

# Chiropractor Form 8/10c: a guide for better reporting



## A chiropractor would complete a form 8/10c when:

- Patient states that an injury happened at work.
- Patient's injury is due to workplace factors.
- Reporting on the patient's progress and discharge related to a workplace injury.
- Requesting an extension of chiropractic treatment.

## Points to remember:

- This is a triplicate form so write firmly when completing the sections.
- Legible handwriting is a necessity.
- Remember to shred the used carbons from between the forms as these can be read and contain confidential information.
- The Commission's toll-free fax line to receive completed forms is a 1-866 number and not 1-888.
- The chiropractor maintains a copy of the 8/10c for the worker's medical record.
- A form 8/10c can open a worker's compensation claim.
- Form 8/10c is important for:
  - ✓ adjudication of claims
  - ✓ medical management
  - ✓ return-to-work planning
  - ✓ identification of ESRTW for workplace parties
  - ✓ internal and external claim decision reviews

## Section A:

- all sections must be completed, including contact information for the chiropractic clinic and the worker.
- Include the MCP number, if available.
- The discharge report should be forwarded to the Commission within three days from the date of the injured worker's final visit or within three days of you becoming aware that the worker will not be returning for more treatment.

## Section B – Box 6:

- This section is only for the mechanism of injury. Please provide additional comments in Box 10.

## Section B – Box 7:

- When the treating chiropractor uses diagnosis code 93, (i.e. the diagnosis code for "other"), treatment code 94, (i.e. treatment code for "other"), or investigation code 95, (i.e. the investigation code for "other"), the details for the "other" code need to be specified in Box 10 which is the comments section of the form.

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- The update status fields need to be completed for all subsequent reports submitted to the Commission. Each subjective and objective finding needs a letter update from A to F. Once the update status for a finding has resolved with an A rating, you do not need to report on that finding in subsequent reports. If a new subjective or objective finding arises for a complaint that was not included on the initial form, it would receive update statuses on all subsequent reports.
- When there are multiple complaints, it is common for providers to put the codes together in the one box rather than recording them separately. There should be only one number for a corresponding code in each box.
- “Chiropractic” (code 3) is often given as treatment. This code is for the physician or physiotherapist to use. It’s important for the chiropractor to list the modalities and what treatments are being used for various conditions.
- Under the treatment plan section of the form, the assistive devices section only needs to be completed at the time you are prescribing an assistive device and not on subsequent reports. When prescribing, it is important to be very specific regarding the type of device and to provide a rationale, as it relates to the compensable injury, in the additional comments section of the form. Certain prescriptions require further details such as size and measurements. Please refer to the Commission’s website for a complete listing of tendered health care items. If there is sufficient detail provided in the form 8/10c regarding the prescribed health care item, a separate *Health Care Supplies and Devices prescription* will not be required by the Commission.

**Section D – Return-to-Work Status:**

- It is important to complete this section at the time of the visit as the injured worker, the employer, and the Commission require your professional opinion on the injured worker’s functional abilities.
- Please ensure that any restrictions noted describe the worker’s current level of ability (not what is anticipated or what a job may actually require).

**Section E – Treatment Summary:**

- In Box 16, it is important for the treating chiropractor to complete the entire section including the number of treatments to date as this information is required when requesting an extension of treatment.
- In Box 16, it is also important that the number of treatments requested and the treatment frequency match. For example, if the treating chiropractor is requesting 4 weeks of treatment at a treatment frequency of 2x per week, the number of treatments requested should be 8 and not 15.

