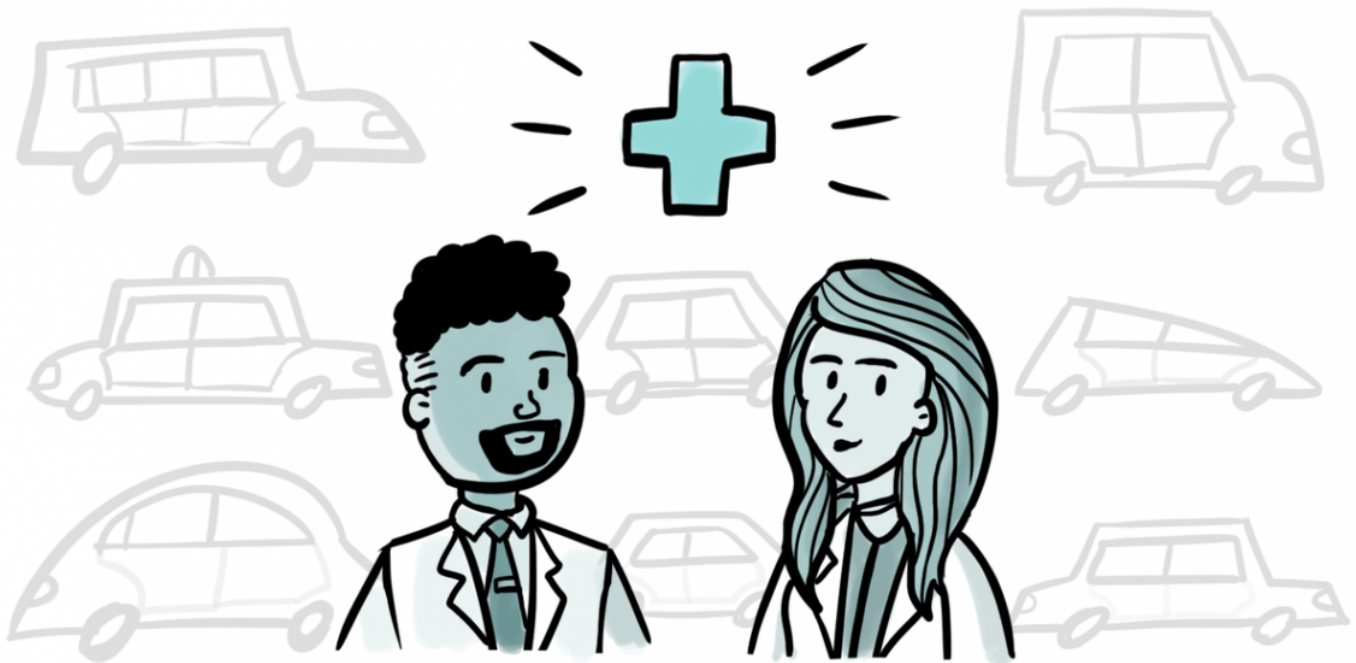


# ICBC Support for Health Care Providers Toolkit

## About

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This section is your go-to place for point-of-care information related to ICBC reporting and resources. Find out answers to frequently asked questions about completing reports, how to fill in sections of reports, preapproved treatments, Registered Care Advisors, payments and billing, legal concerns, and helpful resources (external links, handouts, education, and contacts).



ICBC and UBC CPD are partnering to develop education for family physicians (FPs) and other health care professionals (physical therapists, occupational therapists, and medical office assistants) to introduce changes to how ICBC works with providers and patients in British Columbia, including moving from a compensation-based model to a care-based model.

The ICBC Education Project offers online resources, webinars, an online module, and in-person workshops for family physicians, occupational therapists, physical therapists, medical office assistants, and other health care providers who support patients after a crash. See [Resources section](#) to access education.

This section provides a background to the ICBC changes made on April 1, 2019, including a

description of the changes, information about the UBC CPD ICBC Education Project, what the patient and physician journey look like, and reporting goals.

