Doctor's First Report of Occupational Injury Or Illness

Online System User Manual

Version 1.0

02/13/2020

Table of Contents

1. Introduction 1

2. Overview 2

2.1 Form Actions 3
2.2 Cautions & Warnings 3

3. Getting Started and Exiting the system 4

3.1 Getting Started 4
3.2 Exit the workflow 8

4. Using the System 9

4.1 Workflow Dashboard 9
4.2 Filling out the Physician Profile 10
4.3 Filling out the Doctor's First Report form 13
4.4 Updating the Physician Profile 21

5. Troubleshooting & Support 24

5.1 Error Messages 24
5.2 Resources and Support 24

1. Introduction

Welcome to the Doctor's First Report of Occupational Injury or Illness (DFR) online system. The system allows a physician who treats an injured worker to register and electronically file a Doctor's First Report of Injury (DFR) with the Division of Workers' Compensation (DWC). Currently, physicians file a complete DFR with the employer's claims administrator. The claims administrator then sends a paper copy of the DFR by mail to the Department of Industrial Relations (DIR). The online system allows for standardized data to be filed and submitted directly to DWC.

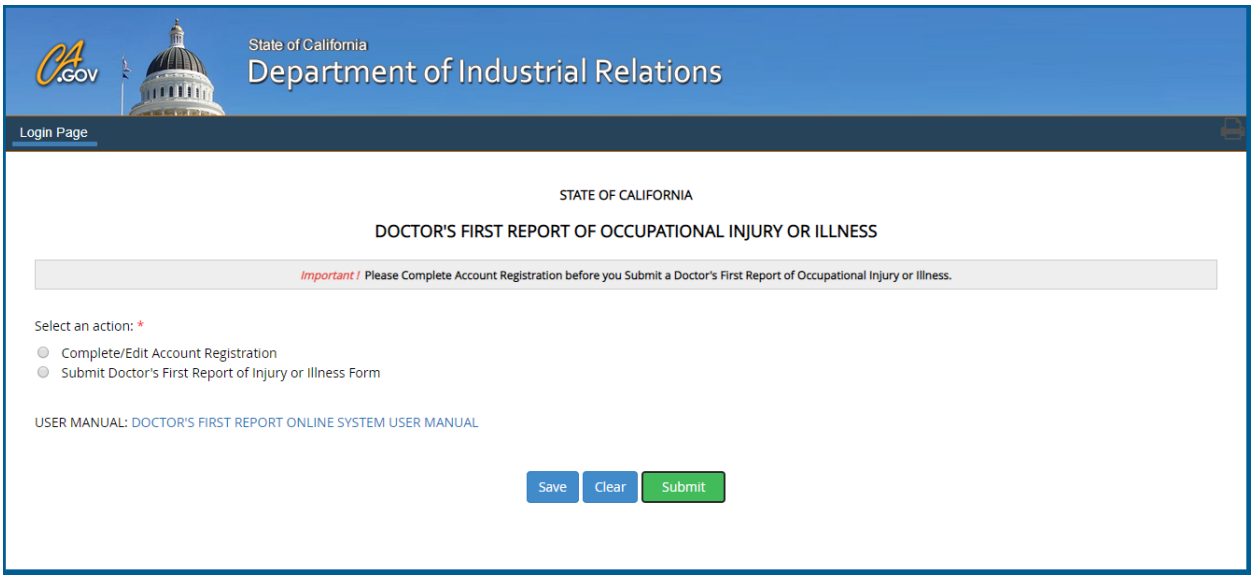
The following are some general rules for using the DFR online system:

- Access to the DFR online system is available to authenticated users only.
- Users will need to contact DIR via email to obtain a URL to access DFR online system.
- The physician's license number and email address will be used for account login identification.
- DFR online system will allow users to create and maintain their account.
- Users will have the ability to register up to five specialties.
- Users will have the ability to enter multiple medical office locations.

2. Overview

The DWC Doctor's First Report of Injury online system allows users to create new accounts or edit an existing account, and submit a DFR report form.

- When users access the DFR online system, a login page is displayed.



- To create or edit an account profile, click on the **Complete/Edit Account Registration** button. You will only need to create an account profile the first time you access the system. User account information will be saved and will automatically populate a DFR being filled out.
- You will need to wait 24 hours after registration to submit a DFR.

- *To submit a DFR, click on **Submit Doctor's First Report of Injury or Illness Form** on the login page. Fill out the form, then click **Submit**.*

2.1 Form Navigation

- Click **Save** to save your information.
- Click **Clear** to clear the screen without saving your information.
- Click **Back** to go back to the previous screen.
- Before submitting your completed DFR, click **Validate Form.** Warning or error messages will display if any fields are missing or in an incorrect format. You may then make corrections to the data. Click **Submit** to submit your completed form.

NOTE
Then Save button allows you to save your entries on a form without submitting it. To submit a completed form, you must click the **Submit** button.

2.2 Cautions & Warnings

- To prevent data loss, save your document frequently
- Do not click on the browser refresh icon. It will clear any unsaved data.
- Once the **Submit** button is clicked, the document cannot be edited.

