

How to Complete a Physician's Report

Form 8/11

Department	Health Care Services
Date	January 2014

Physician's Report

RESET

PHYSICIAN'S REPORT



(See reverse of form for submission criteria.)

1 **SELECT ONE ONLY:** **Physician's First Report (F8)** **The worker's condition or treatment has changed (F11)**
(required if you suspect the worker may be disabled beyond the day of injury or if the claim is for a hernia, back condition, shoulder or knee strain/sprain, or occupational disease) *(required if the worker's condition or treatment has changed since last report or if the worker is ready for Return to Work)*

2

Date of service (yyyy/mm/dd)	Date of birth (yyyy/mm/dd)	WorkSafeBC (WCB) 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)			

3 **Injury codes and descriptions**

Diagnosis (text)

CSA BP/AP (code)	CSA NOI (code)	ICD9 (code)
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4 **Clinical information**

What happened? Subjective Sx, examination, investigations, treatments/meds, 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 WCP or Other

Do you wish to consult with a WorkSafeBC physician or nurse advisor? YES NO

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

6

Payee number	Practitioner number
Payee name	Practitioner name

Additional information can be recorded on form 8/11 ADDENDUM, Practitioner's Report/Additional Information

8/11

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Section 1 – Form 8 or Form 11

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

SELECT ONE ONLY:	<input type="checkbox"/> Physician's First Report (F8) <i>(required if you suspect the worker may be disabled beyond the day of injury or if the claim is for a hernia, back condition, shoulder or knee strain/sprain, or occupational disease)</i>	<input type="checkbox"/> The worker's condition or treatment has changed (F11) <i>(required if the worker's condition or treatment has changed since last report or if the worker is ready for Return to Work)</i>
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When to submit first report (form F8)

Submit a Physician's First Report (form F8) when the injury/disease is work related and the injured worker will be off work past the date of injury or for:

- Hernia
- Back
- Shoulder or knee – 'strain, sprain'
- Occupational disease

When to submit first report (form F11)

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 11
- PHN, date of birth are very helpful, plus up to date address and telephone number, etc.

Section 3 – Injury Codes and Descriptions

These codes are a key element for case management and early intervention.

All Physicians' Reports submitted to WorkSafeBC must include diagnostic codes. This information allows WorkSafeBC to verify and match invoices to claims, which results in a more timely payment. To obtain [Body Part \(BP\)](#), [Nature of Injury \(NOI\)](#), and [ICD9 codes](#), please go to WorkSafeBC's.com > Health Care Providers > Medical Office Assistant > Injury Codes

- Body Part (BP) codes:
http://www.worksafebc.com/health_care_providers/Assets/PDF/body_parts_complete.pdf
- Nature of Injury (NOI) codes:
http://www.worksafebc.com/health_care_providers/Assets/PDF/nature_injury_complete.pdf
- 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 physician 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.

Return-to-work planning has fee codes. For guidance on how to bill this, please refer to the [Develop a Return-To-Work Plan and Get Paid for your Time](#) document in www.worksafebc.com

Contact the WorkSafeBC claim owner (e.g. case manager) for assistance with return to work planning.

Section 6

All physicians 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 physicians provide their correct payee and practitioner number to allow WorkSafeBC to reimburse you.

Form Field Reference

Please use this reference guide when completing Physician's reports.

