

How to Complete WorkSafeBC Form 8NP/11NP

Nurse Practitioner's Report

Department	Health Care Services
Date	Updated September 21, 2016

All Nurse Practitioners providing treatments to injured workers have to use the Nurse Practitioner's Report Form 8NP/11NP.

Submission Timeliness

The *Workers Compensation Act* requires that the Nurse Practitioner's First Report (form 8NP), containing all the information requested, shall be furnished to WorkSafeBC within **three (3) days** after the date of first attendance to the injured worker. When the report is received later than three (3) days, reimbursement will be less \$7.

Why use the form

WorkSafeBC will process your payment quickly and efficiently if you use Form 8NP/11NP as it contains all the required information. Legibility is an important factor to consider when submitting reports to WorkSafeBC as typing helps to minimize misunderstandings and misinterpretations.

Where to find the form

The form is available from www.worksafebc.com. Always access the form from the WorkSafeBC website to ensure you always have the updated version.

- Search for the form **8NP/11NP**

Tip: To save you from scrolling, do a keyboard shortcut and type Ctrl + F, and type 8NP/11NP .

Nurse Practitioner's Report

First Report (form 8NP) Progress Report (form 11NP)



► Important – See reverse of form for submission criteria.

Nurse Practitioner's Report

1 **Select one only** **Nurse practitioner's first report (form 8NP)** Submit following the worker's first visit to your office/facility. **Nurse practitioner's progress report (form 11NP)** Required if the worker's condition or treatment has changed since last report or if the worker is ready for return to work.

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Date of service (yyyy-mm-dd)	Date of birth (yyyy-mm-dd)	WorkSafeBC claim number	
Employer's name	Worker's last name		
Employer's telephone number (must include area code)	First name	Middle initial	Gender
Operating location address	Mailing address (include postal code)		
Date of injury or when patient was first treated for this condition (yyyy-mm-dd)	Worker's contact telephone number (must include area code)		
Who rendered first treatment?	Worker's personal health number from BC CareCard		
Are you the worker's regular practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long has the worker been your patient? <input type="checkbox"/> 0-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> > 1 year		
Are there prior or other problems affecting injury, recovery, and disability?			
From injury or last report, has the worker been disabled from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, as of what date? (yyyy-mm-dd)		
Is the worker receiving other concurrent treatments? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Massage therapy <input type="checkbox"/> Other		

3 **Injury codes and descriptions**

Diagnosis (text)		
CSA BP/AP (code)	CSA NOI (code)	ICD9 (code)

4 **Clinical information**

What happened? Subjective Sx, examination, X-rays used in investigations, treatment types (i.e., techniques and modalities) being used and frequency, specialists consult?

5 **Return-to-work planning**

Is the worker now medically capable of working full duties, full time? Yes No
If no, what are the current physical and/or psychological restrictions?

Estimated time before the worker will be able to return to the workplace in any capacity
 Currently at work 1-6 days 7-13 days 14-20 days > 20 days

If appropriate, is the worker now ready for a rehabilitation program? Yes No
If yes, select one Work Conditioning Program Other

Do you wish to consult with a WorkSafeBC physician, psychologist, chiropractic consultant, or nurse advisor?
 Yes No

If possible, please estimate date of maximal medical recovery (full recovery or best possible recovery yyyy-mm-dd)

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Payee number	Practitioner number
Payee name	Practitioner name

Section 1 – Form 8NP or Form 11NP

Ensure that you tick the appropriate box for which form you are submitting. You can only tick one box.

Select one only	<input checked="" type="checkbox"/> Nurse practitioner's first report (form 8NP) Submit following the worker's first visit to your office/facility.	<input checked="" type="checkbox"/> Nurse practitioner's progress report (form 11NP) Required if the worker's condition or treatment has changed since last report or if the worker is ready for return to work.
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When to submit first report (form 8NP)

Submit a Nurse Practitioner's first report (form 8NP) when the injury/disease is work related.

Tip: Submit the form within three (3) days after the date of first attendance to the injured worker. WorkSafeBC pays the first received report as a Form 8NP arriving from any Nurse Practitioner. All subsequent reports for the same injured worker are considered a Form 11NP (Progress Report).

When to submit progress report (form 11NP)

To be submitted every 4 weeks or earlier when there is a change to the injured worker's:

- Medical condition
- Treatment plan
- Return to work status

Section 2 – Patient's contact information

Complete as much information as you can. Several workers may have the same name and the same date of birth. A patient may also have two claims open for the same area of their body; therefore:

- Claim number is very important especially when submitting a Form 11NP
- PHN, date of birth are very helpful, plus up to date address and telephone number, etc.

Section 3 – Injury Codes and Descriptions

All Nurse Practitioner's Reports submitted to WorkSafeBC must include diagnostic codes. This information allows WorkSafeBC to verify claims. To obtain Body Part (BP) codes and Nature of Injury (NOI) codes go to worksafebc.com and search for '**body part code**' and '**nature of injury**' code. ICD9 codes can be found in the BC Government's website.

- Body Part (BP) codes:
 - <https://www.worksafebc.com/en/resources/health-care-providers/guides/worksafebc-body-parts-codes>
- Nature of Injury (NOI) codes:
 - <https://www.worksafebc.com/en/resources/health-care-providers/guides/worksafebc-nature-of-injury-codes-complete-list>
- ICD9 codes: <http://www.healthservices.gov.bc.ca/msp/infoprac/diagcodes/index.html>

Section 4 – Clinical Information

This is a free form text field for the nurse practitioner to describe the injured worker's current situation in the usual fashion clinical notes are constructed. The following information might be included:

- What happened
- Presented injury, disease, complaints and etc.
- Subjective symptoms
- Examination finding
- Treatments and medications being used
- The name and date of specialist referral, if appropriate.

Section 5 – Return-to-work Planning

Return-to-work programs are based on the philosophy that many employees can safely perform productive work during the recovery process. Return to work options can involve transitional duties (temporary work tasks that are meaningful and productive) and or a gradual return to work.

A Work Conditioning Program is an active rehabilitation program attended by the injured worker, usually daily, to address physical and functional deficits associated with an injury. The program prepares the injured worker to return to work in a timely manner when capable.

Contact the WorkSafeBC claim owner for assistance with return to work planning.

Section 6

All nurse practitioners registered with the Medical Services Plan have a practitioner number and payee number. If you do not have one of these numbers, please contact the Purchasing Services Department at WorkSafeBC.

It is very important that Nurse Practitioners provide their payee and practitioner number to allow WorkSafeBC to reimburse you.

Contact Information

General claim or entitlement inquiries

Lower Mainland: 604.231.8888

Toll-free: 1.888.967.5377

Return-to-work planning – contact the Injured Worker’s case manager

Lower Mainland: 604.231.8888

Toll-free: 1.888.967.5377

Billing and payment inquiries

Payment Services

Lower Mainland: 604.276.3085

Toll-free: 1.888.422.2228

Payee number inquiries

Purchasing Services

Lower Mainland: 604.276.3344

Toll free: 1.888.967.5377, local 3344

Program and service inquiries

Health Care Services

Lower Mainland 604.232.7787

Toll-free 1.888.967.5377 ext 7787

E-mail: HCSINQU@worksafebc.com