**Purpose**

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Acupuncture practitioners. The HCPIR application is designed to streamline the invoice and report submission process.

This job aid will show you how to submit a report, submit an invoice, and request a treatment extension or submit a discharge notification in the HCPIR web application.

**Overview**

**Topics Covered**

- Enter Service Provider Information & Customer Details
- Submit Clinical Records
- Invoice a Report
- Submit a Request for a Treatment Extension
- Submit a Discharge Notification
Service Provider Information & Customer Details

Enter Service Provider Information

1. To begin your submission, enter your vendor number and click the Verify button.
2. Validate the auto-populated information (for example, Business name and Business address).
   a. If the auto-populated information is incorrect, click the Help icon next to the field to learn how to update vendor information.
3. Enter a valid email address in the Email address field. If you request a final copy of the submission, it will be sent to the email address that you have entered.
Enter Customer Details

4. Scroll down to the Customer / Patient section and enter the required customer details.
   a. Enter the claim number. Remember that each submission can only be made for one customer on one claim number.
   b. The Date of accident will auto-populate.

5. Enter the customer details.
   a. Enter the customer’s legal first and last name. If a name other than the customer’s legal name is used (for example, a nickname), this could cause delays in processing the submission and receiving payment.
   b. Enter the customer’s date of birth.
   c. Enter the customer’s personal health number. This is optional, however, it will assist pairing the submission to the correct customer in ICBC's claim system and ensure that the submission is reviewed by the appropriate ICBC representative.

6. Select the appropriate option in the What are you submitting today? field below.
   a. “Invoice for patient care & related expenses”
   b. “Report and supporting documentation”
   c. “Treatment extension request / discharge notification”

7. Click the Next button.

Tip: If you select “Report and supporting documentation,” then “Invoice for patient care & related expenses” will be automatically selected.

Tip: If you select the “Invoice” or “Report” option and proceed to the next page, you will not be able to return and change your selection. To change your selection, click the Start Over button and start again.
Clinical Records

Enter Details of the Clinical Records

1. In the Medical Report section, enter the required details of the report you are submitting.
   a. Enter the date of the report being submitted in the Date of report field.
   b. Select “Acupuncture” from the drop-down menu in the Who is submitting? field.
   c. Select “Clinical Records” from the drop-down menu in the Which Report are you submitting? field.
   d. Enter the date range of the customer’s clinical records in the Clinical records from and Clinical records to fields.
   e. Enter the practitioner number. This is optional.
   f. Enter the practitioner first and last name.

2. Click the Next button to continue.
3. In the final *Medical Report* section, click the **Browse** button to select a file from your system to upload.

4. Click the **Attach** button to upload the file.
5. To remove an incorrect file, click the Trash icon to delete the uploaded file.

6. To preview the uploaded document, click the Preview button.

7. Click the Next button to proceed to the Invoicing screen. Based on your submission, select fields in the Invoice screen will auto-populate. Refer to the Invoice a Report section of this job aid for more information.

<table>
<thead>
<tr>
<th>File name</th>
<th>Size (MB)</th>
<th>Document title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Records.docx</td>
<td>0.01</td>
<td>Acupuncture - [01FEE32019-21FEE32019]</td>
</tr>
</tbody>
</table>

Your invoice number *

12345

Practitioner / Therapist 1

Treatment / Service type * | Practitioner number | Practitioner first name * | Practitioner last name *
---------------------------|---------------------|---------------------------|-------------------------
Acupuncture                |                     | Ginny                     | Dan                     

Report

Date of submission * | Report type * | Fee *
---------------------|---------------|-----------------|
18 JUL 2019          | Clinical Records | $              

Add session
Invoice a Report

Enter Details of the Invoice

1. Validate the details of the service that the customer received.
   a. Enter the invoice number in the *Your invoice number* field. This number will be printed on the PDF copy of your final submission and on the vendor statement when you receive payment from ICBC.
   b. If a report is part of your submission, the *Treatment / Service type*, *Practitioner number* (this is optional), *Practitioner first name*, and *Practitioner last name* fields will pre-populate. Validate the pre-populated fields.
   c. Validate the date of submission.
   d. Validate the report type (for example, “Clinical Records”).

2. Enter the applicable fee for clinical record in the *Fee* field.
### Add a Session

3. In the Invoice section, if the customer has multiple sessions with the same practitioner, click the **Add Session** button to add a session with the same practitioner.
   
   a. Enter the details related to the additional session.

