

ICBC FEE GUIDE FOR ALL PHYSICIANS

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SECTION 1: FOR FAMILY PHYSICIANS PROVIDING PRIMARY CARE SERVICES

The purpose of this Guide is to outline the fees and process for ICBC's Family Physician Reports. These services and fees are enshrined in Schedule 3.1 of the [Insurance \(Vehicle\) Regulation](#).

Fee Information

**ICBC Fee
(\$)**

TABLE 1: FAMILY PHYSICIAN FEES AS PER BC'S INSURANCE (VEHICLE) REGULATION

A94564	Standard Physician Assessment & Report – CL489	135.00
	For patients who are not off work and/or not significantly impacted in performing their typical activities of daily living (ADLs). Includes patient assessment and completion of report	
A94565	Extended Physician Assessment & Report – CL489A	365.00
	For patients who are off work/school, on a modified work plan, or are experiencing significant functional impairment and unable to perform their typical ADLs. Includes patient assessment and completion of report.	
A94566	Physician Re-assessment, Report – CL489B.....	236.00
	For patients who are not recovering as expected from a motor vehicle accident and require an updated diagnosis and/or treatment plan. This report supports a referral to specialized services from the family physician. This report is NOT required at regular intervals or with every follow-up visit.	
A94569	Physician Conference Fee	64.14
	Calls between most responsible provider (MRP), consultant physician, and/or ICBC or other treatment providers. This fee will support either written or telephone correspondence.	

Telephone or written consultation per 15 minutes (or portion thereof) up to a maximum of forty-five (45) minutes (i.e. to a daily maximum of three (3) units per claim).

NOTES:

- Does not apply for conveying the results of diagnostic investigations.
- Not for arranging expedited consults or diagnostic investigations.

NOTE: Fee Item 13075 In office assessment of an unrelated condition(s) in association with an ICBC service is found in the Family Medicine fee guide.

Other ICBC Fee Items

Permanent Impairment Benefit (PIB) Documentation Rates

ICBC may require a Scarring and/or Loss of Range of Motion report to be completed by either a patient's physiotherapist, occupational therapist, or family physician to help determine a patient's entitlement to Permanent Impairment Benefit (PIB).

Important: ICBC should request that these forms be completed by the patient's physiotherapist or occupational therapist when available, their family physician should only be asked to complete these forms when the other two options are not feasible. These forms should be completed only when requested by ICBC.

	ICBC Fee (\$)
A94575 Scarring Measurement Report billed by a Family Physician.....	64.14
A94577 Range of Motion Report billed by a Family Physician.....	128.28

FAQ

What is the purpose of the Family Physician ICBC reports?

Each Report is designed to meet the specific needs of your patient; physicians are not expected to fill out all three Reports for every motor vehicle accident claim.

- **Standard Report (Code A94564 \$135.00):** If your patient's injuries do not result in missed work or significantly affect their usual activities, a Standard Assessment and Report would be applicable.
- **Extended Report (Code A94565 - \$365.00):** If your patient's injuries result in missed work or significant impairment of their ability to participate in usual activities, an Extended Assessment and Report would be applicable.
- **Reassessment Report (Code A94566 - \$236.00):** If your patient is not recovering as expected from a motor vehicle accident and requires an updated diagnosis and/or treatment plan, a Reassessment Report would be applicable. This report supports a referral to specialized services from the family physician. This report is NOT required at regular intervals or with every follow-up visit.

Where do I find ICBC Report Templates?

ICBC Report templates are embedded into most Electronic Medical Record (EMR) solutions. If your EMR vendor has not integrated the new set of ICBC Report templates, they may be found on:

- [ICBC Physician Services](#)
- [The Forms Repository in Pathways](#)

When do I fill out an ICBC Report?

- When you see a patient who has been in a motor vehicle accident for the first time, fill in either a Standard or Extended Report for each new motor vehicle accident claim.
- With patient consent, you can send it to ICBC; or
- Alternatively, you can wait for a request from ICBC to fill in and send in the Report.
 - Pursuant to the Insurance (Vehicle) Act, section 28.1., upon request from ICBC, regardless of patient consent, you are required to provide, as soon as reasonably practicable, an initial medical report (either the *Standard Assessment & Report (CL489)* or the *Extended Assessment & Report (CL489A)* as applicable).

When do I bill the ICBC Family Physician Reports?

Physicians should bill the ICBC Family Physician Reports when a patient is seeking medical services specific to an ICBC-related injury.

- Any follow-up patient visits outside the services outlined in Table 1 are billed as usual via Teleplan, with ICBC named as the insurer, using the standard MSP visit codes.
- ICBC is responsible for payment of all visits related to MVA injuries billed via Teleplan until the ICBC claim is closed.

Please note that ICBC does not:

- remunerate for missed or cancelled appointments, and
- prepay for reports

How do I bill when I provide care related to an unrelated condition at the same visit as an ICBC service?