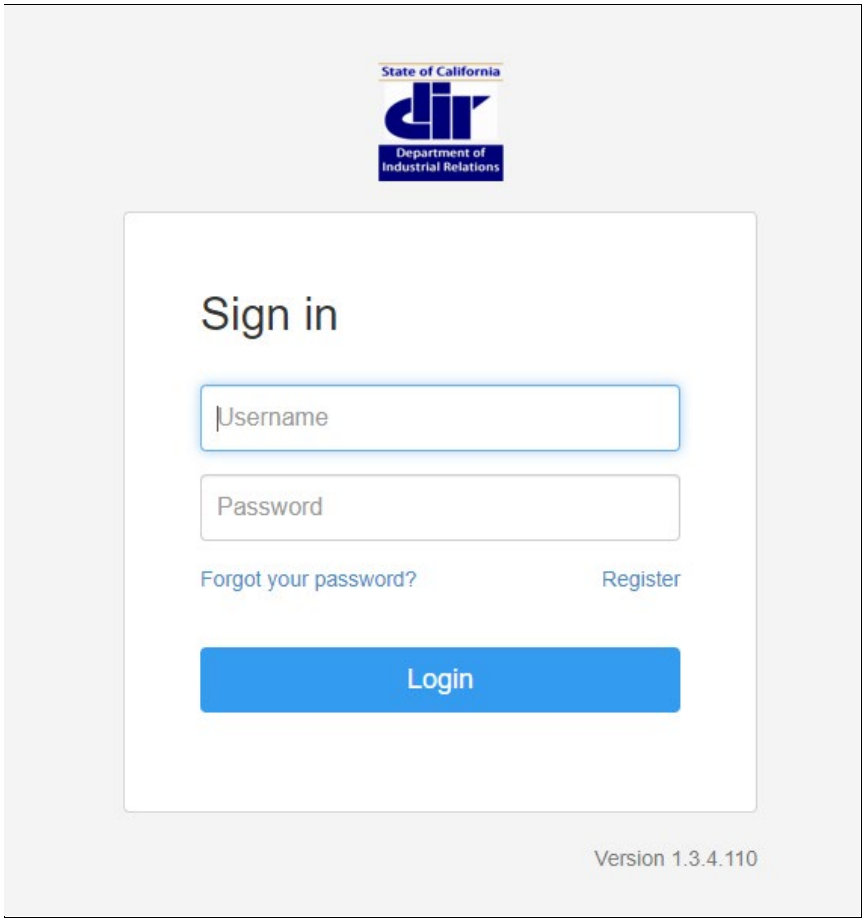
3. Entering and Exiting the System

3.1 Getting Started

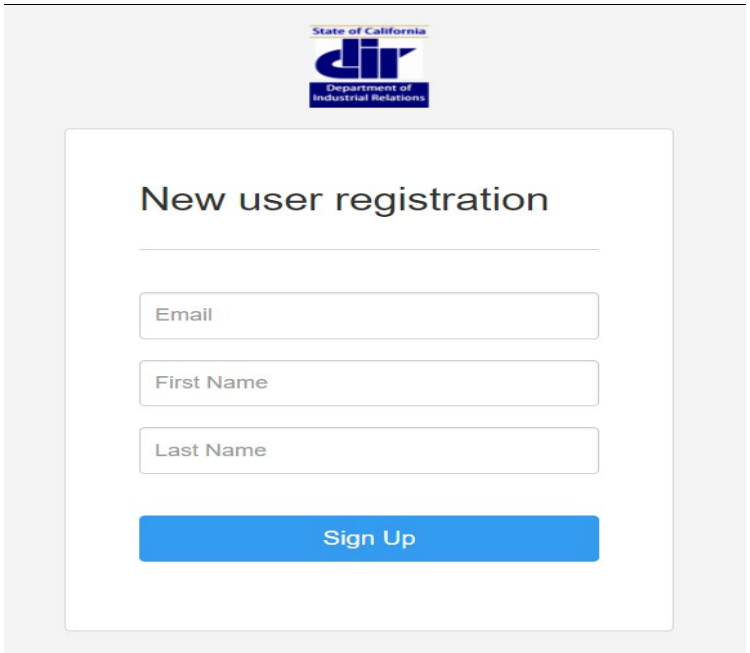
Access to the DFR online system is available to authenticated users only. Please contact DIR via email to obtain a URL with which to access DFR online system. Once you have received the URL and accessed the login page, follow the **three** steps below.

