



## Specialists and Specialized Services ICBC Webinars

ICBC in partnership with Doctors of BC provided two webinars to specialists and physicians providing specialized services in February and March 2026. This document contains responses to all questions provided via the webinar Q&A and chat functions. Any additional questions or follow up questions can be directed to [icbc@doctorsofbc.ca](mailto:icbc@doctorsofbc.ca).

**1. We are a multidisciplinary clinic mixed allied and medical team. Should the specialist team be submitting these [Physician Specialized Services Report (CL489S)] or only the GP?**

Family physicians complete the Family Physician report series when applicable in their practice.

Specialist physicians providing a consultation to patients following a referral from a family physician or nurse practitioner can complete the Physician Specialized Services Report (CL489S). If the specialist team is not completing consults in this manner, the Physician Specialized Services Report (CL489S) would not apply.

The Specialized Service Report applies when a patient has a motor vehicle accident date of May 1, 2021, or later.

**2. Do these new benefits support patients whose MVA is before 2025?**

Enhanced Accident Benefits, under Enhanced Care, are available to patients with claims related to accidents that occurred on or after May 1, 2021. Patients whose injuries were sustained as a result of a crash prior to May 1, 2021 have access to many similar benefits, but not all benefits outlined in the webinar.

**3. Is there payment for filling out the form?**

Yes, there is a payment for completion of the Physician Specialized Services Report (CL489S). The report fee (\$275.00) does not include payment for the office consult. Please process payment for the visit through Teleplan.

For the Physician Specialized Services Report, the report itself acts as the invoice.

More information is available in the [Doctors of BC ICBC Fee Guide](#).

**4. I have seen multiple patients who develop central sensitization, etc., within weeks of their MVA. Is there a list of medical benefits like advanced pain therapies such as PRP, prolotherapy, infusion therapy?**

ICBC is not first payer for any of these listed interventions. Medications and related expenses for administering or injecting the medications must first be considered for payment by any other insurance plan, such as employer benefits plans, before ICBC can consider payment. These expenses must be



required for a medical reason related to the motor vehicle claim, and their benefit to the patient's function and/or recovery should be outlined for ICBC to appropriately assess the funding decision.

Specialists are encouraged to follow their normal procedures when recommending these interventions to patients, and if the request for funding is made to ICBC, it is important to include an indication of the expected benefit of the treatment when including it in the Recommended Care Management Plan section of the Physician Specialized Services Report (CL489S).

ICBC has posted the [Evidence-Informed Policy for Botox](#) on the ICBC health services page.

**5. Many patients are losing their family physician and we are seeing them for therapy. What is the ICBC requirements for the specialists re: reporting? Good question... for ICBC... is the SS Report sufficient?**

Specialists providing consults and treatment arising from a family physician or nurse practitioner referral should complete the Physician Specialized Services Report (CL489S) in accordance with the information found in the webinar and the [Doctors of BC ICBC Fee Guide](#). At this time there is no additional report type or requirements from ICBC. As per the Fee Guide, the Report can be completed:

- following an initial consultation with the patient who has been in a motor vehicle accident;
- when a report has been requested by ICBC; or
- in circumstances where you determine more information is required (e.g., labs/imaging), after the results are available.

**6. Is there a list of accepted equipment covered?**

ICBC may fund mobility devices and durable medical equipment, as well as other forms of equipment, that support a customer in their recovery and return to function, at home and in the workplace/community setting. Each item/request is reviewed in relation to the specific patient (our customer).

**7. We have had many patients not get approval of care even standard Physio. Who do we send this info/form to?**

Enhanced Care automatically covers customers for certain early access treatments, previously known as "preauthorized treatments," that meet their rehabilitation needs, inclusive of physiotherapy. A referral from a physician or nurse practitioner, or approval from ICBC, is not required.

After the initial twelve-week period following the crash, the treating practitioner may request further treatment approval from ICBC.

Physicians can indicate recommended treatment in the Recommended Care Management Plan section of the Physician Specialized Services Report (CL489S). Patients can be encouraged to discuss these recommendations with their ICBC Recovery Specialist.



**8. What do patients who have MVA before 2021 do?**

Patients whose crash was before May 1, 2021, do not have access to Enhanced Accident Benefits. These patients are entitled to “Part 7 Benefits” under the *Insurance (Vehicle) Regulation*, and are supported by an ICBC Claims Specialist (not a Recovery Specialist). These claims are within the legal-based (tort) system. Patients can be referred to their ICBC Claims Specialist or their legal representative to request pre-approval or reimbursement for expenses incurred because of their crash.

