Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Kinesiology 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.

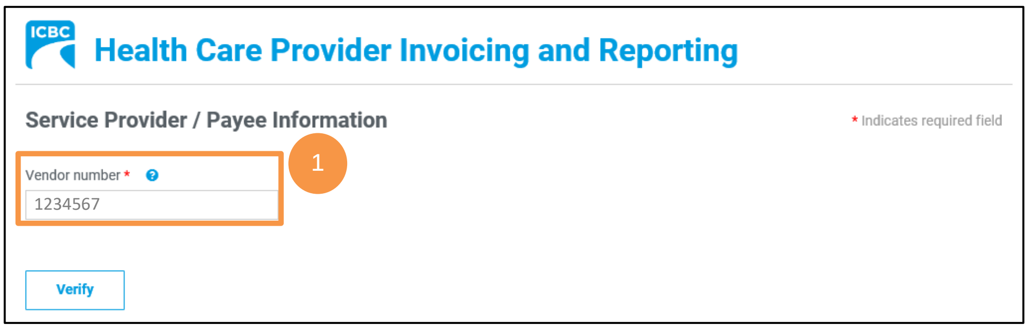
Overview

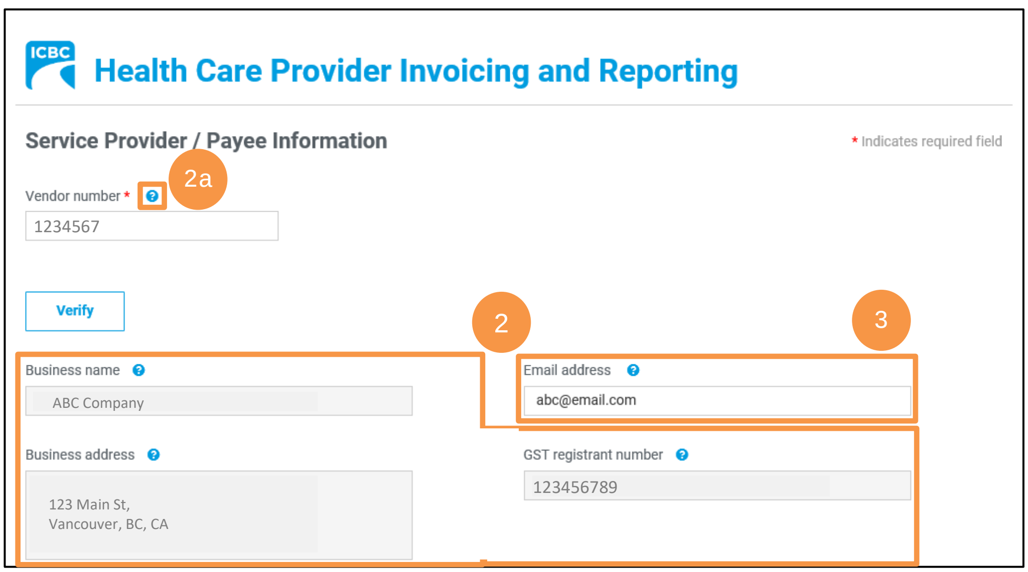
Topics Covered

Service Provider Information & Customer Details

Enter Service Provider Information

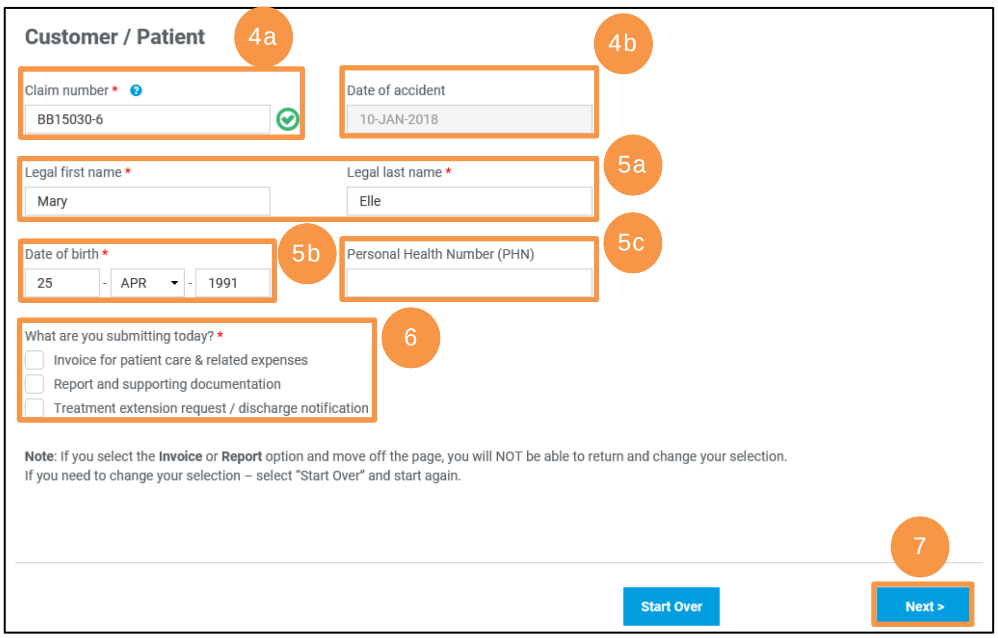
1. To begin your submission, enter your vendor number and click the **Verify** button.
2. Validate the auto-populated information (for example, *Business name and Business address*).
    a. If the auto-populated information is incorrect, click the **Help** icon next to the field to learn how to update 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 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.