MSP fee code 13075 (In office assessment of an unrelated condition(s) in association with an ICBC service) is billable when care for an unrelated condition is provided at the same time as an ICBC service. The care must meet the following fee code requirements.

	Non-MSP- Insured Fee (\$)	MSP Fee (\$)
13075 In office assessment of an unrelated condition(s) in association with an ICBC service	46.15	17.97
NOTES:		
i) Paid only when services are provided for an unrelated illness occurring in conjunction with a ICBC insured service.		
ii) Unrelated service must be initiated by patient.		
iii) The unrelated condition(s) must justify a stand-alone visit.		
iv) Only paid once per patient per day, per insurer, and includes all other unrelated problems.		
v) Not paid if a procedure for the same or related condition is paid for same patient on same day, same practitioner.		
vi) The visit for each payer must be fully and adequately documented in chart.		
vii) Paid only to Family Physicians.		

SECTION 2: FOR PHYSICIANS PROVIDING CONSULTATION SERVICES

The purpose of this Section is to outline the service for Specialized Services Reports being introduced April 1, 2023.

Fee Information

	ICBC Fee (\$)
TABLE 2: SPECIALIZED SERVICES FOR ICBC	
A94573 Specialized Physician Services Report..... For patients seeking specialized services through a written referral from any physician providing a consultation for injuries sustained in a motor vehicle accident.	275.00
This is billable in addition to an MSP consultation fee.	
A94569 Physician Conference Fee	64.14
<i>(see notes on next page)</i>	

**ICBC Fee
(\$)**

Calls between most responsible provider (MRP), consultant physician, and/or ICBC or other treatment providers. This fee will support either written or telephone correspondence.

Telephone or written consultation per 15 minutes (or portion thereof) up to a maximum of forty-five (45) minutes (i.e. to a daily maximum of three (3) units per claim).

NOTES:

- Does not apply for conveying the results of diagnostic investigations.
- Not for arranging expedited consults or diagnostic investigations.

FAQ

What is the purpose of the Specialized Physician Services Report?

- The intent of the Report is to provide assistance in maximizing recovery and progress towards functional restoration for patients who have an active claim under ICBC's new Enhanced Care Insurance System.
- The Report allows for additional information sharing between the physician and ICBC, specifically information that would not normally be included in a typical consultation letter completed by a physician providing specialized services.
- This information is important for ICBC to help determine care supports and other funding decisions to support patients.

Who can fill out the Specialized Services Report?

- Any physician providing a consultation to a patient involved in a motor vehicle accident.
- In order to provide a consultation, you require a written referral from a physician.

Where do I find the ICBC Specialized Services Report template?

- [ICBC Physician Services](#)
- [The Forms Repository in Pathways](#)

When do I fill out a Specialized Services Report?

ICBC - Continued

- Complete the report following an initial consultation with the patient who has been in a motor vehicle accident,
- In circumstances where more information (e.g., labs/imaging) is required, you may choose to complete the report after the results are available.
- When a report has been requested by ICBC.

It is recommended that the report be delivered to ICBC no later than 30 business days from the date the consultation was completed in order to provide information that is clinically relevant to the care of the patient.

Can I complete a Specialized Services Report when I provide care for an ICBC-related injury in a facility setting?

- This Report can be completed for both community and facility-based patients.

How do I share the Specialized Services Report with ICBC?

There are two options to share the report with ICBC:

1. Pro-actively send the report to ICBC after the initial consultation with patient consent.
2. Complete the report after the initial consultation and notify ICBC that a report is ready. This will prompt ICBC to submit a formal request to collect this information. Formal requests do not require patient consent as ICBC has the legislative authority to collect this information.

*See Section on Consent for more details.

NOTE: Submission of the ICBC Report triggers payment of the report.

When does the Specialized Service Report apply?

The Specialized Service Report applies when:

- A patient has a motor vehicle accident date of **May 1, 2021 or later**, and
- A patient is seeking an initial consultation for a specialty service specific to an ICBC-related injury.

ICBC does not:

- remunerate for missed or cancelled appointments,
- pre-pay for reports, and
- pay for Specialized Services Reports for injuries occurring before May 1, 2021.

The report does not include payment for the consultation itself. Please submit a billing claim for the consultation through the usual Teleplan process with ICBC named as the insurer using the standard MSP consultation codes.

Do physicians have to provide a portion of the Specialized Services Report fee to clinic owners/operators for overhead?

There are no specific requirements for how physicians and clinics are expected to distribute the specialized services report fee amongst themselves.

Physicians and clinic owners are advised to develop formal cost sharing agreements to clearly define and document physician's financial obligations to their clinics. Physicians and clinic owners should discuss how their cost sharing agreements apply to all aspects of their billing, including services billed to ICBC.

Please see [Doctors of BC Business Pathways](#) for more resources on the business elements of medical practice, including a [Guide to Cost Sharing Agreements](#) and a [Cost Sharing Agreement template](#).