1. Account Registration:

- Click on **Register** on the sign in screen

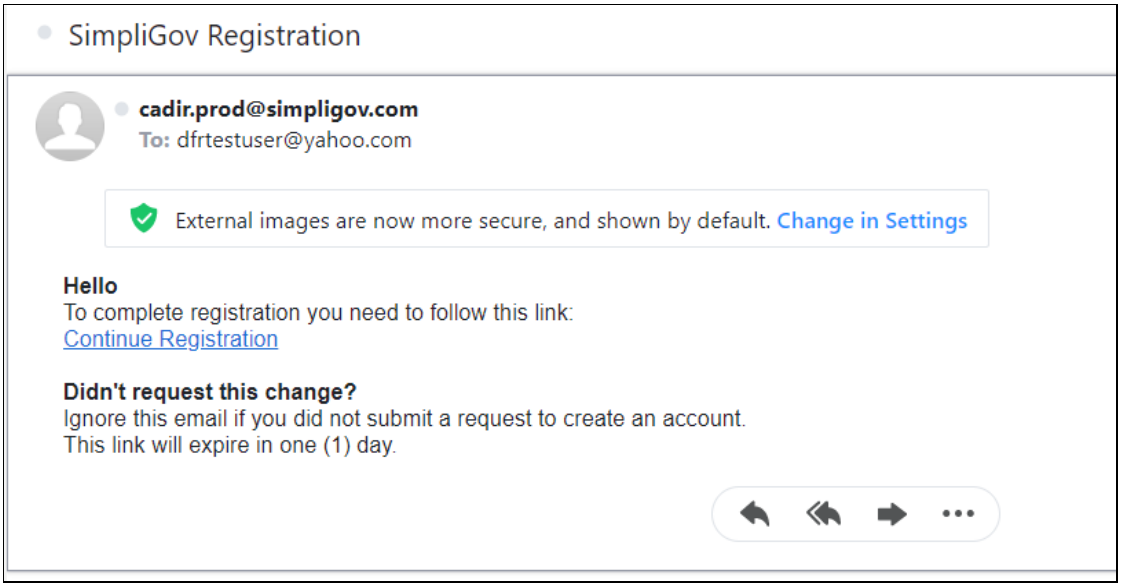


- Enter your **Email** (this will be your username), **First Name** and **Last Name,** then click on **Sign Up**

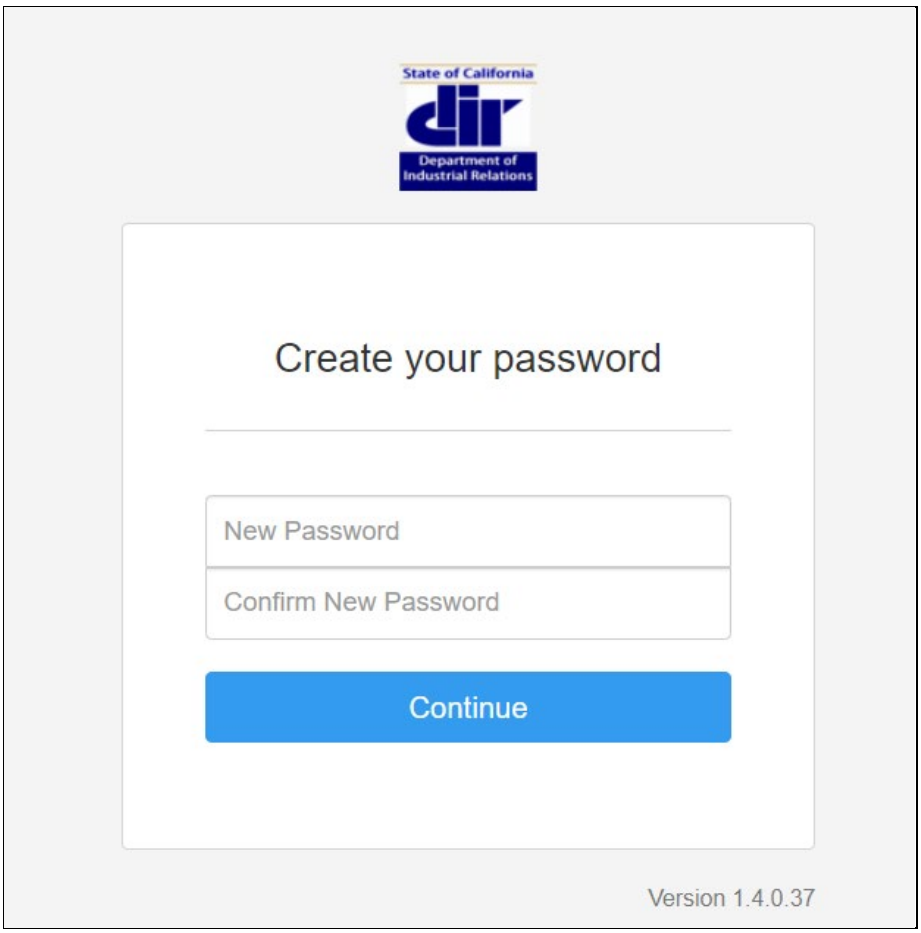


A notification email with instructions to complete account registration will be sent to your email address

