

## Occupational Medicine



### **What is Workers' Compensation?**

- It is the oldest social insurance program in the United States. Adopted in California in 1913 through the Boynton Act.
- It is a no-fault system. Injured employees do not have to prove the injury was someone else's fault in order to receive compensation. Injuries for employees who found to be under the influence of drugs or alcohol or engaged in horseplay at the time of injury will not be covered.
- Employers are protected against litigation even when the injury was caused by employer negligence. As a check, employers must abide by OSHA (Occupational Safety and Health Administration) standards and can be subject to fines and penalties for violations.

### **Key differences from private insurance:**

- The patient is not responsible for the bill and *no copays are collected*.
- The patient's employer has access to the patient's work status and the insurance company has access to all reports and work status on the patient.
- Visits are scheduled using Occupational Medicine visit types (*IWC* or *WCV*)
- The patient has a separate electronic chart for occupational related visits. It is found in Touchworks under the label *HCN/WC*.

## **Work Injuries**



### **What is a work injury?**

- Any injury that occurs while on the job.
- Examples of work injuries include tripping on cords, falling down stairs, needle sticks, and hands hurting from working several hours a day on the computer.

### **How is a work injury recognized?**

- Patients call and complain about a physical problem that began at work.
- Patients come in to see the physician regarding an injury that occurred while working.

### **Where to send the patient for new injuries:**

- Send the patient to the nearest Occupational Medicine site at SRSMG. These clinics are located in a half-dozen of our SRSMG buildings.
- Occupational Medicine will contact the patient's employer for authorization.
- Please note that not every company uses SRSMG for their Occ Med care.

### **Other Occupational Medicine Clinic Services:**

- Pre-employment physicals/DMV physicals/Drug screens
- Annual Hazardous Material exams



