



# PHYSICIAN FORM 8/11 REFERENCE GUIDE

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

<b>Form 8/11</b>	
<b>Form Field Name</b>	<b>Description</b>
<b>Physician's First Report (F8)</b>	This field indicates the report is a <b>Physician's First Report</b> (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.
<b>or The worker's condition or treatment has changed (F11)</b>	This field indicates the report is a <b>Physician's Progress Report</b> (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.
<b>Employer's name</b>	The full corporate or company name of the worker's employer.
<b>Operating location address</b>	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.
<b>WorkSafeBC claim number</b>	WorkSafeBC claim number specific to this injury. <b>Do not</b> include the two-letter claim prefix. For example claim number would be 99999999 not BB99999999.
<b>Worker's last name</b>	The worker's legal last name or surname. If possible, it should match the surname on the worker's British Columbia CareCard.
<b>First name</b>	The worker's full first or given name. <b>Initials should not be used.</b> If possible, it should match the given name on the worker's British Columbia CareCard.
<b>Telephone number</b>	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.
<b>Worker's PHN from health card</b>	Worker's Personal Health Number as shown on the British Columbia CareCard.
<b>Date of injury</b>	The date when the WorkSafeBC related injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought.
<b>Date of service</b>	The date when the service described on this report was performed.
<b>Who rendered the first treatment?</b>	Medical practitioner (name) or facility (emergency department, clinic, hospital, etc.) who provided the first treatment. This does not include first aid at the worksite.
<b>Are you the worker's regular practitioner?</b>	If "Yes", WorkSafeBC may contact you for medical history or to discuss claims issues.
<b>If "Yes", how long has the worker been your patient?</b>	Select the duration for which the worker has been your patient. This information is useful for claims information.

## Form 8/11

<b>Form Field Name</b>	<b>Description</b>
<b><i>Prior/Other Problems affecting injury, recovery and disability</i></b>	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.
<b><i>Diagnosis:</i></b>	Provide a text description of the injury diagnosis.
<b><i>BP:</i></b>	This is a 5-character (numeric) code for the area of injury (body part) from the WorkSafeBC subset of CSA codes (80/80 list).
<b><i>AP:</i></b>	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).
<b><i>NOI:</i></b>	This is the 5-character (numeric) code for the nature of injury from the WorkSafeBC subset of CSA codes (80/80 list).
<b><i>ICD9</i></b>	This is the ICD9 diagnosis code and is entered on the invoice (claim record).
<b><i>From injury or since last report, has the worker been disabled from work?</i></b>	If the worker has been disabled from work since the injury or the last report, select "Yes". Otherwise, select "No".
<b><i>If Yes, as of what date? (if known)</i></b>	If known, enter date when worker was first disabled from the work place in the format yyyy/mm/dd.
<b><i>Clinical Information</i></b>	<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"> <li>• What happened</li> <li>• Presented injury, disease, complaints and etc.</li> <li>• Subjective symptoms</li> <li>• Examination finding</li> <li>• Treatments and medications being used</li> <li>• The name and date of specialist referral, <i>if appropriate</i>.</li> </ul> <p>The text area is left large to facilitate "cut and paste" from documents.</p>
<b><i>Is the worker now medically capable of working full duties, full time?</i></b>	Indicate "Yes" if the worker can return to their normal pre-injury duties. <b>If "No", elaborate in the "Restrictions" area</b>
<b><i>What are the current physical and/or psychological restrictions?</i></b>	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.
<b><i>Estimated time before the worker will be able to return to the workplace in any capacity.</i></b>	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.
<b><i>If appropriate, is worker now ready for a rehabilitation program?</i></b>	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.

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<b><i>If “Yes”, select Work Conditioning Program or Other</i></b>	If “Other rehabilitation program” is selected, indicate type of program (for example, occupational rehabilitation program, pain program, etc) in the “Clinical Information” area.
<b><i>If possible, please estimate date of Maximal Medical Recovery</i></b>	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.
<b><i>Payee Number</i></b>	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.
<b><i>Practitioner Number</i></b>	Enter the practitioner number issued by MSP that uniquely identifies the Physician who performed the service and provided the information for this report.

## Injury Coding

WorkSafeBC has adopted the Canadian WorkSafeBC injury coding standards (Version 2). These codes are **mandatory fields on all Form 8/11s and invoices submitted through MSP Teleplan** either by the Physician’s office or WorkSafeBC’s PIPS system.

**Injury coding** consists of **three components**:

- Side of body (**Appendix A**)
- Body part (**Appendix B**)
- Nature of injury (**Appendix C**)

These codes are a key element for case management and early intervention. They also assist in the matching of invoices to claims, which results in more timely payment.