- Use the **Continue Registration** link in the email to continue

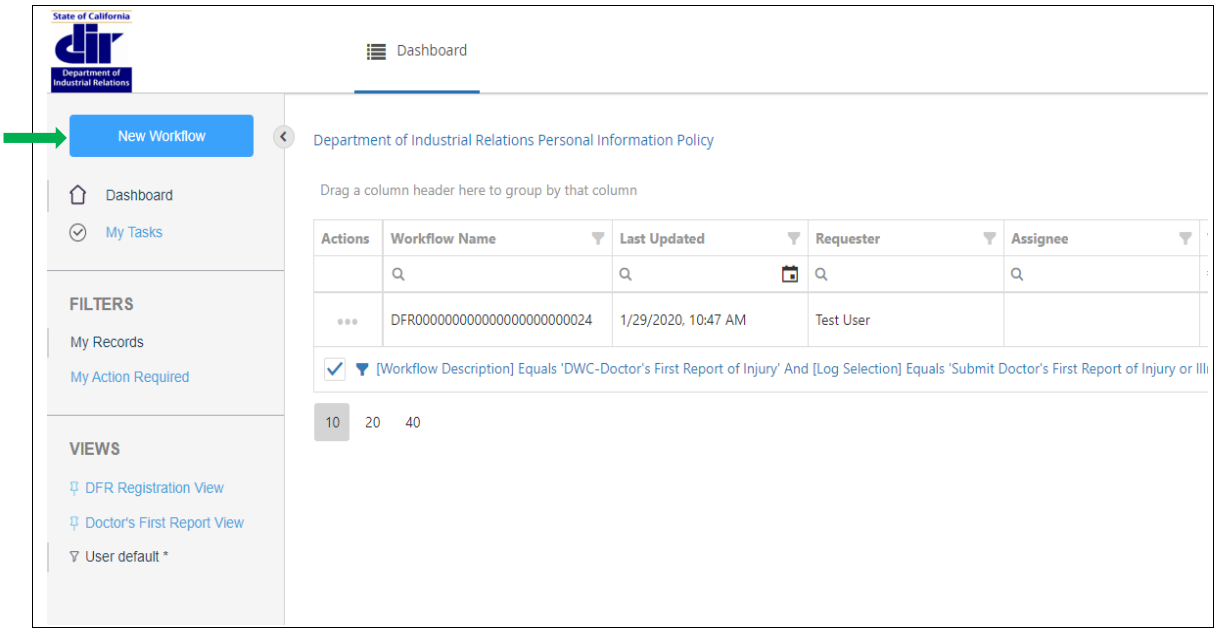


- Enter your password, then enter again to confirm. All passwords must be at least 8 characters, contain at least three of the four categories: upper case, lower case, a numeral, and a special character. Click **Continue.**

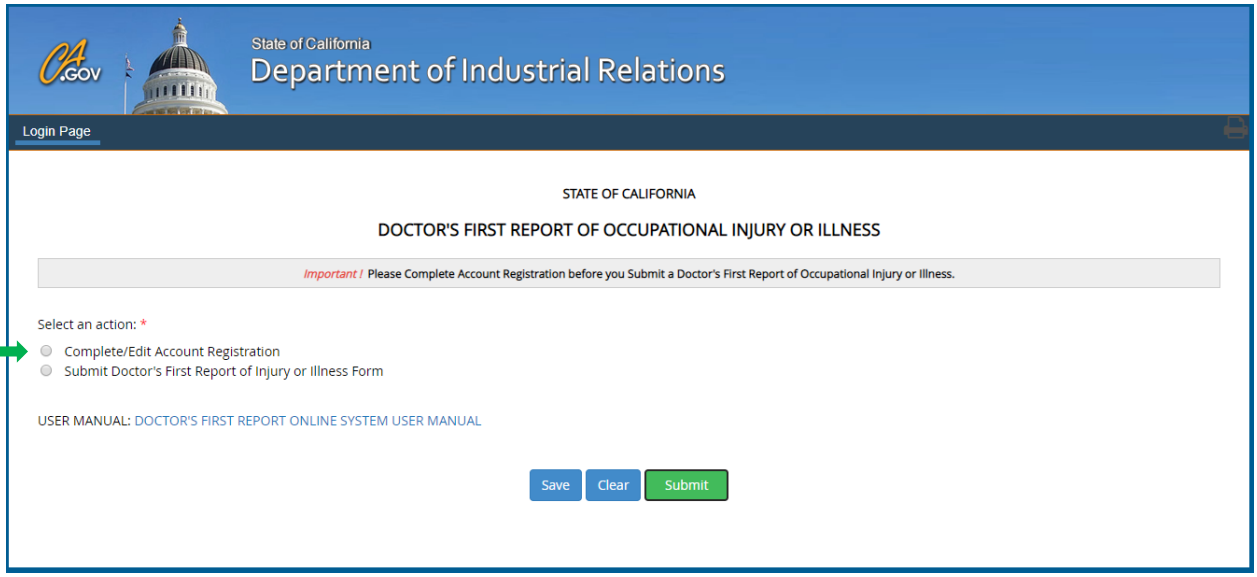


2. Complete Account Profile:

- Click on the **New Workflow** box on the top left side of the screen and select DWC-Doctor's First Report of Injury in the drop-down menu.



- This will open the DFR login page. To create your account profile, select **Complete/Edit Account Registration** to fill out the form and click **Submit**.



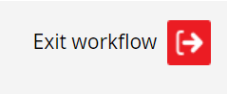
Please wait 24 hours after completing account profile registration to submit Doctor's First Report Form.

3. Submit Doctor's First Report Form:

- To submit a DFR, go to the login page and select **Submit Doctor's First Report of Injury or Illness Form** and click **Next** to start filling out the form. You can click on the Instructions link on top of the form for instructions on how to complete the Doctor's First Report. In addition, pop-up tooltips provide more information appear when you hover over each field. Click **Submit** when you have completed the form.

3.2 Exit the workflow

To exit the system, click the Exit workflow button on the right top of the screen.



4. Using the System

4.1 Workflow Dashboard

The Workflow Dashboard displays when you initially access the DFR online system. The **New Workflow** menu to the left of the Workflow Dashboard shows available workflow templates. Select **DWC-Doctor's First Report of Injury** to access the DFR online system.