Form Field Name	Topic
Physician's First Report (F8)	This field indicates the report is a Physician's First Report (Form 8). It should be submitted to the WorkSafeBC if the Physician thinks there may be time loss beyond the day of the injury or if the claim is for a hernia, back problem, shoulder/knee strain or sprain, or occupational disease.
The worker's condition or treatment has changed (F11)	This field indicates the report is a Physician's Progress Report (Form 11) and should be submitted if the worker's condition or treatment has changed since last report or if the worker is ready for Return to Work. A report is not necessary or desired if the worker's condition is stable and there will be a planned follow up at an appropriate future date. A report is also not necessary if the worker is enrolled in a WorkSafeBC sponsored rehabilitation program. Payment of benefits to a worker is not contingent on follow-up every two weeks if the above conditions are met.
Employer's name	The full corporate or company name of the worker's employer.
Operating location address	The address or description of where the worker was employed on the day of the injury. For example the branch address, campsite location or administrative office. This includes the address information and city.
WorkSafeBC claim number	WorkSafeBC claim number specific to this injury. For example claim number would be 8 digits: 99999999.
Worker's last name	The worker's legal last name or surname. If possible, it should match the surname on the worker's British Columbia CareCard.
First name	The worker's full first or given name. Initials should not be used. If possible, it should match the given name on the worker's British Columbia CareCard.
Telephone number	A contact area code and telephone number for the worker. Usually this would be the worker's home phone number, but could be a cellular number or work number.
Worker's PHN from health card	Worker's Personal Health Number as shown on the British Columbia CareCard.
Date of injury	The date when the WorkSafeBC related injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought.
Date of service	The date when the service described on this report was performed.
Who rendered the first treatment?	Medical practitioner (name) or facility (emergency department, clinic, hospital, etc.) <u>who</u> <u>that</u> provided the first treatment. This does not include first aid at the worksite.
Are you the worker's regular practitioner?	If "Yes", WorkSafeBC may contact you for medical history or to discuss claims issues.
If "Yes", how long has the worker been your patient?	Select the duration for which the worker has been your patient. This information is useful for claims information.
Prior/Other Problems affecting injury, recovery and disability	Provide details about pre-existing or new non-occupational conditions that may affect injury, recovery or disability. If insufficient space, add remaining information to "Clinical Information" box. For example an MVA while receiving care for

	WorkSafeBC claim.
Diagnosis:	Provide a text description of the injury diagnosis.
BP:	This is a 5-character (numeric) code for the area of injury (body part) from the WorkSafeBC subset of CSA codes (80/80 list).
AP:	This is a 2-letter code for the anatomical position code (side) of the injury from the WorkSafeBC subset of CSA codes (80/80 list).
NOI:	This is the 5-character (numeric) code for the nature of injury from the WorkSafeBC subset of CSA codes (80/80 list).
ICD9	This is the ICD9 diagnosis code and is entered on the invoice (claim record).
From injury or since last report, has the worker been disabled from work?	If the worker has been disabled from work since the injury or the last report, select "Yes". Otherwise, select "No".
If Yes, as of what date? (if known)	If known, enter date when worker was first disabled from the work place in the format yyyy/mm/dd.
Clinical Information	<p>This is an 800 character free form text field for the physician to describe the worker's current situation in the usual fashion clinical notes are constructed. The following information might be included:</p> <ul style="list-style-type: none"> • 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. <p>The text area is left large to facilitate "cut and paste" from documents.</p>
Is the worker now medically capable of working full duties, full time?	Indicate "Yes" if the worker can return to their normal pre-injury duties. If "No", elaborate in the "Restrictions" area
What are the current physical and/or psychological restrictions?	Describe the physical and/or psychological restrictions related to the injury that are barriers to the patient returning to work. This information will be used by the case managers and medical advisors in working with employers to find suitable alternative/modified work.
Estimated time before the worker will be able to return to the workplace in any capacity.	Estimate the length of time before the worker can return to the workplace in ANY capacity. For example, the earliest possible return to the workplace if suitable duties were available.
If appropriate, is worker now ready for a rehabilitation program?	Enter "No" if worker is not ready for rehabilitation or if a rehabilitation program is not appropriate. If "Yes", select the type of rehabilitation program in the following field.
If "Yes", select Work Conditioning Program or Other	If "Other rehabilitation program" is selected, indicate type of program (for example, occupational rehabilitation program, pain program, etc) in the "Clinical Information" area.
If possible, please estimate date of Maximal Medical Recovery	Maximal medical recovery (full recovery or best possible recovery) date. This is sometimes also called date of "maximal medical improvement". It refers to date at which no further improvement in condition is expected. At that time the worker may still have significant impairment/disability or may be fully recovered. It is recognized that the "date" indicated is an estimate only and may change if the clinical course changes.
Payee Number	Enter the payee number issued by MSP that uniquely identifies

	the individual or organization who submits the associated invoice to the WorkSafeBC and who will be paid by the WorkSafeBC.
Practitioner Number	Enter the practitioner number issued by MSP that uniquely identifies the Physician who performed the service and provided the information for this report.

Contact Information

General claim or entitlement inquiries

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: 604.279.7439

Toll free: 1.888.967.5377, local 7439

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