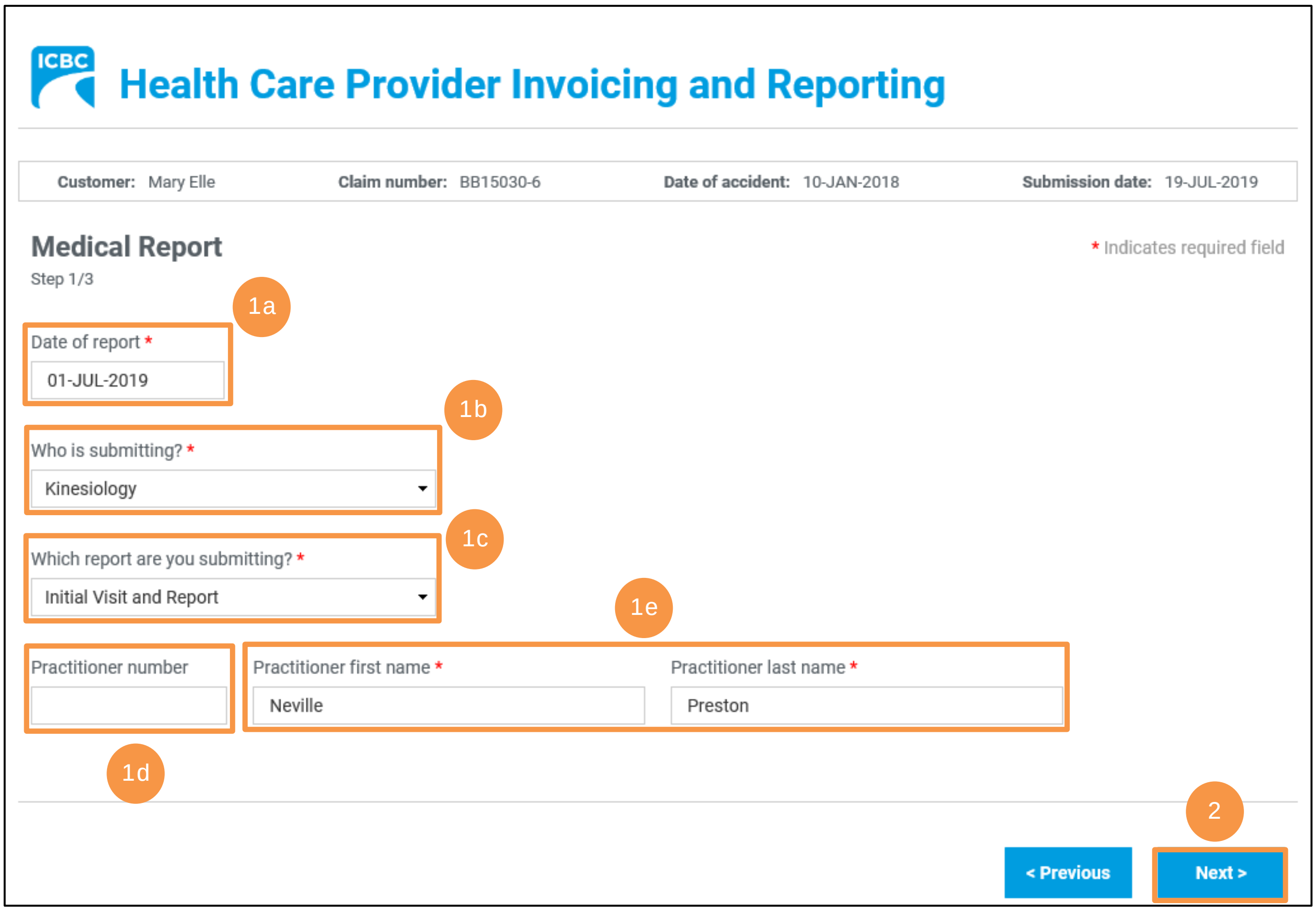
Tip: If you select "Report and supporting documentation," then "Invoice for patient care & related expenses" will be automatically selected.