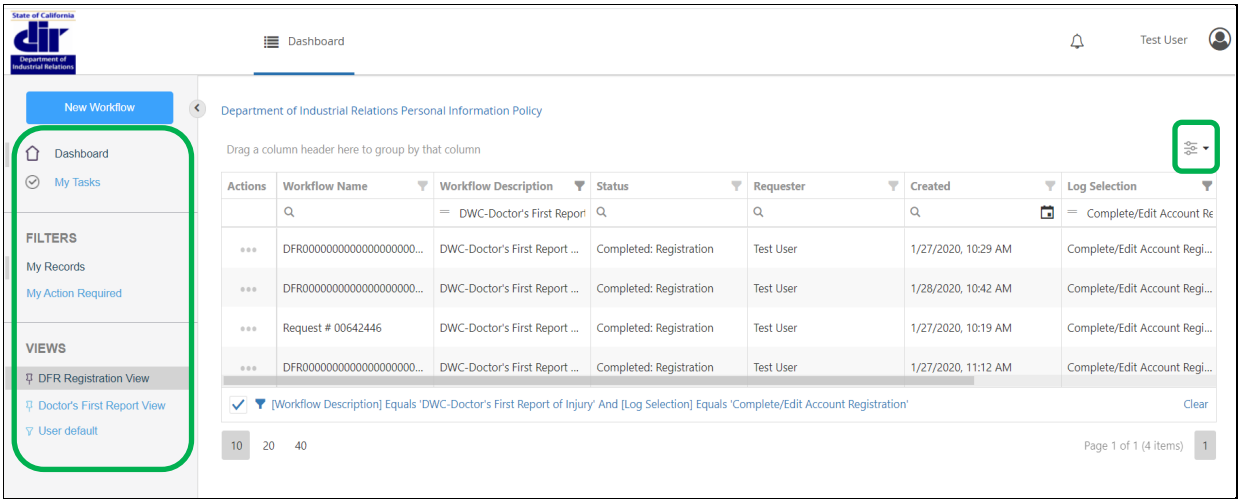
- Use the **Filters** to toggle the Dashboard between **My Records**, **My Action Required**, and **My Tasks**.

- Three **Views** are available:

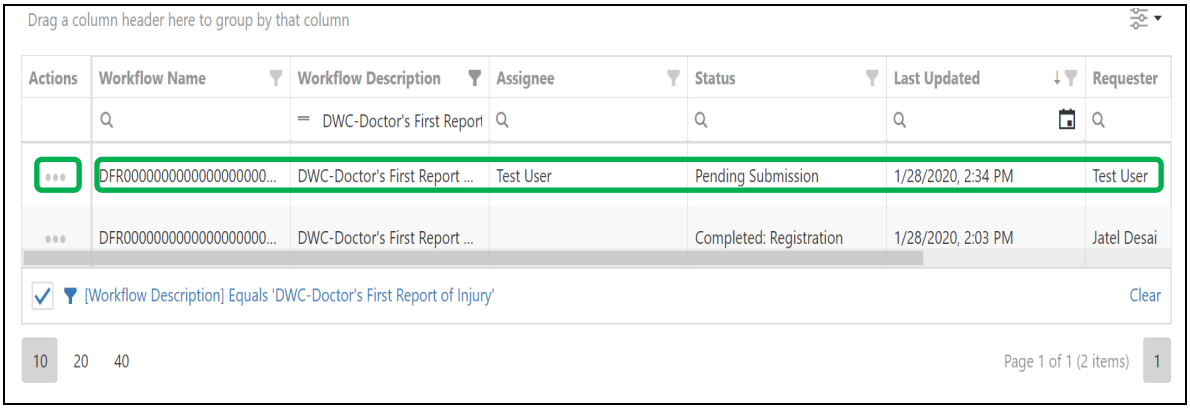
  - **DFR Registration View** filter displays your DFR Registration workflows
  - **Doctor's First Report View** filter displays your Doctor's First Report submissions
  - **User Default** is the system default filter that displays all workflows.

- You can further customize the Dashboard by clicking on this icon above the workflow records area on the right. Click **Select Columns**. The Select Columns pop-up will appear, listing all currently displayed columns. Click **x** next to a column to delete it from the display list.

- To add a column, use the drop-down to search for columns you would like to add. Click **Add** and then **Save**.



- If you click **Save** after filling out a DFR, the workflow **Status** will show as **Pending Submission**. To continue filling out the pending submission, click the ••• icon in the Actions column to open the Actions menu, then select Edit Request. Click **Submit** after filling out the form to complete the submission. The workflow Status will be changed to **Completed Registration.**



4.2 Filling out the Physician Profile

On the first page of Doctor's First Report, select action **Complete/Edit Account Registration** to fill out the Physician Profile form.

The Registration form will display as below:

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT REGISTRATION

Welcome: Thu Vu

ttvu@dir.ca.gov

Instructions: Completing the Doctor's First Report Registration Form

Physician Information

Enter License Number *

Click here to search License Number
Enter Physician details below if No results found

Enter datasource item Clear

Physician License State

CA

Physician NPI *

Select/Refresh from the NPPES NPI records
Selecting this will overwrite previously entered NPI data.