**If you have any questions about the ICBC Education Project or this webpage, please contact [@email](#).**

## **2019 changes**

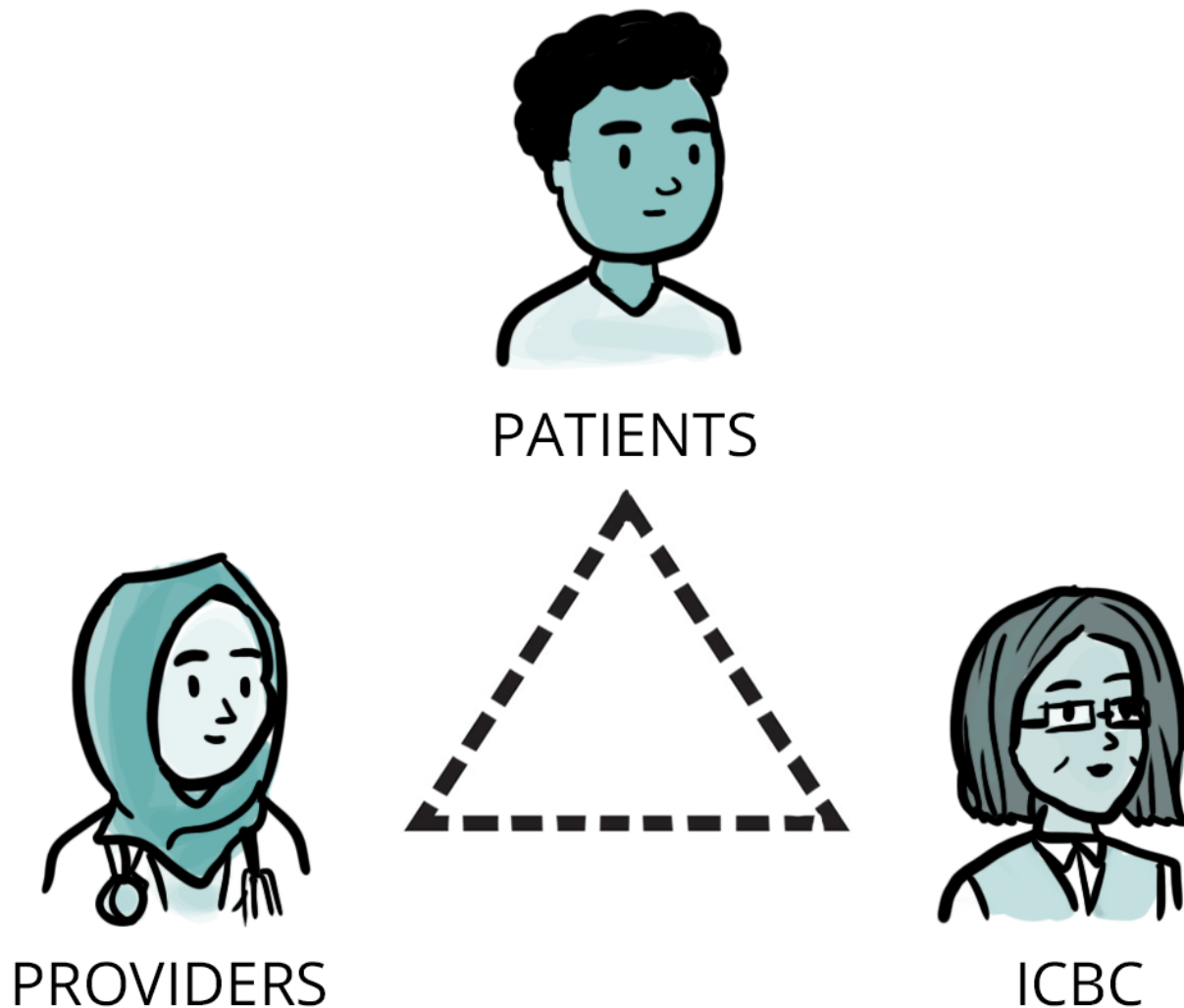
ICBC changed the reporting process for health care providers on April 1, 2019. Why?

Injury claims, legal costs, and car repair costs were at an all-time high. By reducing these costs, more financial resources could be redirected to medical care and recovery. These changes were directed by the provincial government to manage ICBC's unsustainable financial situation.

People injured in crashes felt a lack of direction/support from ICBC in navigating the claims process, thus ICBC increased support for injured people and health care providers.

There was confusion for patients and healthcare providers in navigating the claims process. There is now a renewed focus on the care and recovery aspects of the claims, including an emphasis on removing barriers and simplifying processes.

**What does all of this mean?**



ICBC strives to create a sustainable system that enables the best possible care for people injured in crashes and supports a collaborative relationship between patients, providers, and ICBC.

These changes to ICBC came into effect on April 1, 2019 to support a care and recovery-focused model. The changes included: new reports and processes, new and updated treatment fees, and greater clinical autonomy for physicians.

Learn more about the changes at ICBC [here](#).

## **UBC CPD's role**

UBC Continuing Professional Development (UBC CPD) has partnered with ICBC\* to develop education and tools to support:

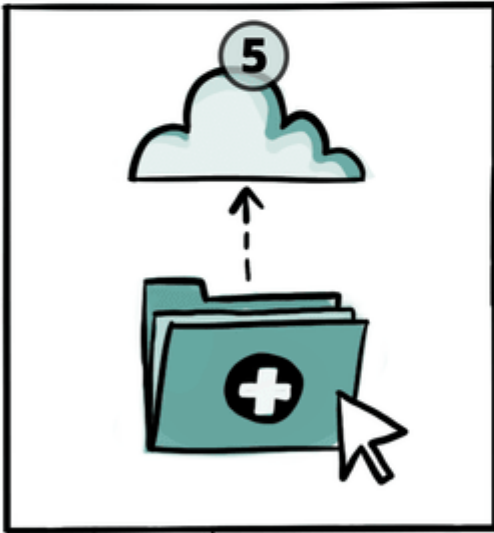
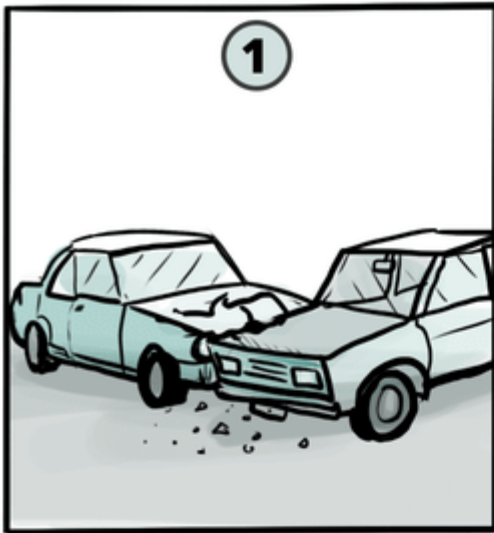
- Family physicians, medical office assistants and primary care providers (physical therapists, occupational therapists) to provide the most effective and efficient care possible for their patients with motor vehicle injury claims.
- Knowledge translation of ICBC changes, including access to care, accident benefits, regulations, and billing and reporting.