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.

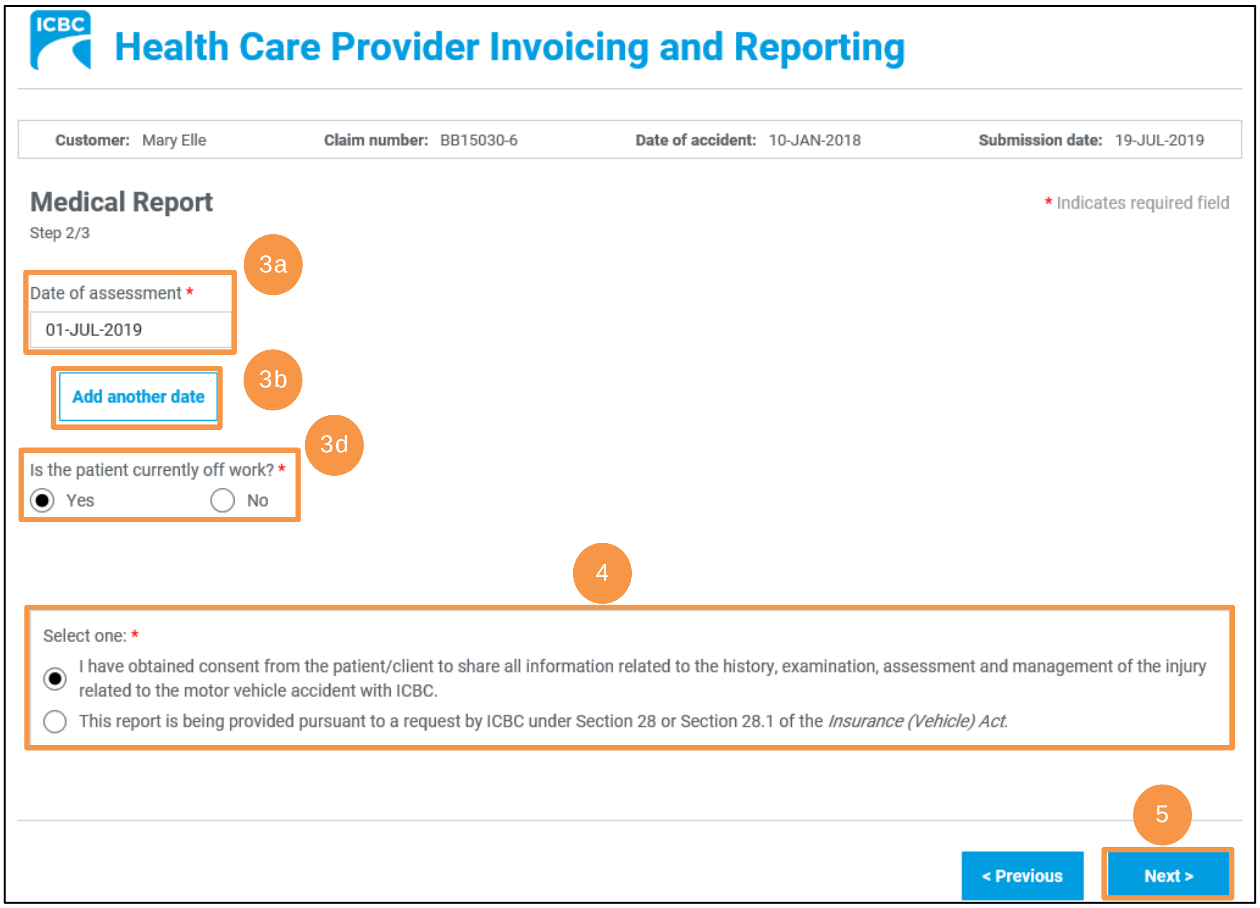
Initial Report

Enter Details of the Initial Report

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 "Kinesiology" from the drop-down menu in the *Who is submitting?* field.
    c. Select "Initial Visit and Report" from the drop-down menu in the *Which report are you submitting?* field.
    d. Enter the practitioner number. This is optional.
    e. Enter the practitioner first and last name.
2. Click the **Next** button to continue.