Enter datasource item Clear

Physician First Name *

Physician Middle Name

Physician Last Name *

Physician Address Line 1 *

Street and number, P.O. box

Physician Address Suite

Physician City *

Physician State *

Physician Zip *

Physician Organization Name

Physician Phone Number *

Physician Specialties

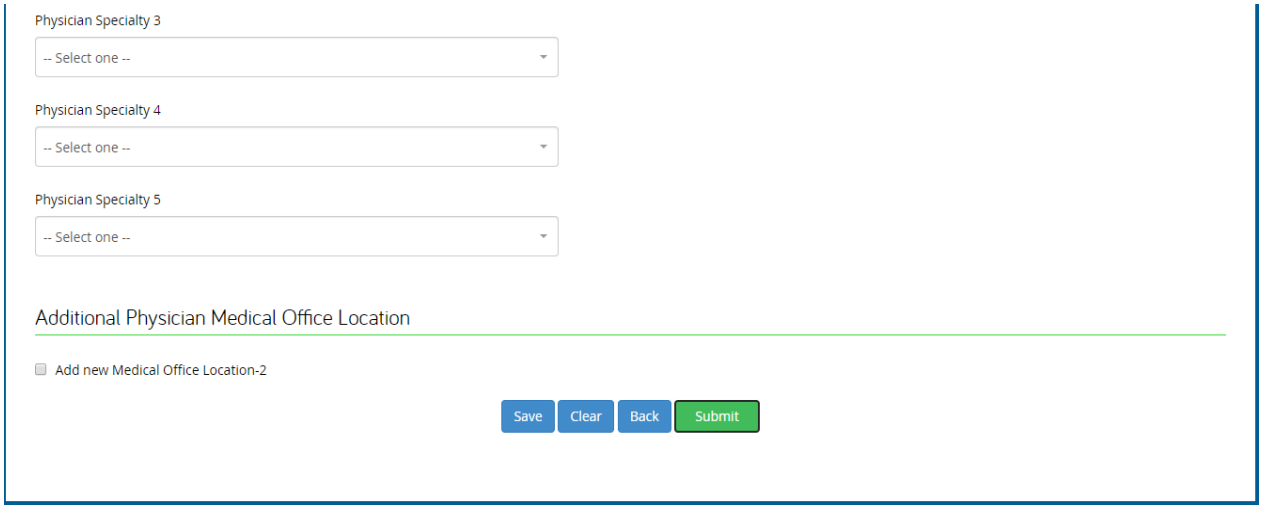
Add at least 1 and up to 5 specialties

Physician Specialty 1 *

-- Select one --

Physician Specialty 2

-- Select one --



Follow these instructions to complete the Registration Page.

- **Enter License Number** – Enter the physician license number. The field can contain letters, numbers, and spaces and must not exceed 30 characters.

- **Physician License State** – Select the appropriate two-character abbreviation.

- **Physician NPI** – Enter the Physician's National Provider Identification number. This is a unique 10-digit identification number and will be validated against the NPI database.

- **Select from the NPI records** – Click on the data retrieved from the drop-down list to place the selected data into this field. This will also automatically populate the data into appropriate fields for Physician's Name and Address.

- **Physician Organization Name** – Enter the organization name corresponding to the Master Federal Employer's Identification Number (FEIN) of your business entity. The field can contain letters, numbers, spaces and special characters (except the vertical bar or pipe character "|") and must not exceed 300 characters.

- **Physician Email** – Enter the email of the primary physical location of your business entity.

- **Physician Phone Number** – Enter the ten-digit phone number of the primary physical location of your business entity.

- **Physician specialty_1…5** – Select the physician specialty from the drop-down list. Click on "Add new specialty 2" checkbox to add another specialty. Select up to five specialties.

- **Physician Office 2…5 Address Look-up Tool** – Click on "Add new Medical Office Location-2" checkbox to add a new location and start typing the street address on "Physician Office 2 Address Look-up Tool-2". The matching address will come up and populate into appropriate address fields. Enter up to five Medical Office locations.

- Click the "**Submit**" button at the end of the page to submit your account registration.

4.3 Filling out the Doctor's First Report form

At the login page, click **Submit new Doctor's First Report Form (DFR)** to go to Doctor's First Report Page.

Note: Doctor's First Report Form cannot be updated after submission.

The Doctor's First Report Page screen will display:

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Welcome: Thu Vu

ttvu@dir.ca.gov

DFR Number:

Instructions: Completing the Doctor's First Report

Please wait 24 hours after registration to complete this form.

Physician Information

Select license details

Enter datasource item Clear

License Number: *

NPI

License State *

Doctor's First Report of Injury

1. Insurer Name *

Insurer Address Look-up *
Address selected will populate the address fields below

Start typing and select

Insurer Address (No. and Street) *

Street and number, P.O. box

Insurer Suite

Insurer City *

Insurer State *

Insurer Zip *

2. Employer Name *

Employer Address Look-up *
Address selected will populate the address fields below

Start typing and select

3. Address (No. and Street) *

Street and number, P.O. box

Employer Suite

City *

State *

Zip Code *

3. Address (No. and Street) *
Street and number, P.O. box

Employer Suite/Apartment

City *

State *

Zip Code *

4. Nature of Business *
(e.g. food manufacturing, building construction, retailer of women's clothes.)

5. Patient First Name *

Middle Initial

Last Name *

6. Sex *
Female Male Other

7. Date of Birth *
MM/dd/yyyy

Patient Address Look-up
Address selected will populate the address fields below
Start typing and select

8. Address *
Street and number, P.O. box

Patient Suite/Apartment

City *

State

Zip Code *

9. Phone Number *

10. Occupation (Specific Job Title) *

11. Social Security Number

Injury Location Address Look-up
Address selected will populate the address fields below
Start typing and select

12. Address No. & Street Where Injury Occurred *
Street and number

Injury Location Suite/Apartment

City Where Injury Occurred *

County *

13. Date of Injury or Onset of Illness *
06/17/2019

Hour of Injury or Onset of Illness *

Cumulative Injury? *
Yes No

14. Date Last Worked *
06/17/2019

15. Date of 1st Exam or Treatment *
06/17/2019

Hour of 1st Exam or Treatment *

16. Have you or your office previously rendered treatment? *
Yes No

17. Describe how the accident or exposure happened. *

18. Subjective Complaints *

19. Objective Findings

A. Physical Examination *

B. X-ray and laboratory results *

20. Diagnoses (if occupational illness specify etiologic agent and duration of exposure.)

Occupational illness? *
Yes No

Chemical or Toxic Compounds involved? *
Yes No

ICD_10 - 1
Enter datasource item
Clear

Etiologic Agent - 1
Y N

Duration of Exposure - 1

Diagnosis Description - 1

ICD-10 - 2
Enter datasource item Clear

Etiologic Agent - 2
Y N

Duration of Exposure - 2

Diagnosis Description - 2

ICD_10 - 3
Enter datasource item Clear

Etiologic Agent - 3
Y N

Duration of Exposure - 3

Diagnosis Description - 3

21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? *
(●) Yes ( ) No

22. Is there any other current condition that will impede or delay patient's recovery? *
( ) Yes (●) No

23. Treatment Rendered *

Is further treatment required? *
( ) Yes (●) No

25. Is hospitalized ? *
( ) Yes (●) No

26. Work Status

Is patient able to perform usual work? *
(●) Yes ( ) No

Date when patient can return to:

Regular work * 06/17/2019

Modified work * 06/17/2019

Specify restrictions *

☐ I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code section 139.3. *

Physician signature *

Signer's Name | Type | Draw | Upload | Clear

Physician First Name:

Physician Last Name:

Physician Phone Number:

Executed At *

Date Executed * 06/17/2019

Select from registered addresses

Enter datasource item | Clear

Validate Form

Save | Clear | Back | Submit

Follow these instructions to complete the Doctor's First Report.

Physician Information:

- **Select license details** – Click on the box, then select the registered license number. It will place the selected data into this field and automatically populate "License Number" and "NPI" fields.
- **License Number** – Auto-Populating
- **NPI** – Auto-Populating
- **License State** – Auto-Populating

Doctor's First Report of Injury

1. **Insurer Name** – Enter the insurer name. The field can contain letters, numbers, spaces and special characters, except the pipe character "|" and must not exceed 60 characters.
   Insurer Address Look-up – Enter the insurer address. As you type the street number, a drop-down list will appear. Select the appropriate address. This will automatically populate the data into this field as well as into those for Insurer Address, Insurer City, Insurer State, and Insurer Zip.

2. **Employer Name -** Enter the employer name. The field can contain letters, numbers, spaces and special characters, except pipe characters "|" and must not exceed 60 characters.
   Employer Address Look-up – Enter the employer address. As you type the street number, a drop-down list will appear. Select the appropriate address. This will automatically populate the data into this field as well as into those for Employer Address, City, State, and Zip code.

3. **Address –** Auto-populating.

4. **Nature of Business –** Enter the industry to which the employer belongs (e.g. food manufacturing, building construction, retailer of women's clothes, etc.). The field can contain letters, numbers, spaces and special characters, except the pipe characters "|" and must not exceed 60 characters.

5. **Patient First Name –** Enter the patient's first name. The field must not exceed 35 characters.
   Middle Initial – Enter one letter initial of the patient middle name if applicable.
   Last Name - Enter the patient's last name. The field must not exceed 60 characters.

6. **Sex** – Select from radio buttons.

7. **Date of Birth** – Enter the patient's Date of Birth. Select from the drop-down calendar.
   Patient Address Look-up - Enter the patient's address. As you type the street number, a drop-down list will appear. Select the appropriate address. This will automatically populate the data into this field as well as into those for Patient Address, City, State, and Zip Code.

8. **Address** – Auto-populating

9. **Phone Number** – Enter the patient's ten-digit phone number.

10. **Occupation** – Enter the patient's job title. The field must not exceed 60 characters.

11. **Social Security Number** – Enter the patient's SSN with dashes. For example, enter 123-45-6789.
    Injury Location Address Look-up – Enter the location where the injury occurred. As you type the street number, a drop-down list will appear. Select the appropriate address. This will automatically populate the data into this field as well as into those f for Address, City, and County where Injury occurred.

12. **Address No. & Street Where Inj. Occurred** – Auto-populating.

13. **Date of Injury or Onset of Illness** – Enter the date when the injury occurred. Select from the drop-down calendar. Date of Injury must be greater than the Date of Birth and less than Current Date.
    Hour of Injury or Onset of Illness – Enter the time when the injury occurred. Must be in a 24-hour time format. For example, enter 21:05 for 9:05 pm, 00:00 for midnight, etc…
    Cumulative Injury? – Select from the radio button list Yes or No.

14. **Date Last Worked** – Enter the date when the patient last worked. Select from the drop-down calendar.

15. **Date of 1st Exam or Treatment** – Enter the date of the patient's first exam or treatment. Date and hour of patient's first exam or treatment must be greater than Date and hour when Injury occurred.
    Hour of 1st Exam or Treatment – Enter the time of 1st exam or treatment. Must be in a 24-hour time format. For example, enter 21:05 for 9:05 pm, 00:00 for midnight, etc…

16. **Have you or your office previously rendered treatment?** – Select from the radio buttons.

17. **Describe how the accident or exposure happened –** Enter the patient's description of how the accident or exposure happened. The field can contain letters, numbers, spaces and special characters, except the pipe character "|" and must not exceed 50000 characters.

18. **Subjective Complaints –** Enter the patient's complaints. The field can contain letters, numbers, spaces and special characters, except the pipe character "|" and must not exceed 50000 characters.

19. **Objective Findings**
    A. **Physical Examination** – Enter physical examination findings. The field can contain letters, numbers, spaces and special characters, except the pipe character "|" and must not exceed 50000 characters.
    B. **X-ray and laboratory results** – Enter results, specify *None* or *Pending* if lab results are not applicable/available.

20. **Diagnoses** – Up to 12 Diagnosis details can be provided.
    Occupational illness? – Select from the radio button list.