4. To delete a session, click the **Trash** icon next to the session.

<table>
<thead>
<tr>
<th>Practitioner / Therapist 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment / Service type</strong></td>
</tr>
<tr>
<td>Acupuncture</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of submission</strong></td>
</tr>
<tr>
<td>20-JUL-2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of service</strong></td>
</tr>
<tr>
<td>01-FEB-2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of service</strong></td>
</tr>
<tr>
<td>12-FEB-2019</td>
</tr>
</tbody>
</table>
Add New Practitioner

5. In the Invoice section, if the customer has a session with an additional practitioner, click the Add new practitioner / therapist button to add a session with a new practitioner.
   
a. Enter the details related to the session with the additional practitioner.

6. To delete a practitioner, click the Trash icon next to the session with the practitioner.

Tip: A vendor that offers multiple services (for example, physiotherapy and massage therapy) can bill those services under one submission as long as the services are for the same customer under the same claim.

Tip: To bill for a type of therapy that is missing from your drop down list, visit the ICBC Business Partners page to learn how to request to have additional therapy types added to your vendor number.
7. In the Legal disclaimer section, review the disclaimer and select the checkbox to acknowledge it.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtotal</td>
<td>$208.00</td>
</tr>
<tr>
<td>PST</td>
<td>$0.00</td>
</tr>
<tr>
<td>GST/HST</td>
<td>$3.50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$211.50</strong></td>
</tr>
</tbody>
</table>

**Legal disclaimer:**

By submitting this invoice, the vendor certifies that the goods and/or services contained herein were provided to the customer for medical purposes by qualified and accredited persons. The vendor further certifies that the customer has received all goods and/or services as described and that the information provided for this claim payment is true and complete. It is understood and agreed that providing false or misleading information may result in the cancellation of the vendor’s vendor number and ICBC may seek to recover damages and/or financial restitution.

[Check box]
Preview The Invoice Submission

8. To preview the PDF format of the invoice submission, click the **Preview** button.

<table>
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<th>Description</th>
<th>Amount</th>
</tr>
</thead>
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9. To make a change to the invoice submission, click the **Previous** button to return to the section of the submission you wish to modify.

   a. To submit on the **Preview** section, click the **Submit** button.
   
   b. To submit on the **Invoice** section, click the **Previous** button to exit from the **Preview** section, and click the **Submit** button on the **Invoice** section.

Health Care Provider Invoicing and Reporting

This is a preview of the invoice you will be submitting. Please review it and click “Previous” if you would like to make any changes or “Submit” to process your invoice.
10. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the final vendor statement.
Submit a Request for a Treatment Extension

Enter Details of the Request for a Treatment Extension

1. In the Treatment Extension Request / Discharge Notification section, enter details of the extension request.
   a. Enter “Acupuncture” in the Practitioner / therapist type field.
   b. Enter the practitioner number. This is optional.
   c. Enter the practitioner’s first and last name.
   d. Select “Treatment extension” in the Are you requesting treatment extension or notifying of discharge from care? field.
   e. Enter the number of additional sessions you will provide the customer in the Number of additional sessions field.
   f. Enter the anticipated discharge date.
   g. Enter the reason for treatment extension.

In order to consider your treatment extension, please provide the following information:

- Number of additional sessions:
  - 5

- Anticipated discharge date:
  - 30-Mar-2019

- Reason for treatment extension:
  - Customer is not showing satisfactory improvement
Enter Your Contact Details

2. Enter your contact details to ensure that the appropriate ICBC representative is able to contact you while processing the submission.

   a. Select how you wish the appropriate ICBC representative to contact you in the *Contact preference* field. You are not required to provide both a phone and an email address. You may choose to provide one.

![Health Care Provider Invoicing and Reporting](image)

Contact preference
- [x] By phone
- [x] By email

Contact phone number: 1-234-567-890
Contact email: abc@email.com

* Indicates required field

Preview The Request for a Treatment Extension Submission

3. To preview the PDF format of the request for a treatment extension submission, click the *Preview* button.

![Health Care Provider Invoicing and Reporting](image)

Reason for treatment extension: Customer is not showing satisfactory improvement

Contact preference
- [x] By phone
- [x] By email

Contact phone number: 1-234-567-890
Contact email: abc@email.com

* Indicates required field
4. To make a change to the submission, click the **Previous** button to return to the section of the submission you wish to modify.

5. Click the **Submit** button to submit the request for a treatment extension submission.
   a. To submit on the **Preview** section, click the **Submit** button.
   b. To submit on the **Treatment Extension Request / Discharge Notification** section, click the **Previous** button to exit from the **Preview** section, and click the **Submit** button on the **Treatment Extension Request / Discharge Notification** section.
6. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the vendor statement.