## **Occupational Medicine and Urgent Care Department Locations**

### **Chula Vista**

**Address:** 525 Third Ave., Chula Vista, CA 91910

**Phone:** 619-585-4050 **Fax:** 619-585-4054

**Hours:** *M-F, 8:00 a.m. - 5:00 p.m.*

**Urgent Care:** *Daily, 8:00 a.m. – 8:00 p.m.*

### **Downtown San Diego**

**Address:** 300 Fir Street, San Diego, CA 92101

**Phone:** 619-446-1524 **Fax:** 619-234-9160

**Hours:** *M-F, 8:00 a.m. - 5:00 p.m.*

**Urgent Care:** *M-F, 8:00 a.m. - 10:00 p.m., Sat/Sun 8:00 a.m. - 8:00 p.m.*

### **Genesee/Central San Diego**

**Address:** 2020 Genesee Ave, San Diego, CA 92123

**Phone:** 858-616-8400 **Fax:** (858) 616-8420 **Hours:** *M-F 8:00 a.m. - 5:00 p.m.*

### **La Mesa/GMP**

**Address:** 5525 Grossmont Center Drive, La Mesa, CA 91941

**Phone:** 619-644-6600 **Fax:** 619-644-1208

**Hours:** *M-F, 8:00 a.m. - 5:00 p.m.*

**Urgent Care:** *Daily, 8:00 a.m. – 8:00 p.m.*

### **Sorrento Mesa**

**Address:** 10243 Genetic Center Drive, San Diego, CA 92121

**Phone:** 858-526-6150 **Fax:** 858-526-6153

**Hours:** *M-F, 8:00 a.m. - 5:00 p.m.*

**Urgent Care:** *Daily, 8:00 a.m. – 8:00 p.m.*

### **Rancho Bernardo**

**Address:** 16899 W. Bernardo Drive, San Diego, CA 92127

**Phone:** 858-521-2350 **Fax:** 858-521-2354

**Hours:** *M-F, 8:00 a.m. - 5:00 p.m.*

**Urgent Care:** *Daily, 8:00 a.m. – 8:00 p.m.*

## **Urgent Care Visits for Occupational Medicine Patients**



### **Procedure for Occupational Medicine Patients:**

- Ask the patient when they check in if the injury is work related
- Send the patient to Occ Med during business hours (8:00 a.m. – 5:00 p.m.)
- After business hours, create a case and obtain authorization from the employer. *(Sometimes the patient will present to Urgent Care with an authorization form filled out by the company)*
- If no authorization is given, the patient must fill out a conditions of registration with agreement to pay in full if the employer does not pay.
- Occupational Medicine will call for authorization the next business day.
- It is not unusual for a patient to come into Urgent Care after business hours for an Occupational Medicine injury.

### **When to Transfer a Private Patient to Occupational Medicine:**

- When the patient's private physician determines the patient's injury was caused by or occurred during his/her employment, the patient is sent to Occupational Medicine for evaluation.
- Occupational Medicine will refer to Specialty Care as needed and will coordinate with billing and transcription.

### **Specialty Care:**

- An Authorization Coordinator from Occupational Medicine will coordinate the patient's specialty care referral.
- When a Specialty Care provider needs authorization for treatment, a task is sent to OM Case Management to obtain approval.



### **Forms:**

- Work Status forms are provided to the patient and a copy goes to the employer. The status is then entered into the case status screen.
- City employees are pre-authorized and they do not need authorization to be seen for treatment of their injury. A special work status form is used for city employees (see example)

## **Your Impact on the Bottom Line**



### **Best practices:**

- Book appointments with **IWC** or **WCV** for Occupational Medicine patients.
- Confirm the case description when scheduling to match referral.
- If case is closed or doesn't match, stop and investigate.

### **Booked Correctly:**

- The billing is sent to the correct insurance company.
- The transcription information preloaded correctly.
- The corresponding case can be selected in HCN.



### **Not Booked Correctly:**

- Mistakes in billing and report transcription can happen.
- SRSMG uses valuable resources in billing/other departments to correct errors.
- We can put the patient benefits and treatment at risk.

***Most medical treatment requires preauthorization from the workers' compensation insurance carrier. Lack of a proper report can delay treatment for the patient. If services occur without preauthorization from the Workers' Compensation insurance carrier, we risk not getting paid for medical treatment.***

One small action in the beginning really does affect SRSMG's bottom line.

### **Not sure about booking an appointment?**

- Stop and investigate.
- Contact Occupational Medicine onsite or closest to you or call Case Management (858) 262-6306 to confirm the process.

## **Scheduling Occupational Medicine Patients**



**Two main visit types:** **IWC** = Initial Work Comp Visit (Initial e.g. NOV or COM)  
**WCV** = Work Comp Visit (Follow up e.g. RCK)

If someone is calling from outside SRSMG to schedule a **New Workers' Compensation patient in Specialty Care**, **please STOP**. This includes outside physician's offices, attorneys, adjusters, and nurse case managers.  
Please transfer them to (858) 262-6306 to speak with Roberta Curry in Occupational Health Services Case Management for screening.

## **ROADMAP FOR SUCCESS – 7 EASY STEPS**



**When scheduling an Occupational Medicine patient you must:**

1. Schedule using a Work Comp visit type.
2. Include the body part or the diagnosis in Comment section, first line.
3. Enter the expiration date of the authorization in the Comment 1 section (Next to the body part/diagnosis).
4. Enter the case number. Be sure to verify the case Description matches the diagnosis or body part.
5. Change the patient condition to reflect "Employment", then enter "T" then press the tab key to return to the appointment (see example on back of page)
6. Enter the authorization number including any letters (without any special characters including commas, slashes, etc.) in the "AUTH" box. Can also enter the adjuster's name, or the words PASSPORT or PREAUTH.
7. Enter the referring physician name.