\*ICBC has provided an unrestricted grant to UBC CPD to conduct a needs assessment and subsequently develop education and tools for health care providers, including webinars, resources, online modules, and workshops. Content for this education is developed and reviewed by UBC CPD medical education organizers, leads, and subject matter experts.

## **Patient journey**

An ICBC injury claim has a number of steps for the patient – here is what that process looks like:

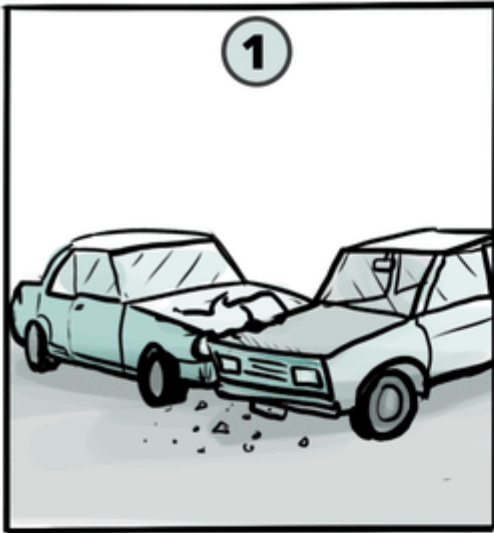
1. Motor vehicle crash occurs
2. Patient submits an injury claim to ICBC online or over the phone to receive a claim number
3. Patient communicates with a Customer Claims Specialist (formerly Injury Adjuster) at ICBC
4. Patient sees a physician or other health care provider (HCP) to assess injury
5. Physician or HCP seeks patient's consent to share relevant health information with ICBC
6. Appropriate medical report is submitted to ICBC
7. Management of injuries
8. Return to function



# Physician journey

An ICBC injury claim has a number of steps for the physician – here is what that process looks like:

1. Motor vehicle crash occurs.
2. Injured person books to see you.
3. Conduct assessment and complete appropriate ICBC medical report.
4. Manage care by directing injured person to appropriate preapproved treatments (e.g. physiotherapy, occupation therapy, etc.).
5. Provide standard follow-up visits as appropriate.
6. Refer to a Registered Care Advisor where appropriate or necessary.
7. Complete Reassessment Report as necessary.
8. Provide ongoing management in line with overall care plan.



# Reporting goals

The goals of reporting are to:

- **For patients:**
  - Provide early and clear information regarding their injury to ensure they get the most appropriate care and understand their treatment goals
  - Promote early identification of potential barriers to recovery so that ICBC can support the provision of proactive solutions or interventions
- **For health care providers:**
  - Create a treatment plan and objectives to support the best possible treatment and care for people who have been injured in a crash and enable their return to function
  - Remove administrative burdens for health care providers and streamline the reporting process
  - Enable support and consultation from expert physicians (Registered Care Advisors) to inform diagnosis or care plans
- **For ICBC:**
  - Access relevant and appropriate information about the injury early, to support treatment and return to function
  - Provide additional support to health care providers when necessary and appropriate

## First Visit

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**Ask the injured person for the ICBC claim number (include this on all reports)**

- If they don't know their claim number call the ICBC Healthcare Inquiry Unit to verify

**Complete the appropriate initial report (Standard or Extended) and submit to ICBC**

- The submitted report acts as the invoice and includes the visit fee
- Most EMRs have the reports integrated within them
- For those using paper reports, MOAs can support completion by printing Standard and Extended reports ahead of the appointment for the physician to fill out with the patient. The physician is responsible for selecting which form is to be filled out for each patient.

**Bill all appointments to ICBC until the claim is closed**

- After the initial report is completed and submitted, regular follow-up appointments do not need additional reports and should be billed to MSP with ICBC as the third party insurer
- For appointments needing a Reassessment Report, the report serves as the invoice and

includes the office visit fee

- Ask the injured person if the claim is still open for all appointments related to crash injuries
- Once the claim is closed, billing reverts to regular MSP

**Discuss consent of release of report to ICBC with patient and complete this section of report.**

**Once claim is closed, discuss with injured person their recovery status and future plans for care of injuries.**

## Report FAQ

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Every patient injured in a car crash will require either a **Standard or Extended Report**, and in most cases this will be the only report needed. Only in difficult or extended recovery cases will a **Reassessment Report** be required, either at the MRP's discretion or at the request of ICBC.

See the report options below. Not sure which report to complete? Check out the [flowchart](#).

## Report options

### 1. [GP Standard Medical Report](#) (CL489) (\$120)

- ?A worker or student, and is able to fully complete work, training or studying activities and there is no absence or reduction to these activities; or
- A non-worker, such as a retiree, and sustains no substantial impairment as a result of their injuries.

### 2. [GP Extended Medical Report](#) (CL489A) (\$325)

- For injured people that are off work/school, on a modified work plan, or are experiencing significant functional impairment and unable to perform their typical activities of daily living.

### Important notes about the Extended Report

- Includes important information about the injured person's modified or off work details

### 3. [GP Reassessment Medical Report](#) (CL489B) (\$210)

- For injured people that are not recovering as expected at or before 90 days from the crash and MRP is considering referral to a Registered Care Advisor (RCA);
- If the injured person requires a modified treatment plan; or
- If a Reassessment Report is requested by ICBC.

