

ICBC Changes 2019 – Billing and Key Points for MOAs

Billing codes

Item	Billing Code	Amount
Standard Report (CL489)	A94564	\$120
Extended Report (CL489A)	A94565	\$325
Reassessment Report (CL489B)	A94566	\$210
Regular Follow-Up Appointment (i.e. without Reassessment Report)	Usual MSP code and EMR designation to indicate crash	various
If consent not given, initial appointment charged as regular appointment	Usual MSP code and EMR designation to indicate crash	various
If consent not given, extra time to complete and send report after ICBC request for report	Standard or Extended Report as needed	various
If Standard Report sent but Extended Report needed, time for conversation with ICBC to obtain extra details	A94569 for physician conference fee	\$60
If Walk-In Clinic, initial appointment for care given after crash, but no report filled out	Usual MSP code and EMR designation to indicate crash	various
If Walk-In Clinic needs second appointment to complete initial Report if no family physician	Standard or Extended Report as needed	various
Physician Conference Fee (for calls between MRP, RCA, ICBC and others on care team – per 15 minutes up to a maximum of 45 minutes per day)	A94569	\$60
Physician Telephone Management Fee (for calls between physician and patient)	A94571	\$25
<i>Once ICBC claim closed all appointments billed as usual to MSP. See Doctors of BC or Society of General Practitioners for more fee guide information.</i>		

ICBC Changes 2019 – Billing and Key Points for MOAs

Key Points

Reporting/invoices
<ul style="list-style-type: none"> • New reports serve as the invoice for ICBC, no need to send anything else • Only need for invoice would be internal clinic reporting/reconciliation
Choosing a report
<ul style="list-style-type: none"> • The Standard Report should be used for injured people that are not off work, training or studying activities, or where a return to work, training or studying is imminent and a graduated return to activity plan is not required. • The Extended Report should be completed if the patient is unable to fully complete work, training or studying activities, and/or is significantly impacted in performing their typical activities of daily living. • If wrong report filled out no need to complete another – ICBC will contact clinic to obtain any missing information • Payment will be provided for whichever report is received – if additional time needed to obtain information it can be billed at A94569 (Physician Conference Fee)
Follow-up appointments
<ul style="list-style-type: none"> • Regular follow-up appointments (i.e. no need for Reassessment Report) are billed to MSP with ICBC as the third party insurer • If Reassessment Report needed charge as such
Vendor number
<ul style="list-style-type: none"> • Assigned to either individual physician or clinic as a whole depending on how it was set up • Can find number on old ICBC statement received or by calling ICBC helpline (see resources below) • Can apply for new number or update payment options through ICBC website (https://www.icbc.com/partners/health-services/Pages/invoicing-and-reporting.aspx)
Payment
<ul style="list-style-type: none"> • Sent either by electronic funds transfer or cheque depending on how vendor account set up • You may have your own clinic tracking sheet and invoices for reconciliation, but these are not required by ICBC • ICBC is responsible for payment of all visits related to the crash injury until the claim is closed, so it's important to know once the claim has closed by asking patient • If patient doesn't know vendor number call ICBC helpline (see resources below) • If no vendor number on report submitted, payment will be delayed
Walk-In clinics
<ul style="list-style-type: none"> • If patient has a family physician ask them to go there for assessment and report • May need to provide urgent care – bill to MSP with ICBC as third party insurer • In case that both walk-in clinic and family physician complete assessment report, both will be paid • If patient doesn't have family physician they may need to return for second appointment to complete assessment (charge as either Standard or Extended Report as needed)
Consent
<ul style="list-style-type: none"> • Consent is being sought from patient to speed up the claims process • Oral or written consent is acceptable • If you prefer written consent, MOA can print form for patient to sign from Doctors of BC (on UBC

ICBC Changes 2019 – Billing and Key Points for MOAs

CPD website) <ul style="list-style-type: none"> • If consent not given, bill first appointment as regular MSP with ICBC selected as third party insurer • If patient doesn't initially give consent ICBC will request the Report be sent and physicians are obliged to send it though section 28.1 of the <i>Insurance (Vehicle) Act</i> – can bill Standard or Extended Report for time to complete and send Report
Registered Care Advisor
<ul style="list-style-type: none"> • Referral is done same as any other referrals – no change to workflow – but appointment required within 15 days • Check Reassessment Report to see if RCA referral requested • List of RCAs will be available on ICBC website Health Services pages and in Pathways
Rejections
<ul style="list-style-type: none"> • If a visit is rejected, ICBC will contact the clinic to discuss and solve • Likely to happen if a claim has been closed, so you need to ask patient if claim is closed

Resources

- ICBC Health Services pages: <https://www.icbc.com/partners/health-services/Pages/default.aspx>
- ICBC Invoicing and Reporting page: <https://www.icbc.com/partners/health-services/Pages/invoicing-and-reporting.aspx>
- UBC CPD resources: <https://ubccpd.ca/icbc>
- ICBC phone line: 1-888-717-7150 (M-F; 8:30am-4:00pm)
- Doctors of BC Liaison Committee (icbc@doctorsofbc.ca)