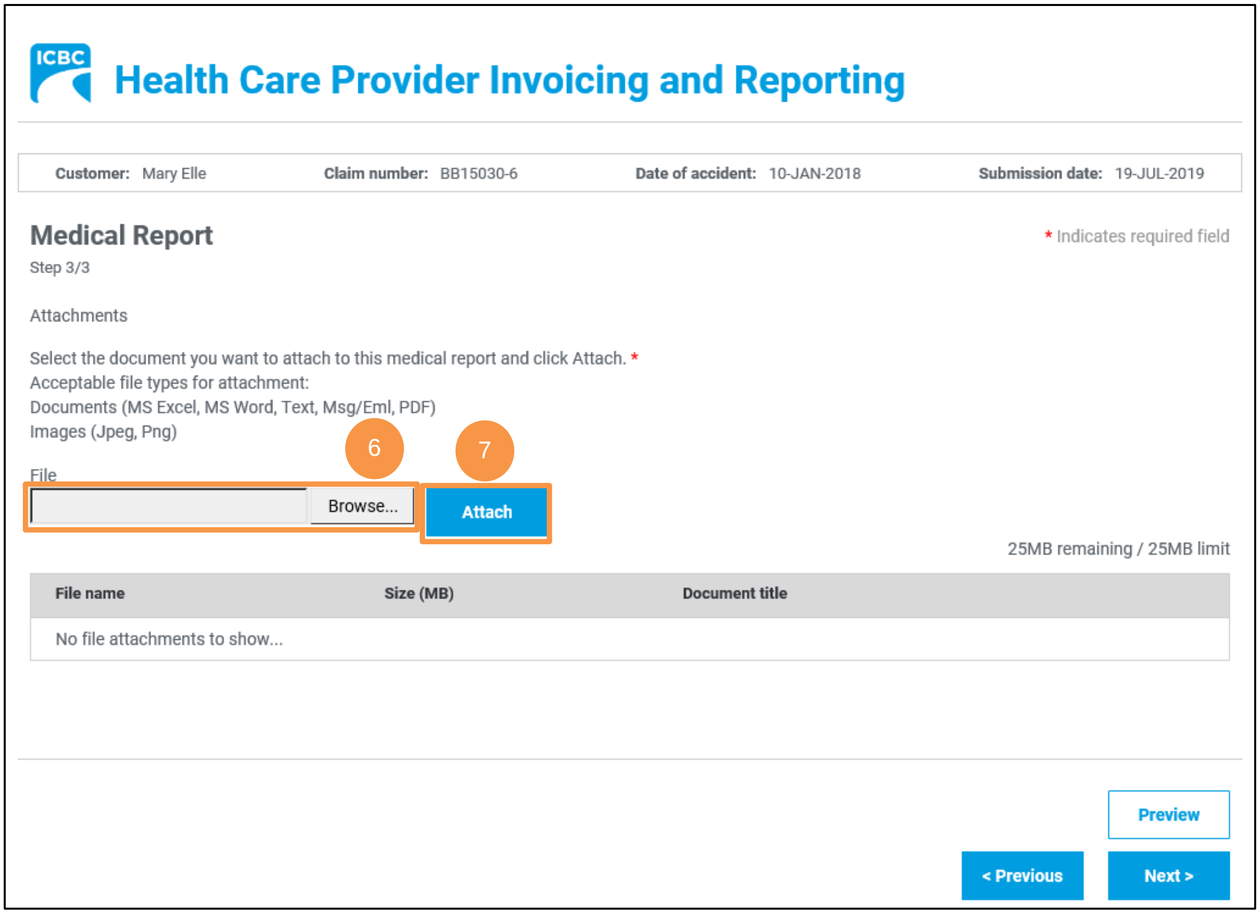
3. Enter details of the report you are submitting in the below *Medical Report* section.
    a. Enter the date in which the customer was assessed by the medical practitioner in the *Date of assessment* field.
    b. To add another assessment date, click the **Add another date** button. You can add up to four assessment dates.
    c. Select whether the customer is currently off work in the *Is the patient currently off work?* field.
4. In the *Select One* field, select whether the customer's information is being shared with the customer's consent or because of a request from ICBC.
5. Click the **Next** button to continue.