## Important notes about the Reassessment Report

- It includes elements of a physical examination and detailed documentation
- The Reassessment Report should be informed by the Extended Report and includes fields for the MRP to detail how the injured person has progressed
- If an RCA is required, this Report will be a primary component of the referral
  - The MRP does the referral – ICBC is not involved in this process
  - Access roster of RCAs in specific areas of practice [here](#)
- Provides status updates on progress to ICBC
- There may be scenarios in which treatment is suggested that is outside the preapproved limits – this report will provide information so that ICBC can approve any treatment that may be above and beyond the preapproved options
- The reassessment report enables further customization of treatment plans. There is an opportunity to consider expansion of services to address psychological barriers. Also, consideration of other treatments that may help with pain management and connection to community resources that can provide community-based support (e.g. Occupational Therapy for pain management, PainBC).

([Download](#) a printable PDF of report options)

## Follow-up visits (no report) vs. change in circumstance (Reassessment Report)

Bill all follow-up visits to MSP via Teleplan at the current MSP established rate and select ICBC as the third party insurer. Only the initial appointment requires you to submit a **GP Standard Medical Report** or **GP Extended Medical Report**.

However, if a patient is not recovering as expected, if you identify additional barriers to recovery that should be reflected in the treatment plan, or if the diagnosis changes, submit a Reassessment Report.

A Reassessment Report is required if:

1. The treatment plan and/or diagnosis has changed;
2. You would like to refer to a Register Care Advisor (RCA); or
3. ICBC requests this report.

Complete the Reassessment Report at or near 90 days after the patient's accident date. If Reassessment Report or RCA is required after 90 days, submit the Reassessment Report for ICBC's consideration.

## Who completes reports?

The **most responsible physician (MRP)** (i.e. the one overseeing management and care of the patient's injuries) should complete the report.

Emergency Room (ER) and Walk in Clinics (WIC) should not complete the report and should bill a standard MSP visit with ICBC as the third party insurer. In cases where an ER or WIC physician have completed a report, and the patient has a family physician (FP), the FP will not have access to this report. The FP should complete the initial report and assessment the first time they see the patient as part of usual treatment.

**If the patient does not have a family physician** and all follow-up will be conducted at the WIC, the physician completing the initial assessment should submit the report.

## What if your patient does not provide consent?

If the patient does not provide consent, ICBC will request the report at a later date as per Section 28 or 28.1 of the Insurance (Vehicle) Act. This is a legally required report – you cannot opt out of sending the report. Find out more about consent on our Consent page.

## Nurse practitioners

In some clinics Nurse Practitioners will monitor and manage a patient's care. In this case they will be responsible for completing reports **when requested by ICBC. A report with initial visit is not required.** A [Standard Report for NPs](#) is available on the ICBC website.

## EMRs and submitting reports

Physicians can access the report templates via their Electronic Medical Record (EMR), as several common EMRs have them embedded.

However, if your EMR does not contain the embedded report templates, you can access them through the [ICBC website](#) and complete them as either a fillable PDF or by hand. In either case, reports can be mailed or faxed to ICBC.

Fax:  
1-877-686-4222

Mail:  
ICBC PO Box 2121  
STN Terminal

## Allied Health reports

Initial and Reassessment Reports are available for allied health care providers on the ICBC Reports [webpage](#).

These include reports for:

- Chiropractors
- Clinical Counsellors
- Kinesiologists
- Nurse Practitioners
- Occupational Therapists
- Physiotherapists
- Psychologists

For basic information on how to fill out reports for chiropractors, clinical counsellors, kinesiologists, physiotherapists, and psychologists see [here](#).

As of April 1, 2019, chiropractors, clinical counsellors, kinesiologists, occupational therapists, physiotherapists and psychologists can attach and submit reports to ICBC directly through the Health Care Provider Invoicing and Reporting (HCPIR) application. View [HCPIR resources](#) on ICBC's website.

### Communication between HCPs

In complex cases it may be beneficial for allied health care providers to communicate with the injured person's MRP. For example, Physiotherapists and Occupational Therapists can request information from the MRP or have conference calls to discuss patient updates. There are physician fees to support this service.

## Invoicing

You do not need to submit an invoice if you submit a report. A submitted report serves as an invoice and includes the visit fee. See payment and billing section for more FAQ on these topics.

## For retired, unemployed, children, or stay-at-home parents

Choose the report based on the injured person’s functional impairment and ability to perform typical activities of daily living. This includes if the injured person is retired, unemployed, a child, or a stay-at-home parent where return to work planning is not applicable.

## **Pedestrian, cyclist, or scooter injuries**

If a pedestrian, cyclist, scooter driver, or other person not in a vehicle is injured during a car crash, complete the appropriate report based on functional impairment and ability to perform typical activities of daily living. Ensure that the patient has reported the incident and has obtained a claim number. If they do not have a claim number and have no intention of making a claim, then proceed as if this is a non-ICBC visit.

## **Involving WorkSafeBC**

If a patient is injured in a crash while at work, complete the WorkSafeBC reporting requirements. If it is determined that it is instead an ICBC claim, ICBC will send a request letter for the report.

## **GP Report Sections**

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### **Choosing the right report**

For information on how to choose the correct report see [Report FAQ](#) section.