OM AW Menu ▼		Break Link		Hide VTB	
<b>Scheduler</b>		New Appointment		Appointment List	
Scheduler Patient Services Occ Med Activities Sched Archive Credit Card OWA Email Dict View		<b>RGTEST, OCCMED</b> Select Patient ▼		SHC#: 103-620-698 DOB: 01/01/1923 A-S: 96 years-F IFD: HMO: H Phone: 619-	
Appointment Data Form					
This screen is driven by the 'Condition Related to' Field in the VQ1 Screen. Depending on the condition, please enter a date.					
Patient Condition Related to:				EMPLOYMENT	
Date of Incident or Last Menstrual Period:				<input type="text"/>	
If Auto Accident, enter State:				<input type="text"/>	
Automated Appointment Notification Result:					
Date:		Time:		Type:	
Checkpoint:				Status:	
Result:					
				<input type="button" value="Previous"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>	

If you are unsure about whether or not a patient should be scheduled under w/comp, please call Case Management at (858) 262-6306.

### Work Status:

The work status (PR-2) form needs to be completed by the provider each time a workers' compensation patient is seen. If the provider does not feel comfortable commenting on the work status, he/she can write "*no change in status*" which will defer the work status to the primary treating physician. Please call (858) 262-6306 if there are any questions regarding this.

The work status must be entered the same day as the patient's visit, preferably prior to leaving the office.

### Instructions:

To enter the work status, enter the case screen, select the gray "page" icon, select "D for status screen", enter the date of the visit, body part, work status, next office visit, M.D. name, and the work status and your username/location. For assistance, please call (858) 262-6306.

### Follow Up Appointments:

If possible, follow up appointments are requested to be scheduled prior to the patient leaving the office, before the work status is entered.

## Work Status Form – Example 1 (Most Carriers)



☐ Chula Vista - (619) 585-4050    ☐ La Mesa - (619) 644-6600  
☐ Downtown - (619) 446-1524    ☐ Sorrento Mesa - (858) 526-6150  
☐ Kearny Mesa - (858) 616-8400    ☐ Rancho Bernardo - (858) 521-2350

### WORK STATUS REPORT

(See reverse side for locations.)

Employee Name: _____  SRSMG #: _____  Case #: _____  <div style="text-align: center;">(Attach Label)</div>	<b>FIRST AID ONLY: Yes <input type="checkbox"/> No <input type="checkbox"/></b> Date: _____ Time In: _____ Time Out: _____ Date of Injury: _____ Work related Event: Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate <input type="checkbox"/> Visit: Initial <input type="checkbox"/> Recheck <input type="checkbox"/> Final Visit <input type="checkbox"/> Prescription Medication: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Start <input type="checkbox"/> Continue Therapy _____ times/week for _____ weeks Estimated Full Duty Date: _____ Anticipated Date for MMI: _____
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#### To Be Completed By Employer:

Company Name: _____	Phone #: _____
Authorization _____	
Signature: _____	Contact Person: _____

#### Work Status:

- ☐ Return to regular work, effective date: \_\_\_\_\_  
☐ Unable to return to work, effective date: \_\_\_\_\_ / Estimated Duration: \_\_\_\_\_  
☐ Modified work, effective date: \_\_\_\_\_ / Estimated Duration: \_\_\_\_\_