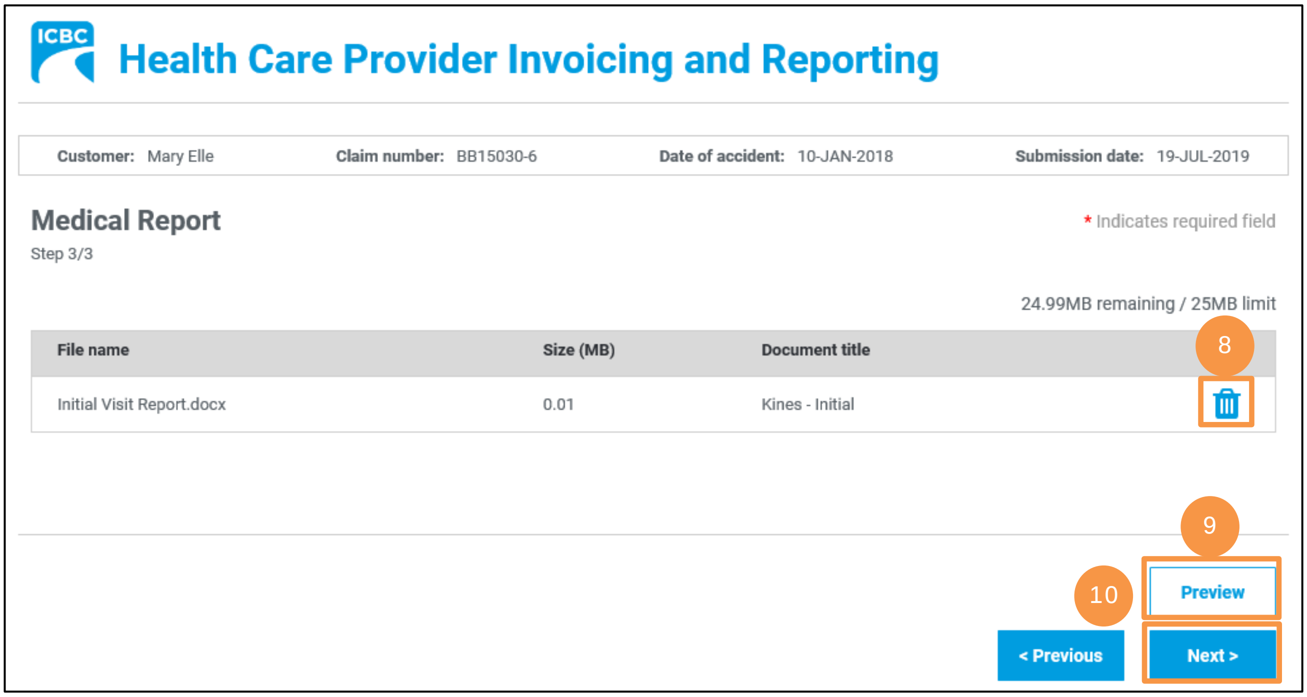
6. In the final *Medical Report* section, click the **Browse** button to select the copy of the PDF report from your system to upload.

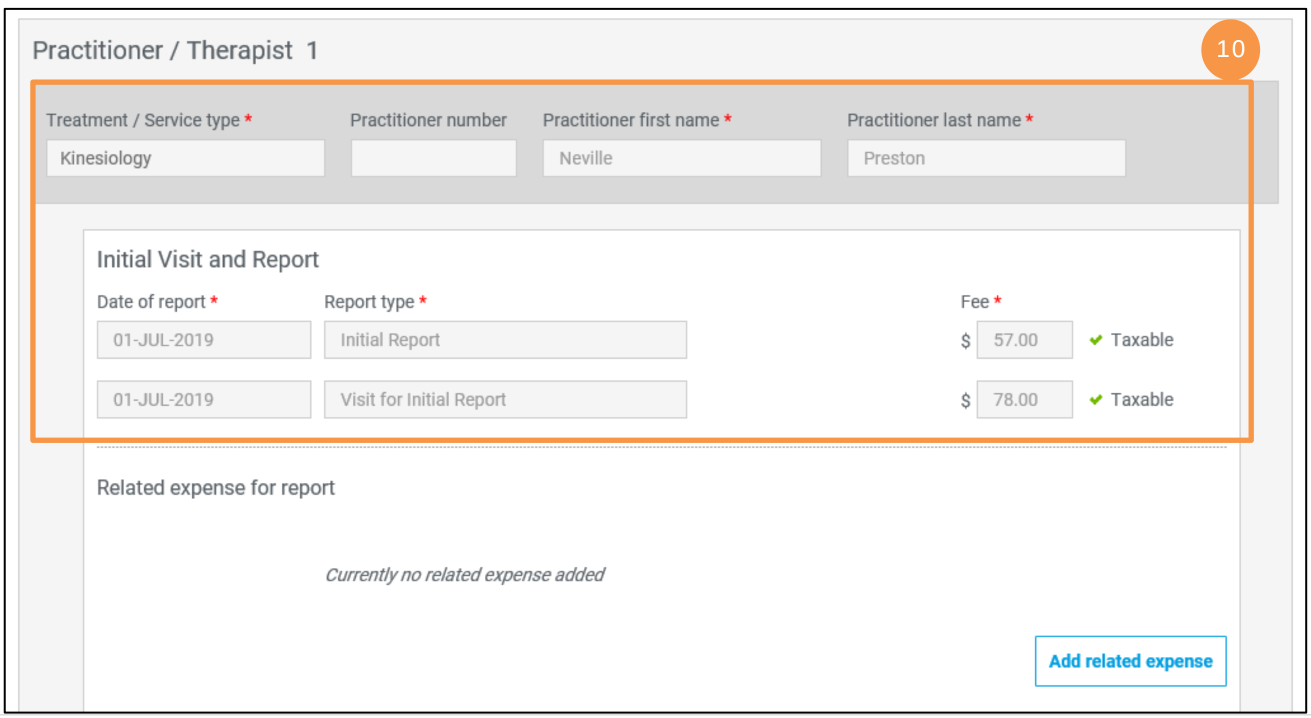
> **Tip**: Blank copies of the PDF reports can be downloaded from the Business Partners web page, filled out and uploaded to the *Medical Report* screen.