SECTION 3: FOR ALL PHYSICIANS

Consent

There are two options available when submitting an ICBC Report. These options are based on whether the patient provides consent during your visit.

Option 1: Submitting the ICBC Report with Patient Consent

- The physician obtains patient consent to share information with ICBC. This allows the physician to proactively send the Report to ICBC after the initial office visit.
- See [here](#) for the *Consent to Sharing of Information* template.

Option 2: Submitting the ICBC Report without Patient Consent

- If the patient does not provide consent, the physician may continue to complete the report, however, they must wait for a formal request from ICBC before sending the report.
- To alert ICBC that you have seen an ICBC patient, the physician's office must contact ICBC's Health Care Inquiry Unit (healthcareinquiry@icbc.com or 1-800-717-7150) with the patient's name and claim number, indicating that consent was not obtained, and that an ICBC request letter is required.
- ICBC sends a formal request letter to the Physician's office.
- The ICBC Report is submitted upon receipt of ICBC's request letter.

Why do I need patient consent to proactively send a Report to ICBC?

- If you are sending an initial medical Report to ICBC without a formal request from them, you must have patient consent to proactively share their personal information.
- ICBC is encouraging physicians to send information to them this way as it will help streamline workflow and payment. Early awareness will help ICBC support the recommended care plan.
- One way to collect patient consent is to have your patient fill out a consent form.
- Doctors of BC created a consent template for this purpose that may be accessed here: [Consent to Sharing of Information](#) template.

Invoicing

For Reports:

- Physicians must submit their completed reports to ICBC via fax or regular mail to receive payment.
- A separate invoice is not required for the Reports. There is space on the report to include an invoice number for personal tracking purposes.
- Reports must include claim numbers (this should be provided by the patient).
- **The Standard, Extended, Re-assessment Services include payment for the visit and completion of the report.**
 - Any follow-up patient visits outside these services are billed as usual via Teleplan, with ICBC named as the insurer, using the standard MSP codes.
 - ICBC is responsible for payment of all visits related to motor vehicle accident injuries billed via Teleplan until the ICBC claim is closed.
 - These Reports serve as both your medical record documentation and the invoice to ICBC.
- **The Specialized Services Report does not include payment for the office consult.**
 - All consultations must be billed as usual via Teleplan, with ICBC named as the insurer, using the consultation fee codes contained in the MSC Payment Schedule.
 - Documentation for the clinical encounter should occur as per usual consultation guidelines.

For non-Report services (A94569)

- Prepare the invoice. The following must be included in the invoice:
 - ICBC Claim number
 - Patient name
 - Physician providing the service
 - Payee where this differs from the Physician providing the service

Send the completed Reports and/or invoices (when appropriate) to ICBC by one of the following:

Submission Information	
Fax	1-877-686-4222
Mailing Address	PO Box 2121, STN Terminal Vancouver, BC V6B 0L6

Vendor Number

You may use an ICBC vendor number to identify the clinic or practitioner that ICBC pays for the treatment service. This number allows for you to receive one combined payment for all services, along with a statement listing all paid reports or invoices.

How do I find out if I have a vendor number?

If you are a physician already providing services to ICBC patients and wish to be paid directly for reports and other non-MSP services, the Health Care Inquiry Unit can confirm the ICBC vendor number that matches your MSP record.

How do I apply for a vendor number?

If you are a clinic that employs physicians and other treatment providers who see ICBC patients, please review the [vendor number application requirements](#).

If you are new to working with ICBC patients and will be invoicing ICBC directly for reports and other non-MSP services, you can [apply for a vendor number](#).

- The patient's name and claim number, indicating that consent was not obtained, and that an ICBC request letter is required.
- ICBC sends a formal request letter to the Physician's office.
- The ICBC Report is submitted upon receipt of ICBC's request letter.

How do I update payment information invoiced through MSP – Teleplan?

To update payment information for standard visits, which are invoiced via MSP-Teleplan, you must [contact MSP-Teleplan](#) directly. ICBC does not maintain payment details for items invoiced through MSP-Teleplan.

Claim Number

Why do I need to add a claim number to Reports?

Claim numbers ensure a valid claim with ICBC. If a claim number is missing from the reports sent to ICBC, ICBC will initiate a search based on other identifying information from the report provided; if this fails, ICBC will send an automated template informing the physicians office the report could not be processed.

QUESTIONS

For all policy and process related questions, to validate a claim number or coverage and for general ICBC questions, please contact:

ICBC Health Care Inquiry Unit (HICU)

604-587-7150

1-888-717-7150

For all payment related issues including outstanding invoices, partially paid invoices, requests to resubmit invoices and confirmation of process, or to correct, cancel or reissue a cheque, please contact:

ICBC Claims Vendor Inquiry Unit

claimsvendorinquiry@icbc.com

Please be sure to include claim number, patient name, payee name, and invoice number if applicable.