing Address Street Secondary Address 245 No Where Road	
City State Zip City State Zip Franklin MA (Mass 02038- Image: City Image: City Image: City	
Country County Community Cd Country County Mother's Maiden Nam	e
Race Language Religion Church Ethnicity Contact Preference White Image: Contact Preference Image: Contact Preference Image: Contact Preference Image: Contact Preference	
Marital Status Student Status Veteran Expired Date Int1 Hm Phn Int1 Wk Phn Int1 Zp Unknown Image: Student Status Image: Student Status <td< td=""><td>- </td></td<>	-
Primary Care Provider Primary Dental Provider	
Telephone Number / E-Mail Comment Generate 1. Home Phone (508) 399-7600 Cell System Alert	
2. Day Phone (617) 986-1234 Ext	
3. Alternate Phone () - Ext	
4. Secondary Hm Phone () -	
5. E-Mail btest@hotmail.com	
6. Cell Phone (508) 473-1992	
AutoFlow	el

Review the existing insurance plans on file from the Insurance Listing Screen.

漱 Insurance Listing - Test, Bob	×
Patient: Test, Bob	1
	NIV2
Patient P	
New Insurance	
Upen Insurance Information Upen Insurance Insurance Information Upen Insurance I	
Lide insurance Fige HMO Blue Mtr46743637341 10/01/2_ 11/01/2011	

If the plan is listed, double click to open and verify items 1-6 on page 3 are complete and accurate. If the plan is not listed, click the Norton button and select New Insurance.

On the Payer Lookup screen; in the Payer Name field enter Work.

🧐 Payer Lookup					×
Search Criteria — Insured Name Test, Bob	Payer Name Work	Insurance Type	Financial Class	Claim Type	- 🕹
Address		State	Zip	Group Name	
C <u>l</u> ear	Eind				<u>C</u> lose

Click Find

Double click to open the generic Worker's Compensation payer.

Search Criteria Insured Name Test, Bob	Payer Name Work	Insuranc	ce Type	Financial Class	Claim Type		×
Address	City		State	Zip	Group	Name]
Payer List Payer N	ame	Ins Type	Fin Class	Claim Type	Address	City,St,Zip	
workers compensati	on	orkers Co	workers Co	workers Com			
•						Records Found	► 1
Clear <u>F</u> ir	nd					<u>C</u> le	ose

Enter the following:

- 1. Plan Name: Remove Worker's Compensation and then enter the name of the Employer's Worker's Compensation Insurance.
- 2. Effective Date: Enter the date of the accident.
- 3. HIC/Policy Nbr field: Enter the claim # (if not known enter SOC followed by the patients SS#).
- 4. Address and Contact information: Enter details for the Employer's Worker's Compensation Insurance, including phone and fax #s.
- 5. Click to check the box next to Employer Policy.
- 6. Click on the folder to open and search for the Employer that holds this policy.

Insured: Lest, Bob Payer:Workers Compens Insured SSN:999-99-9999	Insurance Type:V ation Financial Class:V Managed Care Plan:	/orker's Compens NE /orker's Compens	EIC Number:99999 99 Claim Type:Workers Com	ipensa 🧐
Detail Detail - 2 Ins C Plan Name Workers Compensation Plan Number Group Name Address City Country County Contact: Last Name First Name Contact Phone Ext Fa () - ((Source of Signature Signature authorization(12,13 Find Employer Policy Notification Required Authorization Required	Authorizations C/Policy Nbr (Ctrl-S for Croop Namber State Zip Middle Name Middle Name Control	Referrals Elig/Referr Activation Activation Make Insur Note Co-Pay Type Amount C Percent E Co-Pay	al External Effective Date provide the provided at the provide	iration Date /_/ // ible 0.00 Co-Pay Amt

From the Employer Lookup screen; enter the Employer Name then click Find.

😂 Emp	oloyer Looku	ıp				×
Searc	ch Criteria					~ ~
Who	le Foods)				- 63
Match	hing Records					
E		Name	Address	City	Stat Zip	Countr
					Records Fo	und: 0
Cle	ear 🕻	Find				<u>C</u> lose

If the record found matches the employer, double click to select and verify the information is accurate. If the employer information does not match, click the Norton button and select New.

	Search Criteria Employer Name Whole Foods	e	_			×
<u>N</u> ew <u>O</u> pen		Name ole Foods Market	Address Charles River Plaza 25	City Bellingham	Stat Zip MA 02019	Countr
					Records Four	id: 1
	Clear	<u>F</u> ind				<u>C</u> lose

Enter the employer information and then click OK.