Chemical or Toxic Compounds involved? – Select from the radio button list.
ICD-10 – Select from the drop-down list.
Etiologic Agent-1…12 – Select from the radio button list Y or N.
Duration of Exposure-1…12 – Enter in days, hours, and minutes format (DDD.HH.MM).
Diagnosis – Enter Diagnosis Description. The field can contain letters, numbers, spaces and special characters, except the pipe character "|" and must not exceed 2000 characters.

21. **Are your findings and diagnosis consistent…?** – Select Y or N.
    Please explain below: - Enter Diagnosis Description. The field can contain letters, numbers, spaces and special characters, except the pipe character "|" and must not exceed 50000 characters.

22. **Is there any other current condition that will impede or delay…?** – Select Yes or No.
    Please explain below: - Enter Diagnosis Description. The field can contain letters, numbers, spaces and special characters, except pipe characters "|" and must not exceed 50000 characters.

23. **Treatment Rendered:** - Enter Treatment Description. The field can contain letters, numbers, spaces and special characters, except pipe characters "|" and must not exceed 50000 characters.
    Is further treatment required? – Select Yes or No.

24. **If further treatment required, specify treatment plan**. – Enter further treatment description. The field can contain letters, numbers, spaces and special characters, except the pipe character "|" and must not exceed 50000 characters.

25. **Is hospitalized?** – Has patient been hospitalized? Please select Yes or No.
    Hospital Name – Enter the hospital name. The field can contain letters, numbers, spaces and special characters, except the pipe character "|" and must not exceed 60 characters.
    Hospital Location Address Look-up - Enter the hospital location. As you type the street number, a drop-down list will appear. Select the appropriate address. This will automatically populate the data into this field as well as into those for Hospital Address Line 1, Hospital City, Hospital State, and Hospital Zip.
    Date admitted – Enter admitted date. Select from the drop-down calendar.
    Estimated length of stay – Enter treatment duration in days format (DDDD), must not exceed four characters.

26. **Work Status**
    Is patient able to perform usual work? - Select Yes or No.
    Date when patient can return to:
    Regular work – Enter the date when the patient can return to work. Select from the drop-down calendar.
    Modified work – Enter the modified date when the patient can return to work. Select from the drop-down calendar.
    Specify restrictions – Enter the description of any restrictions. Must not exceed 2000 characters.

Physician signature – Check the box "I declare…" and enter the name in "Signer's Name" box.
Physician First Name: - Auto-populating
Physician Last Name: - Auto-populating
Select from registered addresses – Select from the drop-down list.
Physician Phone Number: - Auto-populating
Executed At – Enter location where this document was executed. The field may contain letters, numbers, spaces and special characters, except the pipe character "|" and must not exceed 60 characters.
Date Executed – Enter the date this document was filled and signed. Date Executed must be greater than Injury Date.
Select from registered specialties – Select from the drop-down list.
Form Status: - Click on the "**Validate Form**" button to verify form submission. If there are any errors, the error messages will be displayed in this box. The errors must be corrected before submission.

4.4 Updating the Physician Profile

At the login page, select action **Complete/Edit Account Registration** to open the Physician Profile form

Enter your previously registered license number in the **Enter License Number** box and click on **Click here to search License Number** box as follows:

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT REGISTRATION

Welcome: Thu Vu

ttvu@dir.ca.gov

Instructions: Completing the Doctor's First Report Registration Form

Physician Information

Enter License Number *

Click here to search License Number
Enter Physician details below if No results found

Enter datasource item

Clear

Physician License State

CA

Physician NPI *

The physician details will come up and all the appropriate fields will be populated. Make the necessary changes, and click **Submit** when done.

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT REGISTRATION

Welcome: Test Vu

ttvu3@yahoo.com

Instructions: Completing the Doctor's First Report Registration Form

Physician Information

Enter License Number *

TEST456

Click here to search License Number
Enter Physician details below if No results found

TEST456 1245602770 BROOKE OWEN

Clear

Physician License State *

CA

Physician NPI *

1245602770

Physician First Name *

BROOKE

Physician Middle Name

Physician Last Name *

OWEN

Physician Address Line 1 *

5959 CENTRAL AVE

Physician Address Suite

Physician City *
ST PETERSBURG

Physician State *
FL

Physician Zip *
337108502

Physician Organization Name

Physician Email

Physician Phone Number *
(925) 467-8900

Physician Specialties

Add at least 1 and up to 5 specialties

Physician Specialty 1 *
Acupuncturist

Physician Specialty 2
Allergy & Immunology

Physician Specialty 3
Dermatology

Physician Specialty 4
Acupuncturist

Physician Specialty 5
Psychiatry & Neurology : Psychiatry

Additional Physician Medical Office Location

☐ Add new Medical Office Location-2

Save Clear Back Submit

5. Troubleshooting & Support

5.1 Error Messages

The system displays any of the following errors when incorrect data is entered:

- *Please fill all the mandatory fields.*
- *Injury Date should be less than Current Date.*
- *Date of Birth should not be greater than Current Date.*
- *First Exam should not be greater than Current Date.*
- *Injury Date should be greater than Date of Birth.*
- *Date Executed cannot be earlier than Injury Date.*
- *Date Executed cannot be greater than Current Date.*
- *Injury Date and Time should not be greater than first exam Date and Time*.

Users must correct all errors before submitting data.

5.2 Resources and Support

WCIS resources:

Email: dfr_edi@dir.ca.gov