Health Care Provider Invoicing and Reporting

Thank you for your submission.

Your reference number for this submission is 19-00001376.
Please record this number as it will be required for future communications regarding your submission.

If you wish to receive a PDF copy of your submission, click "Request PDF Copy". An email containing the PDF will be sent within 24 hours to the email address you provided during your submission.
Submit a Discharge Notification

Enter Details of the Discharge Notification

1. In the Treatment Extension Request / Discharge Notification section, enter details of the discharge notification.
   a. Enter “Acupuncture” in the Practitioner / therapist type field.
   b. Enter the practitioner number. This is optional.
   c. Enter the practitioner’s first and last name.
   d. Select “Discharge notification” in the Are you requesting treatment extension or notifying of discharge from care? field.

Health Care Provider Invoicing and Reporting

| Customer: Karen Anderson | Claim number: B15038-6 | Date of accident: 22 NOV-2017 | Submission date: 21-FEB-2019 |

Treatment Extension Request / Discharge Notification

- Practitioner/ therapist type: Acupuncture
  - Practitioner number: [blank]
  - Practitioner first name: Ginny
  - Practitioner last name: Dan

Are you requesting treatment extension or notifying of discharge from care?
- Treatment extension: [blank]
- Discharge notification: [checked]
e. Enter the discharge date.

f. Select the reason that the customer is being discharged in the *Is the customer being discharged due to* field. If “Other” is selected, an explanation for why the customer is being discharged is required in the *Comment* field.

**Health Care Provider Invoicing and Reporting**

**1e**

- **Discharge date**: 21-Feb-2019

**1f**

- **Is the customer/patient being discharged due to**: Met treatment goal

**Comment**

Customer got well

**17 / 750 character limit**

**Preview The Request for a Discharge Notification**

2. To preview the PDF format of the request for a discharge notification submission, click the **Preview** button.
3. To make a change to the discharge notification submission, click the Previous button to return to the section of the submission you wish to modify.

4. Click the Submit button to submit the discharge notification submission.
   
a. To submit on the Preview section, click the Submit button.

b. To submit on the Treatment Extension Request / Discharge Notification section, click the Previous button to exit from the Preview section, and click the Submit button on the Treatment Extension Request / Discharge Notification section.

Below is the preview of your submission. Please review and click "Previous" if you would like to make any changes.

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**Health Care Provider Invoicing and Reporting**

Customer: Karen Anderson  
Claim number: 9813056-6  
Date of accident: 22-NOV-2017  
Date submitted: 21-FEB-2019

**Acupuncture**

Customer got well

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**Health Care Provider Invoicing and Reporting**

Customer: Karen Anderson  
Claim number: 9813056-6  
Date of accident: 19-JAN-2018  
Date submitted: 24-JUL-2019

**Treatment Extension Request / Discharge Notification**

Practitioner/therapist type *

- Acupuncture

Practitioner number  
Practitioner first name *  
Practitioner last name *

Are you requesting treatment extension or notifying of discharge from care? *

- Treatment extension
- Discharge notification

Discharge date *

21-FEB-2019

Is the customer/patient being discharged due to *

- Met treatment goal

Comment

Customer got well

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5. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the vendor statement.

6. If an email address was entered on the Service Provider / Payee Information screen, click the Request PDF Copy button.

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**Health Care Provider Invoicing and Reporting**

Thank you for your submission.

Your reference number for this submission is **19-00001362**. Please record this number as it will be required for future communications regarding your submission.

If you wish to receive a PDF copy of your submission, click "Request PDF Copy". An email containing the PDF will be sent within 24 hours to the email address you provided during your submission.

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7. A confirmation screen stating that the PDF copy of the submission will be sent within 24 hours will appear.

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**Health Care Provider Invoicing and Reporting**

Thank you for your submission.

An email containing the PDF copy of your submission will be sent within 24 hours.

Your reference number for this submission is **19-00001362**. Please record this number as it will be required for future communications regarding your submission.
8. If an email address was not entered on the Service Provider / Payee Information screen, enter a valid email address in the Email address field.

9. Click the Request PDF Copy button.

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Health Care Provider Invoicing and Reporting

Thank you for your submission.

Your reference number for this submission is 19-00001361. Please record this number as it will be required for future communications regarding your submission.

If you wish to receive a PDF copy of your submission, provide an email address and then click "Request PDF Copy". An email containing the PDF will be sent within 24 hours.

[Email address]  
abc@email.com

[Request PDF Copy]