#### Modified Work Status:

- |  |  |
|--|--|
| Dominant Hand <input type="checkbox"/> L <input type="checkbox"/> R<br><input type="checkbox"/> No driving of any/commercial vehicles<br><input type="checkbox"/> No working near moving machinery<br><input type="checkbox"/> No prolonged sitting<br><input type="checkbox"/> No prolonged standing & walking<br><input type="checkbox"/> Elevate injured extremity to decrease swelling<br><input type="checkbox"/> Crutches/Cane for Assisted Ambulation<br><input type="checkbox"/> Sitting work only<br><input type="checkbox"/> No kneeling or squatting<br><input type="checkbox"/> No repetitive climbing, bending or twisting<br><input type="checkbox"/> Weight lifting restrictions _____ lbs.<br><input type="checkbox"/> Sedentary work only<br><input type="checkbox"/> _____ | <input type="checkbox"/> Keep injured part clean, dry & covered<br><input type="checkbox"/> No use of Right/Left hand/upper extremity<br><input type="checkbox"/> No/Limited pushing/pulling/grasping/torquing of Right/Left hand<br><input type="checkbox"/> Repetitive hand/wrist work limited to _____<br><input type="checkbox"/> Keyboard work limited to _____<br><input type="checkbox"/> Can work in splint/support only/as needed<br><input type="checkbox"/> Hand/Neck/Back stretching breaks for _____<br><input type="checkbox"/> Rotate job tasks to minimize continuous repetitive hand/wrist motion<br><input type="checkbox"/> No overhead lifting or reaching with Right/Left upper extremity<br><input type="checkbox"/> No overhead work<br><input type="checkbox"/> Avoid prolonged neck flexed/extended/twisted posture.<br><input type="checkbox"/> No forceful pushing or pulling<br><input type="checkbox"/> _____ |
|--|--|

#### Physician Remarks to Employer:

Next Appointment: \_\_\_\_\_ Refer To: \_\_\_\_\_

Please contact the Occupational Medicine Coordinator at the above checked location if you have any questions or if more information is required.

DO NOT FAX BELOW DOTTED LINE

Physicians Remarks to Employee:	Prescriptions:     Dx: _____ SRS MD # _____
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Provider Signature: \_\_\_\_\_

SHC 001 192 S (Rev. 6-1-2012) AMS # 30681 50/PKG



## Work Status Form – Example 2 (City of San Diego)



THE CITY OF SAN DIEGO

### Medical Status Report for Occupational Injury or Illness

**INSTRUCTIONS:** Employee must submit this form to physician for completion at each medical evaluation. This is not required for each physical therapy visit. Submit completed leave slip to supervisor or department designee after every visit.

EMPLOYEE				
PRINT NAME (LAST, FIRST, MI)	CLASSIFICATION	SOCIAL SECURITY NUMBER	CITY I.D. NUMBER	
DEPARTMENT / DIVISION	DATE OF INJURY	REOCCURRENCE OF OLD DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IMMEDIATE SUPERVISOR	SUPERVISOR PHONE NUMBER
BRIEF DESCRIPTION OF OCCUPATIONAL INJURY OR ILLNESS				

THE FOLLOWING IS AN UPDATE OF MY MEDICAL STATUS IN REGARD TO INDUSTRIAL LEAVE, AND/OR LIGHT DUTY, TO PRESERVE MY BENEFITS UNDER THE APPROPRIATE PROGRAM I WILL SUBMIT A MEDICAL STATUS REPORT EACH TIME I RECEIVE AUTHORIZED MEDICAL TREATMENT.

I HEREBY AUTHORIZE RELEASE OF MEDICAL INFORMATION REQUESTED BY MY EMPLOYER.

**X**

Signature

Date

Phone

\*INDUSTRIAL LEAVE IS SUBJECT TO APPROVAL BY RISK MANAGEMENT IN ACCORDANCE WITH A.R. 63.00.

PHYSICIAN				
TREATING PHYSICIAN	ADDRESS		PHONE	
BRIEF PROGNOSIS	DATE OF VISIT	DID INJURY RESULT IN AGG. OF PRE-EXIST. NON-IND. CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WORK RELATED INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INITIAL VISIT <input type="checkbox"/> RECHECK <input type="checkbox"/> FINAL VISIT

☐ RETURN TO REGULAR WORK – EFFECTIVE DATE: \_\_\_\_\_

☐ RETURN TO WORK WITH FOLLOWING RESTRICTIONS:

<input type="checkbox"/> NO DRIVING OF ANY/COMMERCIAL VEHICLES	<input type="checkbox"/> LIMITED PUSHING/PULLING/GRASPING OF RIGHT/LEFT HAND
<input type="checkbox"/> NO WORKING NEAR MOVING MACHINERY	<input type="checkbox"/> REPETITIVE HAND/WRIST WORK LIMITED TO _____
<input type="checkbox"/> NO PROLONGED SITTING	<input type="checkbox"/> KEYBOARD WORK LIMITED TO _____
<input type="checkbox"/> NO PROLONGED STANDING AND WALKING	<input type="checkbox"/> CAN WORK IN SPLINT/SUPPORT ONLY/AS NEEDED
<input type="checkbox"/> ELEVATE INJURED EXTREMITY TO DECREASE SWELLING	<input type="checkbox"/> HAND/NECK/BACK STRETCHING BREAKS FOR _____
<input type="checkbox"/> SITTING WORK ONLY	<input type="checkbox"/> ROTATE JOB TASKS TO MINIMIZE CONTINUOUS REPETITIVE HAND/WRIST MOTION
<input type="checkbox"/> NO KNEELING OR SQUATTING	<input type="checkbox"/> NO OVERHEAD LIFTING OR REACHING WITH RIGHT/LEFT UPPER EXTREMITY
<input type="checkbox"/> NO REPETITIVE CLIMBING, BENDING OR TWISTING	<input type="checkbox"/> NO OVERHEAD WORK
<input type="checkbox"/> WEIGHT LIFTING RESTRICTIONS _____ LBS.	<input type="checkbox"/> AVOID PROLONGED NECK FLEXED/EXTENDED POSTURE
<input type="checkbox"/> SEDENTARY WORK ONLY	<input type="checkbox"/> _____
<input type="checkbox"/> LIMITED USE OF RIGHT/LEFT HAND/UPPER EXTREMITY	<input type="checkbox"/> _____

☐ UNABLE TO PERFORM ANY WORK ACTIVITIES AT THIS TIME. EST. DURATION: \_\_\_\_\_

NEXT APPT. DATE \_\_\_\_\_ PHYS. SIGNATURE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_

PHYSICAL THERAPY					
PHYSICAL THERAPY FACILITY _____					
DATE _____	TIME IN _____	TIME OUT _____	DATE _____	TIME IN _____	TIME OUT _____
DATE _____	TIME IN _____	TIME OUT _____	DATE _____	TIME IN _____	TIME OUT _____
DATE _____	TIME IN _____	TIME OUT _____	DATE _____	TIME IN _____	TIME OUT _____

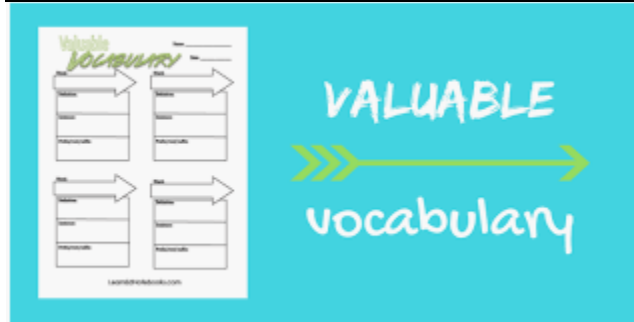
DEPARTMENT	
LIGHT DUTY <input type="checkbox"/> IS <input type="checkbox"/> IS NOT AVAILABLE AT THIS TIME. ASSIGNMENT: DEPT./DIV. _____	
WORK LOCATION _____	SUPERVISOR _____ PHONE _____
Light Duty Coordinator _____	Date _____

PAYROLL	
INC. DATES OF ABSENCE: FIRST DATE _____ LAST DATE _____	# OF HRS. ABSENT _____
RECOMMEND: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> PENDING	
Division Head / Designee _____	

RM-1634 (4-10)

WHITE: RISK MANAGEMENT CANARY: DEPARTMENT PINK: EMPLOYEE

## **Workers' Compensation Vocabulary**



### **Adjuster or Claims Examiner:**

The adjuster is the person at the work comp insurance company who approves or denies treatment (they can also designate a UR company to review treatment requests). They are responsible to administrate the patient's claim.