### **Report sections**

See the table below for report sections of interest. Click on the section name to be redirected to a description of how to complete that section of the report.

<b>Report Section</b>	<b>Which Report</b>
<a href="#">Claim number</a>	Standard, Extended, Reassessment
<a href="#">Vendor number</a>	Standard, Extended, Reassessment

<a href="#">Are you the patient's regular practitioner?</a>	Standard, Extended, Reassessment
<a href="#">Recommended Care Treatment Plan</a>	Standard, Extended, Reassessment
<a href="#">Treatment notes – Protocols and Guidelines</a>	Standard, Extended
<a href="#">Consent</a>	Standard, Extended, Reassessment
<a href="#">Other medical conditions</a>	Extended
<a href="#">Return to work planning</a>	Extended
<a href="#">Registered Care Advisor (RCA) referral</a>	Reassessment
<a href="#">Has the diagnosis of the injuries changed?</a>	Reassessment

See report templates on the ICBC website:

- [Standard Report](#)
- [Extended Report](#)
- [Reassessment Report](#)

## Claim number

- The claim number is required to process the report
- The patient will provide this number to the physician
- Each patient should submit an injury claim to ICBC over the phone to receive a claim number
- If the patient doesn't provide the physician with a claim number the physician can call the [ICBC Healthcare Inquiry Unit](#) to get the number
- All appointments should be billed to ICBC as long as the claim is open
  - For follow-up appointments not requiring a report, bill to MSP with ICBC listed as the third party insurer
  - Once the claim closes, billing reverts to regular MSP billing

## Vendor number

- In order to pay a clinic or practitioner for a treatment service, ICBC requires a vendor number.
- A vendor number may identify an **individual physician** or a **clinic** – it will depend on how the vendor number was originally set up and what specific business arrangement is in place.
- Some EMRs will prepopulate this number when opening a new report.
- **If you are a locum**, please use the vendor number of the entity providing you payment (i.e. the clinic as a whole or the individual physician you are filling in for).

## Are you the patient's regular practitioner?

### Why is this information collected and how is it used?

- Only the MRP should complete the report, however some patients attend walk-in clinics (WIC) or the Emergency Room (ER)
  - If the patient has a Family Physician, the WIC or ER should ask them to go there for medical assessment
  - If the patient needs urgent care, the WIC or ER should bill the appointment to MSP and select ICBC as the third party insurer, but not complete a report
  - WIC and ER should only submit an ICBC Report if specifically requested by ICBC

## Recommended care

### Why is this information collected and how is it used?

- Treatment type
  - To list preapproved treatments recommended to the patient
  - Multiple lines on this report allow concurrent therapies to be listed
  - Note: MRP can facilitate treatment by referring to preapproved providers; however, a referral is not required and the injured person may self-refer
  - See section on [preapproved treatments](#) for more information
- Additional Treatments:
  - For recommended treatment that doesn't fall into the preapproved treatment bundle (e.g. medical devices or equipment)
  - Space for detailed notes for specific recommendations

## Treatment notes – protocols and guidelines



## Why is this information collected and how is it used?

- The *Insurance (Vehicle) Act* refers the use of evidence-informed treatment thus the report requests you to indicate what protocol or evidence you are relying on for your treatment.
- If you are following an evidence-based approach, select “Yes” for the “Protocols and Guidelines” section.
  - Please note there is not a list of approved treatments or protocols. Enter whatever protocol(s) best fit the situation.
- You may not have to identify a specific protocol; ICBC recognizes that professional experience, along with the accumulated knowledge from a multitude of sources, will inform the treatment plan, and that in some cases this section of the report may not be completed as a single source of reference would not be possible to identify.
- For questions about legal concerns related to evidence-informed treatments see [legal section](#)

## Consent

### Why is this information collected and how is it used?

- Asking for patient to provide consent is new as of April 1, 2019
- MRP must obtain explicit consent for disclosures of personal health information to a third party. Consent can be given verbally or in writing, but consent in writing may work better for this new process.
  - If you would like to obtain written consent from your patients here is a [form](#) developed by Doctors of BC which you can print out and use in your office.
  - Refer to the [Doctors of BC Privacy Toolkit](#) or College of Physicians and Surgeons of BC [Guidelines on Information Management](#) for more information on privacy, consent, and information sharing.
- When patient gives consent, health care providers will send the report to ICBC which will speed up the claims process

## Other medical conditions

- Question 10: Include findings that contribute to the current problem(s), but are not caused by the accident.
- This question is only included in the Extended Medical Report to record other factors that might be affecting recovery and to ensure the right services are in place for the injured person.

10. ARE THERE OTHER MEDICAL CONDITIONS (non-accident related) THAT ARE CONTRIBUTING TO THE CURRENT DIAGNOSIS OR SYMPTOMS?

Yes  No

IF YES, PROVIDE COMMENTS:

HTN, PRE-EXISTING DEPRESSION

- For findings related to the car crash, include in *Key Subjective Findings* or *Question 14 Additional Comments*.

14. ADDITIONAL COMMENTS:

PTSD SUSPECTED

SUBJECTIVE

KEY SUBJECTIVE FINDINGS:

- RIGHT HUMERUS FRACTURE (DOMINANT ARM) CAUSING DIFFICULTIES WITH ADLS.
- HAVING TROUBLE CONCENTRATING, SLEEPING, DISRUPTED SHORT-TERM MEMORY, LABILE EMOTIONS.
- FACIAL PAIN & HEADACHE. RIGHT ARM PAIN.