Employer Maintenance cremeral External	×
Employer Name Demographics Corporate Address Billing Contact Charles River Plaza 255 Hartford Ave Last First Middle Cty State Zp Phone Number Ext Fax Number Country Extension E-Mail Address	
Phone Ext Type of Business [508) 966-3331 Secondary Contact Note Last First SEND ALL CLAIMS TO WHOLE FOODS MARKET Phone Number ATTN: ZAKIA	
	5

Click to select the employer and then click Close.

😓 Employer Lookup 📃 🔀
Search Criteria Employer Name Whole Foods
Matching Records Image: State of the state of t
Records Found: 1
Clear Eind Close

Review the information entered for the worker's compensation insurance to be sure it is complete and accurate and then click OK.

<u>*If the patient is unable to provide all details required, including items 1-6 on page 3, a Patient Insurance</u> Verification Acknowledgement form should be signed and Worker's Compensation Form provided for the patient to complete and submit to the TCMA corporate office*

Insured:Test, Bob In Payer:Workers Compensation F nsured SSN:999-99-9999 Manac	surance Type:Wor inancial Class:Wor jed Care Plan:	ker's Compens ker's Compens	NEIC Number:99999 Claim Type:Work	9 99 ers Compensa)
Detail Detail - 2 Ins Cards Au	thorizations R	eferrals <u>E</u> lig/Re	eferral E <u>x</u> ternal		
Yan Name Wassau Yan Number HIC/Policy 234567TEB	Nbr (Ctrl-S for SS	SN)	Effective Date 02/25/2013 Insurance Primary on	Expiration Date	
Group Name Group	Number	Note			
Address 100 Commerce Way					
City State Bellingham MA (Ma	Zip ss v 02019-	Co-Pay Typ	e •	S0.00	
Country County USA 🔽 NORFOLK	•		-Pay Description	Co-Pay Amt	
Contact: Last Name First Name Tall Judy	Middle Name	_			
Contact Phone Ext Fax (800) 234-2222 123 (401) 658-14	00				
Source of Signature E-Mail	Address	_			
Employer Policy	oods Market				
Notification Required I Verification	n Required				

The Worker's Compensation policy will now be listed on the Insurance Listing screen.

Reminder, promote the insurance plan to the top of the list for accurate EMR Orders

100								
💦 In	surance Listing - Test, Bob							×
Patier	nt: Test. Bob							-
	Available Insurance							
	Paver Name	Available P	lan Nbr	Policy Nbr	Group	V Effectiv	Expired Date	1
	- 9 Medicare Part B			234567890A		01/15/2	10/13/2011	
	- '9 Harvard Pilgrim Health Care			Hp976453601		10/05/2	04/22/2011	
	- 🐨 Cigna 5200			123412341234134			02/23/2011	
	- 🐨 Cigna 5200			123412341234134				
	- 9 Rive Creek Dive Shield Of MA			124567890			07/20/2012	
	4assau			234567TEB		02/25/2		
	E Test, Allison (Opesse)						-	
	•							
								Close
🛣 In	surance Listing - Test, Bob							×
								1.00
Patier	it: lest, Bob							
	Available Insurance					-	1	, NWZ
E	Payer Name	Available P	lan Nbr	Policy Nbr	Group	V Effectiv	Expired Date	
	R Patient							
	Hi Wassau			234567TEB		02/25/2	·	
	Blue Cross Blue Shield 1 HMO/P	с 🗸		XXT12345678				
	- 2 Blue Cross Blue Shield Of MA			12345678			07/30/2012	
	- 👷 HMO Blue			Mtn46743637341		10/01/2	11/01/2011	
	- 👷 Harvard Pilgrim Health Care			Hp976453601		10/05/2	. 04/22/2011	1
	For Cigna 5200			123412341234134			02/23/2011]
	•							
							-	
							C	Close
							_	

Click Close

From the Encounter Insurance Selection screen; click on the worker's compensation policy and then click the arrow pointing right to move it over to the Selected Insurance box and attach to this encounter.

🧐 Encounter Insurance Selection - Test, Bob				×
Patient: Test, Bob				
Available Insurance	Se	elected insurance		\checkmark
🗈 🙍 Patient		Payer Name	Insured Name	Relationship
CH Wassau		Wassau	Test, Bob	Patient
Blue Cross Blue Shield 1 HMO/POS				
Test, Allison (Spouse)	(🔿)			
Lim HMO Blue				
1 Test, Mary (Spouse)				

Verify the patient's health insurance is not in the Selected Insurance box. To remove from the Selected Insurance box, click to highlight the insurance and click the arrow pointing left.

All of this information is crucial for the Billing Department to submit a worker's compensation claim