### **Nurse Case Manager:**

The Nurse Case Manager is assigned by the Workers' Compensation insurance company to ensure that the patient is receiving proper medical treatment in a timely manner.

### **PTP or Primary Treating Physician:**

This is the main work comp physician who needs to see the patient every 45 days and is responsible for completing the permanent and stationary report.

### **MMI or Maximum Medical Improvement:**

This is determined by the PTP- this is when the patient is basically "as good or as stable as they are going to get".

### **P&S or Permanent and Stationary:**

This is the rating given by the PTP indicating that the patient has reached maximum medical improvement. Patients may still receive treatment, but it is important to read the P&S report to see if the patient is entitled to future medical care. Authorization for care should always be verified with the adjuster.

### **Modified Duty:**

This is a work status which allows the patient to return to work with certain restrictions (i.e.: no lifting >5lbs or no use left upper extremity) which are given by the physician.

**Temporary Total Disability (TTD):** Patients are placed on TTD when the nature of their injury is so severe that they can't work, even with restrictions. While TTD, injured workers are paid for time off work by their adjuster.

### **Utilization Review:**

This process occurs when treatment is needed. RFA (Request for Authorization) is submitted to Utilization Review to certify medical necessity. Most treatment requires preauthorization through Utilization Review.

## **Instructions to Enter a Work Status into Advanced Web**

- Follow-up appointment should be made prior to entering a work status.
- If the patient is not going to see the same provider again (i.e.: the patient is being sent back to Occ Med), please contact the Occ Med clinic by phone or email so that a follow-up appointment will be scheduled. If the patient's primary treating physician or referring physician is outside Sharp Rees-Stealy be sure to note it in the status screen (ex: patient to return to outside M.D. who is PTP).

## To Begin:

- Verify the patient in the Advanced Web Patient Profile Screen
- Select Case List
- 

The screenshot displays the Sharp Rees-Stealy Patient Services web application. The top navigation bar includes links like 'PSR AW Menu', 'Break Link', and 'Hide VTB'. The main header shows the patient's name 'SRSTEST, ALPHA' and various identifiers (SHC#, DOB, A-S, IFD, HMO, H Phone, Facility, BAF, BGAF). The left sidebar lists navigation options such as 'Scheduler', 'Patient Services', 'Front Desk', 'TES Activities', 'BAR Activities', 'Sched Archive', 'Credit Card', 'OWA Email', 'View Dictionary', 'Dict View', 'ETM Solutions', 'MPV Portal', and 'Tru Clinic'. The main content area is divided into several sections: 'Registration' (Home, Work, Email, Ins, Upd), 'Financials' (Current Stmt Balance, Financial Assistance, Check In, Check Out, Financial Inquiry, Case List, Invoice List), 'Appointments' (Last, Next, Appointment List, New Appointment), 'Chart Tracking' (Chart Request, View Chart, Chart Transfer), 'Referrals' (Referral List), and 'Visits' (Visit List). A red box highlights the 'Check In' link under the 'Financial Assistance' section. The bottom of the page features the Sharp Rees-Stealy logo and the text 'SHARP'.

- Select the case status that will be entered into. To choose a case, click on the box next to the case number and click on the Add/Edit button. Main Screen will be in edit mode.