## Return to work planning

11. DO YOU SUPPORT A GRADUATED RETURN TO WORK PROGRAM?

Yes  No

IF YES, WHEN IS THE EARLIEST ANTICIPATED START DATE? (dd/mmm/yyyy)

DURATION (Indicate the number of weeks)

Weeks

### Why is this information collected and how is it used?

- Related to anticipated functional outcomes and links treatment to desired outcome. This will help to inform and support the return to work process, where work may be phased into the patient's rehabilitation plan.
- If patient is off work, their rehabilitation might be phased or staged to address different factors at different times.
- Where a person is off work for 30 days or more, the care and recovery activities, including

return to work planning, will be transferred to a Customer Recovery Specialist. This role is new, and similar to the prior Rehab Department roles. The Customer Recovery Specialist may seek out information from the MRP and there are [conference fees](#) to support this service.

- This first report might only include the initial phase of recommended treatment

## Registered Care Advisor (RCA) referral

**NOTE: The MRP makes the referral to the RCA – ICBC is not involved in the process. Follow your normal referral process and indicate this is an RCA referral for an ICBC claim on the referral letter.**

### Why is this information collected and how is it used?

- ICBC holds a [database](#) of RCAs which is managed by the College of Physicians and Surgeons of BC
  - If an RCA referral is recommended, the injured person must be referred to a specific physician from this list.
- It's important for ICBC to know the MRP is going to make a referral because it tells the Claims Specialist to be on the lookout for activity on the file
- “Referral requested for” is where you write the reason for referral (e.g. injury type, failure to improve, etc.)
- See [RCA FAQ](#) for more info on the RCA process

## Has the diagnosis of the injuries changed?

### Why is this information collected and how is it used?

- This allows the MRP to account for new information (e.g. imaging, change in symptomology, ability to test after swelling reduced, etc.)
- Degree/Grade only needed for WAD, Sprain, Strain – all others can leave blank

## Preapproved Referrals

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This page provides information about preapproved referral treatments (e.g. counselling, occupational therapy, physiotherapy, etc.).

## Accessing care without a physician referral (patient self-refer)

MRP can facilitate treatment by referring to preapproved providers, however a referral is not required and the injured person may self-refer.

## How to make a referral

Follow your usual referral process – indicate appointment is for ICBC claim in the referral letter.

## Preapproved treatments

([Download](#) a copy of the table)

Within the new system, the list of preapproved [treatments and fees paid](#) by ICBC includes:

<b>Health Care Service</b>	<b>Standard Treatment Fees</b>	<b>Number of Preauthorized Treatments*</b>
<b>Acupuncture</b>	\$88.00	12
<b>Chiropractic treatment</b>	\$53.00	25
<b>Counselling</b>	\$120.00	12
<b>Kinesiology</b>	\$78.00	12
<b>Massage therapy</b>	\$80.00	12
<b>Occupational therapy</b>	\$112.00	No limit – as clinically required
<b>Physiotherapy</b>	\$79.00	25
<b>Psychology</b>	\$195.00	12

\*Within 12 weeks of the accident causing the injury. After 12 weeks ICBC will review and either approve or deny the request.

## Fees above ICBC limit

ICBC will pay up to the standard treatment fee amount set in regulations for treatment with an allied health professional – see *table above*. Patients who choose to visit a health care practitioner that charges a higher rate than what ICBC funds under accident benefits will be responsible for paying the additional amount. Patients may submit this to their private health insurer for consideration of coverage.

## If the number of treatments needs extending

As of April 1, 2019, if additional treatments beyond those that have been preapproved are recommended for a patient's rehabilitation and recovery, a treatment extension request can be submitted to ICBC by the treatment provider directly through the HCPIR application or directly to the file handler. The treatment provider submits the request, not the MRP. In some cases ICBC may require additional medical information to support ongoing treatment, and in these cases ICBC may request a reassessment and report. In most cases, additional information will be asked directly of the treating practitioner (e.g. Physiotherapist). Any direct billing to ICBC beyond the pre-authorized period or number of sessions will require approval from the claims specialist.

## Specialist referral

If the patient needs a referral to a specialist physician, complete referral as per usual process.

## RCA FAQ

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### Background

ICBC created the **Registered Care Advisor (RCA)** role as part of the new injury claim process established on April 1, 2019.

RCAs provide increased access to medical expertise when the Most Responsible Physician (MRP) wants additional **support with diagnosis or care planning**. The RCA provides **consultation** to the MRP, and is **not** a replacement for a Specialist referral as the RCA **does not provide treatment** to the patient. An RCA may be a GP with a relevant practice focus, or a Specialist with an interest in assisting with ICBC injuries.

RCAs are **independent physicians** and are **not affiliated with ICBC**. It is important to note

that to maintain independence from the process, **ICBC is not involved in the referral process** or conversations between the RCA and MRP and does not receive the RCA report, which is provided directly to the referring physician.

## RCA Registration

Physicians apply to become an RCA through the College of Physicians and Surgeons of British Columbia (CPSBC, or the College) annual licence renewal form, or by contacting the College directly.