7. Click the **Attach** button to upload the file.



8. To remove an incorrect file, click the **Trash** icon to delete the uploaded file.
9. To preview the uploaded document, click the **Preview** button.
10. 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 for Patient Care* section of this job aid for more information.

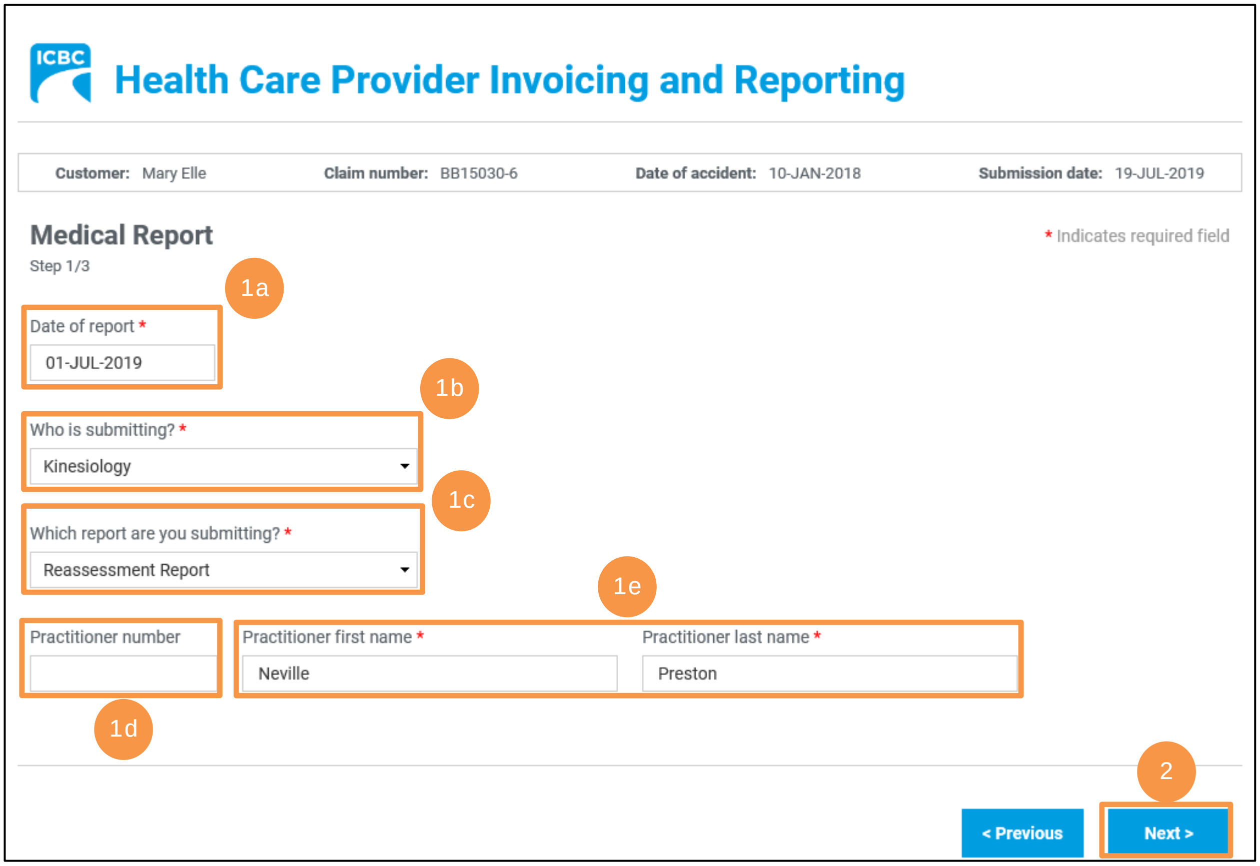




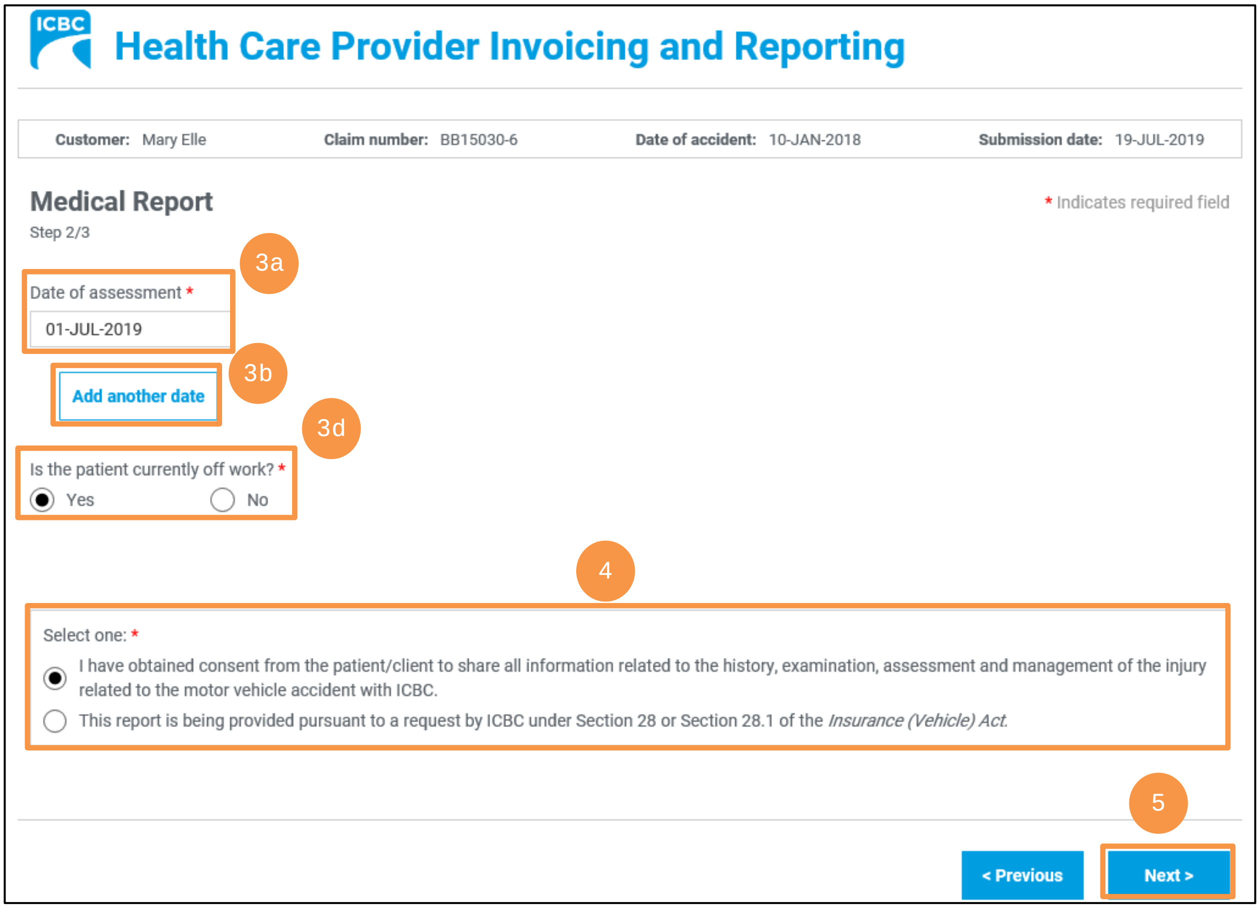
Reassessment Report

Enter Details of the Reassessment Report

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 "Kinesiology" from the drop-down menu in the *Who is submitting?* field.
    c. Select "Reassessment Report" from the drop-down menu in the *Which Report are you submitting?* field.
    d. Enter the practitioner number. This is optional.
    e. Enter the practitioner first and last name.
2. Click the **Next** button to continue.