Centricity® Framework - Microsoft Internet Explorer provided by SHARP HealthCare Default Setting

AW Menu Break Link Hide VTB Tools ? Help X Logoff

Scheduler  
Patient Services  
Occ Med Activities  
Sched Archive  
Send Email  
Credit Card  
OWA Email  
Dict View

## RGTEST, OCCMED

SHC#: 103-620-698 IFD: Facility: SRS  
DOB: 01/01/1923 HMO: BAF:  
A-S: 89 years-F H Phone: 619-544-2215 BGAF:

Select Patient ▼ i

### Case List

Filter: Off

Case	Type	Class	Status	Archived	1st Srv	Lst Srv	Inj Dt	Description
<input checked="" type="checkbox"/> 75760	INT	WC	OPEN		06/13/04		06/13/04	TESTING ROUTINE MOV...
<input type="checkbox"/> 1075656	SOS	E	CLOSED		12/15/09	12/30/09		TEST SOS

☐ 775760

Actions OK Cancel

Centricity® Framework - Microsoft Internet Explorer provided by SHARP HealthCare Default Setting

AW Menu Break Link Hide VTB Tools ? Help X Logoff

Scheduler  
Patient Services  
Occ Med Activities  
Sched Archive  
Send Email  
Credit Card  
OWA Email  
Dict View

## RGTEST, OCCMED

SHC#: 103-620-698 IFD: Facility: SRS  
DOB: 01/01/1923 HMO: BAF:  
A-S: 89 years-F H Phone: 619-544-2215 BGAF:

Select Patient ▼ i

### Add/Edit Case - Main screen

Patient: RGTEST, OCCMED MRN: 04-10-33-73  
Pat Emp: Pat FSCs:  
Open cases: 1 Closed cases: 1 OM: 0211-25-25 MOM  
775760 WC 06/13/2004

Case: 775760 Type: INT Class: WC Date First Service: 06/13/2004  
Alternate Case #: Case Status: OPEN Date Last Service:  
W/C Claim #: 1236 Upd: 12/05/2011 by: SIMMA  
W/C Date of Inj: 06/13/2004 W/C Emp: ANDY BELLO PLUMBING  
W/C Policy: Eff Dt: 01/01/2004

Location First Service: KMOM Pkg ID Pkg Desc Pkg Eff Dt  
Billing Employer: 1 2  
Billing Insurer: STATE COMP/PINEDALE 2  
Case FSCs: 405 Case Guarantor: 103-620-698  
1 ) OTHER WORK COMP (MISCEL) HCN Participant: N  
Auth. #: Auth. Date: 06/13/2004 Auth. Phone: 909-555-4514  
Authorized by: TIREA FISHER Employer Dept: IM  
Employer Comments Case Description: TESTING ROUTINE MOVE 61304

Page OK Cancel

Centricity® Framework - Microsoft Internet Explorer provided by SHARP HealthCare Default Setting

AW Menu Break Link Hide VTB

**Schedule**

Scheduler  
Patient Services  
Occ Med Activities  
Sched Archive  
Send Email  
Credit Card  
OWA Email  
Dict View

**RGTEST, OCCMED** SHC#: 103-620-698 IFD: Facility: SRS  
DOB: 01/01/1923 HMO: BAF:  
A-S: 89 years-F H Phone: 619-544-2215 BGAF:

Select Patient Add/Edit Case - Main screen

Patient: RGTEST, OCCMED MRN: 04-10-33-73  
Pat Emp: Pat FSCs:  
Open cases: 1 Closed cases: 1 OM: 0211-25-25 MOM  
775760 WC 06/13/2004

Case: 775760 Type: INT Class: WC Date First Service: 06/13/2004  
Alternate Case #: Case Status: OPEN Date Last Service:  
W/C Claim #: 1236 Upd: 12/05/2011 by: SIMMA  
W/C Date of Inj: 06/13/2004 W/C Emp: ANDY BELLO PLUMBING  
W/C Policy: Eff Dt: 01/01/2004  
Location First Service: KMOM Pkg ID Pkg Desc Pkg Eff Dt  
Billing Employer: 1  
Billing Insurer: STATE COMP/PINEDALE 2  
Case FSCs: 405 Case Guarantor: 103-620-698  
1 ) OTHER WORK COMP (MISCEL) HCN Participant: N  
Auth. #: Auth. Date: 06/13/2004 Auth. Phone: 909-555-4514  
Authorized by: TIREA FISHER Employer Dept: IM  
Employer Comments Case Description: TESTING ROUTINE MOVE 61304