The requirements and qualifications for RCAs are:

- Must be a registrant in good standing with the College and registered in the full class of registration
- Must be current for clinical practice (as defined in Appendix 3 of the regulation)
- Must provide to the College a declaration in accordance with section 8 of the Insurance (Vehicle) Regulation
- Must be registered in the Registered Care Advisor register
- Must be competent in one or more of the following relevant disciplines:
  - i. Musculoskeletal injuries
  - ii. Acute and chronic pain
  - iii. Mental health issues and other psychosocial issues

The College will verify that applicants are in the full class of registration in a relevant discipline and are not otherwise limited in providing assessments due to limits, conditions, undertakings, etc. Registrants in the provisional class or disciplined class of registration are not eligible to apply.

## When to refer

- MRPs may refer to an RCA if additional medical expertise would be beneficial, for instance:
  - If the MRP is unable to make a clear diagnosis;
  - If the patient is not recovering as expected; or
  - If there are factors complicating the patient's recovery.
- Consider referral within 90 days after the date of the crash
- ICBC requires that the patient be seen within 15 business days of the referral
- To refer to a RCA, follow your normal clinic referral process to make the appointment. Include the information that this is an RCA referral on your referral letter since RCAs have agreed to see patients within 15 days. The Reassessment report will serve as the primary component of the referral and will inform the RCA of the patient status/assessment.

NOTE: ICBC is not involved in this process – the MRP makes the referral as per usual referral

process.

## **RCA list on ICBC website**

The [RCA roster](#) lists CPSBC registered physicians who are available to provide expedited medical consultations to patients recovering from injuries due to a car crash.

While the roster is maintained on the ICBC website, ICBC is not involved in the referral process.

## **RCA consultation with MRP**

Complete a Reassessment Report when you refer to an RCA. This report will serve as the primary component of the referral and will inform the RCA of the patient status/assessment.

The MRP and RCA should communicate to ensure the patient is provided with the most appropriate care, however the RCA does not provide care to the patient.

- Communication between MRP and RCA can be conducted via telephone, fax, EMR, or mail
- There are fees to support/incentivize this approach (Fees are outlined in Doctors of BC Fee Guide)
- To maintain independence from the process, ICBC will not be involved in any of these conversations

## **After 90 days**

RCA referral should be considered within 90 days from the car crash. If more than 90 days have passed and the patient is not recovering or an RCA referral is desired, submit the Reassessment Report to ICBC for consideration and approval.

If, after the initial RCA assessment and report, the referring physician wants further support, referral to the same or to a different RCA may occur no later than nine (9) months post-MVA (page 4 in the RCA Info Guide).

## **RCA Information Guide**

For more information see the ICBC [RCA Information Guide](#).

This guide provides information on the responsibilities/restrictions of an RCA, registration as an RCA, referrals, invoicing, payments, and the process between the RCA and the MRP.

# Payment and Billing

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This page provides information about payment and billing under the new ICBC process.

## Billing overview

**The report itself serves as the invoice and includes the visit fee.**

Because the visit fee is included in the payment for the report, do not bill a separate visit to ICBC either through MSP via Teleplan or directly to ICBC. The invoice/reference number on the report is for your clinic filing information only.

([Download](#) a PDF copy of the table)

Item	Billing Code	Amount
GP Assessment and Standard Report (CL489)	<b>A94564</b>	\$123
GP Assessment and Extended Report (CL489A)	<b>A94565</b>	\$333
GP Reassessment, Registered Care Advisor (RCA) Referral and Reassessment Report (CL489B)	<b>A94566</b>	\$215
Regular Follow-Up Appointment (i.e. without Reassessment Report)	<b>Usual MSP code and EMR designation to indicate ICBC as third party insurer</b>	various
If consent not given, initial appointment charged as regular appointment	<b>Usual MSP code and EMR designation to indicate ICBC as third party insurer</b>	various
If consent not given, extra time to complete and send report after ICBC request for report	<b>Standard or Extended Report as needed</b>	various



If Standard Report sent but Extended Report needed, time for conversation with ICBC to obtain extra details	<b>A94569 for physician conference fee</b>	\$60
If Walk-In Clinic, initial appointment for care given after crash, but no report filled out	<b>Usual MSP code and EMR designation to indicate ICBC as third party insurer</b>	various
If Walk-In Clinic needs second appointment to complete initial Report if no family physician	<b>Standard or Extended Report as needed</b>	various
Physician Conference Fee  (for calls between MRP, RCA, ICBC and others on care team – per 15 minutes or portion thereof up to a maximum of 45 minutes per day)	<b>A94569</b>	\$60
Physician Telephone Management Fee  (for calls between physician and patient)	<b>A94571</b>	\$25
<p><i>Once ICBC claim closed all appointments billed as usual to MSP.</i></p> <p><i>See Doctors of BC or Society of General Practitioners for more fee guide information.</i></p>		

## Follow-up appointments

*For physicians:* After the initial report is completed and submitted, regular follow-up appointments do not need additional reports and should be billed to MSP with ICBC as the third party insurer.

*All other health care providers (excluding physicians):* Submit joint invoices/reports through a web-based application, accessible via the [Invoicing and Reporting page](#) of the Business Partners site. MSP invoices for this group was discontinued as of April 1, 2019.

## When no consent is given

If the patient does not give consent to release their report to ICBC, physicians should bill to

MSP and select ICBC as the third party insurer. ICBC will request the report at a later date, at which point the MRP should bill either the Standard or Extended Report as needed.

## When the wrong report is sent

If you submit the wrong report (e.g. you submit the Standard Report but the Extended was needed), there is no need to complete a new Report. ICBC will pay for the report received.