**9. re: A94569 Physician Conference Fee; is this billable whenever our doctors are corresponding with any ICBC?**

A94569 is payable for verbal or written physician conferencing with ICBC or other treatment providers, as per the [Doctors of BC ICBC Fee Guide](#). Physician conferencing is defined as an interactive exchange of information for the purpose of addressing barriers and discussing care plan recommendations. ICBC approval is required either via an ICBC request for written or verbal communication that confirms the billing details, or by clarifying billing in the course of the interactive exchange.

The physician conference fee is *not* payable for administrative tasks, such as arranging expedited consults or diagnostic investigations.

This fee item requires an itemized invoice that includes:

- ICBC Claim number
- Date of accident
- Patient name
- Physician providing the service
- Payee where this differs from the Physician providing the service
- Date of service

Invoices can be faxed to ICBC at 1-877-686-4222 or mailed to:

PO Box 2121, STN Terminal  
Vancouver BC  
V6B 0L6

**10. For pediatric patients I assume we are comparing function to their pre-injury or age-typical ADLs/IADLs?**

Yes, it would be appropriate to use these comparisons.

**11. When would an A00071 -72 or -73 medical legal letter or report be requested from ICBC in the Enhanced care system?**

At times, the ICBC Recovery Specialist may require additional information from a physician outside of the standardized reporting pathways. Depending on the types of questions asked, the physician may deem that a medical legal type letter is the appropriate pathway for response, rather than the A94569



Physician Conference Fee. The physician should communicate this and the associated fee to the ICBC Recovery Specialist and obtain approval by them prior to completing the letter or report.

**12. Can we decline giving opinions on prognosis?**

To the extent that it is known by the physician providing the report, a prognosis can be essential to making an informed decision on benefits administration. That said, there may be cases where it is appropriate to defer prognosis to the family physician.

**13. Should the specialist service report be completed with every new ICBC patient, or do we wait for a request from ICBC? Is it billable separate from the MSP consult fee?**

As per the [Doctors of BC ICBC Fee Guide](#):

When do I fill out a Specialized Services Report?

- 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.

The Specialize Services Report itself acts as the invoice (and is thus billed to ICBC). The consultation should be billed to the Medical Services Plan (MSP) using the appropriate MSP billing code(s).

**14. What is the best way to contact ICBC about the content of a specialist report given that we do not always have the "recovery specialist" contact information.**

ICBC's Health Care Inquiry Unit (HCIU) can confirm the patient's claim number and ICBC Recovery Specialist contact information. Visit the [Contact us](#) tab of the [ICBC Health Services](#) page.

- HCIU Hours: Monday–Friday, 8:30 a.m.– 4 p.m. PT
- [HealthCareInquiry@icbc.com](mailto:HealthCareInquiry@icbc.com)
- Lower Mainland: 604-587-7150
- Toll-free: 1-888-717-7150

**15. In the off-chance a patient presents with PTSD or significant mental health symptoms to the ED and they are seen by a psychiatrist, is the ED psychiatrist eligible for completion of the form and reimbursement?**

While it is not a typical expectation that the Physician Specialized Services Report (CL489S) will be completed in the ED setting, it may be reasonable to complete on occasion and can be completed at the specialist's discretion.



**16. How can we get information back after completing the specialist report? i.e. ICBC's decisions?**

ICBC will communicate funding decisions directly to a physician when the physician has requested funding for services they administer (such as injections, medications). ICBC is responsible for communicating all funding decisions to our customers, your patients, and in some cases, the patient will be relied on to share these decisions with their care team.

**17. Does ICBC want this form after every single followup with the patient or only when material change occurs that alters the Plan?**

The form is not required after every follow up visit. As per the [Doctors of BC ICBC Fee Guide](#), in circumstances where more information is required by the physician, the report may be completed after the follow up visit, but typically the form would be completed following the initial visit or upon request by ICBC.

**18. Are residents eligible to complete the report under supervision from their supervisors?**

Yes, residents are eligible to complete the report under the supervision of their supervisors.

**19. What if a patient has an aggravation of motor vehicle accident related pain from a distinct mechanism unrelated to the accident)? Should a form still be completed?**

If a customer is not actively receiving any benefits from ICBC, or in cases where this consult occurs after their injury recovery has concluded, it would not be advisable to complete the Physician Specialized Services Report (CL489S). In these cases, ICBC may request the report if the customer seeks to reopen and reinstitute benefits under their claim.

**20. Is there a role for anesthesiologists in this process?**

To the extent that anesthesiologists may perform consults to family physicians for patient's MVA-related injuries, for crashes on or after May 1, 2021, yes, anesthesiologists can complete the reports.