Page  
☒ A - Main screen  
☐ B - Case notes  
☐ C - Audit trail  
☒ D - Status screen  
☐ E - Reports  
☐ F - Illness Report Information  
☐ G - Employer's comment  
☐ H - Work Restrictions - 1  
☐ I - Work Restrictions - 2

OK Cancel

CF  
SHARP

- Once you have opened the case, select the icon labeled "Page" with the arrow pointing down (See example below).
- Click on "D- Status Screen" to go directly to the status screen.

Centricity® Framework - Microsoft Internet Explorer provided by SHARP HealthCare Default Setting

AW Menu Break Link Hide VTB Tools ? Help X Logoff

Scheduler  
Patient Services  
Occ Med Activities  
Sched Archive  
Send Email  
Credit Card  
OWA Email  
Dict View

# RGTEST, OCCMED

SHC#: 103-620-698 IFD: Facility: SRS  
DOB: 01/01/1923 HMO: BAF:  
A-S: 89 years-F H Phone: 619-544-2215 BGAF:

Select Patient ▼ i

## Add/Edit Case - Status screen

Patient: RGTEST, OCCMED Case: 775760 OM: 0211-25-25  
W/C Carrier: STATE COMP/PINEDALE Date of Injury: 06/13/2004  
Address: PO BOX 65005 Phone: 888-782-8338  
City, St: PINEDALE, CA Zip: 93650-5005

Service	Date	Diagnosis	Status	Req	Status	Recheck	Date	Provider
1	08/05/2008			INACTIVE MO				
Notes 1: NO ACTIVITY FOR MORE THAN 90 DAYS/NOCCA1								
2:								
2	06/13/2004	401.1		MODIFIED DU		06/27/2004		POWER MD, ROBERT D
Notes 1: TESTING ROUTINE MOVE 061304. LOOKING GOOD								
2:								
3								
Notes 1:								
2:								
4								
Notes 1:								
2:								

Page ▼ OK Cancel

CF SHARP

User: CURRO1 Site: Sharp Rees Stealy - San D... Done.

- Press tab to the first blank space.
- Enter the date, or enter "T" for today's date.
- Tab to each section. Be sure to fill in each section in CAPS as described at the top i.e.: Diagnosis, Status, and Recheck Date. Under Diagnosis, enter the body part or condition i.e.: Rt Arm or Fx Lt Knee. Note: To select correct status, click on magnifying glass icon and select from the list. Once the complete status has been entered, click OK. Be brief in the case description field and include your user name and site i.e.: LOCAL/GMPPOD.
- To confirm you have entered the status correctly, select "View" from the Add/Edit Main Case Screen, and click the "down" arrow, select "D-Status Screen".



## **Occupational Health Case Management**

### **Case Management Specialty Care/Educator:**

Please contact for Specialty Care authorizations except Physiatry and General Surgery scheduling questions.

Roberta Moran Curry

Ph: (858) 262-6306

Fx: (858) 637-6506

### **Physiatry/Dr. Robert Scott:**

Please contact for Physiatry/PM&R/Pain Management

Cathy Simmerman

Ph: (858) 616-8400 Option 1, Option 2

### **General Surgery:**

Roxann Pena

Ph: (858) 499-6505

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To request **STAT** Specialty Care Occupational Medicine reports, please email your request to: OHS Transcription. Include the patient's name, provider's name, date of the visit, and the encounter/visit number.

For billing inquiries, please contact the Occupational Medicine Business Office at (858) 499-3650.

### **Mailing address:**

5651 Copley Drive, Ste. A, San Diego, CA 92111

\*Please note\* No patients are seen at the Copley Drive location.