Sometimes if the wrong report is sent, ICBC may require further information; in this case, an ICBC Claims or Recovery Specialist may request a phone consultation with the MRP (ICBC will contact the clinic if necessary). This phone call is billable as A94569 \$60 for 15 minutes.

## Patient and consultant communication fees

There are Physician Conference Fees for calls between MRP, RCA, ICBC and others on care team (A94569 \$60 for 15 minutes), as well as Physician Telephone Management Fees for calls between physicians and patients (A94571 \$25 for 15 minutes).

## GST

In instances where clinics or physicians require GST for their services, a separate invoice indicating this is required should be sent to ICBC. ICBC's assessment of the services provided has concluded that these items are GST exempt. Where a clinic or physician's tax assessment differs they must invoice ICBC with the GST amount included in order to be paid this additional amount.

## Locums

If you are a locum use the vendor number of the entity providing you payment (i.e. the clinic as a whole or the individual physician you are filling in for).

## If no MSP coverage

Follow usual practices.

## Fee guides and billing info

- [Doctors of BC](#) (log in required)
- [Society of General Practitioners](#) (log in required)
- [Invoicing and Reporting FAQ](#) on ICBC website
- [UBC CPD handout on billing](#)

# Legal Concerns

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This page provides information about legal concerns relating to the ICBC reporting process.

## Legal requirement to complete the reports

As per Section 28 or 28.1 of the Insurance (Vehicle) Act ICBC reports are legally required. If requested by ICBC Health Care Practitioners cannot opt out of sending a report. If a patient does not give consent to the MRP to share information proactively, ICBC will request the report at a later date and HCPs are required to comply by law.

## Who completes reports?

It is important to discuss with your patient the purpose of the reports and ensure you have received their consent to proactively share the report with ICBC, consistent with your consent and information sharing guidelines.

Please ensure reports are shared with ICBC only in the following circumstances:

1. Proactively where patient consent has been granted; or
2. Upon request by ICBC as required by legislation.

Consent is given only to share the reports – no other medical information will be shared.

For more information on patient consent, including a flow chart of the process, review ICBC's [patient consent considerations document](#).

## Treatment protocols and guidelines

Treatment protocols and guidelines are addressed in two places on the report. The first area is where the MRP makes note of any established protocols or guidelines they are following in the treatment of the patient's injuries. The second section, at the end of each report, is where the physician indicates that they have completed the minimum requirements of the Treatment protocols, found in the Minor Injury Regulation. These are best-practice patient education approaches and are likely part of normal patient interactions.

ICBC recognizes that professional experience, along with the accumulated knowledge from a multitude of sources, will inform the treatment plan, and that in some cases this section of the report may not be completed as a single source of reference would not be possible to identify.

# Civil Resolution Tribunal

The Civil Resolution Tribunal (CRT) is an online administrative court and part of the public justice system. They are an independent, neutral decision maker and cannot provide legal advice, but work to resolve motor vehicle injury disputes. The CRT can resolve motor vehicle claims of up to \$50,000.

Learn more at their [website](#).

## Minor Injury Definition

The MRP is responsible for diagnosis and care plan but not defining the injury classification (minor or otherwise) – treat the patient as needed based on their injuries. The “Minor Injury” definition is legal, not medical.

The definition of an injury as minor will affect the limit on pain and suffering settlements but there is no effect on care given.

See ICBC [Health Care Provider FAQ](#) for more information.

## Closing a Claim

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Bill ICBC for all visits until the claim is closed – you will need to ask your patient to inform you when their claim is closed. Visits occurring **after a claim closes** can no longer be billed to ICBC and **revert to regular MSP billing**.

## Resources

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### 1. Relevant ICBC Links

- [Summary of changes](#)
- [Health Services Page](#)
- [How to fill out the GP Standard Medical Report](#)
- [Medical report templates](#)
- [Apply for a vendor number](#)
- [RCA Information Guide](#)
- [RCA roster](#)
- [Patient consent considerations](#)

2. [Pre-approved treatment list](#)
3. [Minor Injuries definition](#) (page 3)
4. [Consent Form](#)

## Fees and Invoicing

1. Fee Guides (log in required)
  - [Doctors of BC Fee Guide](#)
  - [Society of General Practitioners](#)
2. [ICBC Invoicing and Reporting FAQ](#)
3. [UBC CPD MOA Billing and Key Points Handout](#)

## Access Education

*How to claim self-learning credits (for family physicians Mainpro+ Certified Self Learning; for specialists MOC Section 2)*

- Archived webinar recordings
  - [For family physicians](#)
  - [For MOAs](#)

*Note: participant questions from the webinars have been collated, cross-referenced with the ICBC website, and delivered to ICBC with suggested additions and areas for improvement.*
- Online module – *in development*
- In-person workshops – *in development*

## Contacts

1. ICBC Health Care Inquiry Unit (M-F, 8:30 am – 4:00 pm; 1-877-717-7150)
2. [ICBC Support and Resources webpage](#)
3. Doctors of BC Liaison Working Group ([@email](#))
4. [College of Physicians and Surgeons of BC](#) (provide method to register as RCA; verifies qualifications and training; prepares roster of successful applicants)

## Related Resources & Recordings

<http://video.med.ubc.ca/videos/cpd/recordings/2019-05-10-MOA-Saying-Goodbye-CL1...>

<http://video.med.ubc.ca/videos/cpd/recordings/2019-05-01-ICBC-Saying-Goodbye-CL...>