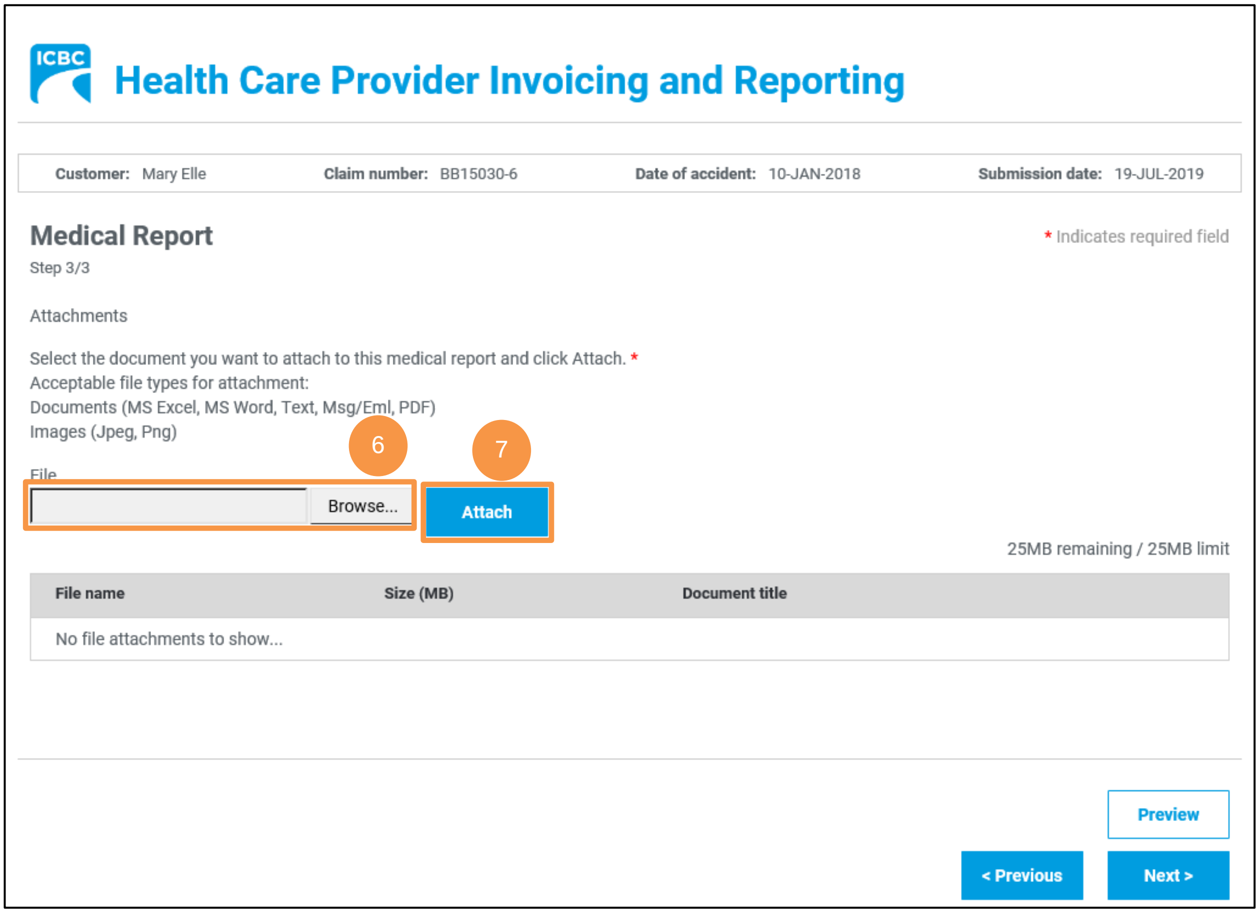
3. Enter details of the report you are submitting in the below *Medical Report* section.
    a. Enter the date in which the customer was assessed by the medical practitioner in the *Date of assessment* field.
    b. To add another assessment date, click the **Add another date** button. You can add up to four assessment dates.
    c. To remove an assessment date, click the **Trash** icon beside the session field.
    d. Select whether the customer is currently off work in the *Is the patient currently off work?* field.
4. In the *Select One* field, select whether or not the customer's information is being shared with the customer's consent or because of a request from ICBC.
5. Click the **Next** button to continue.



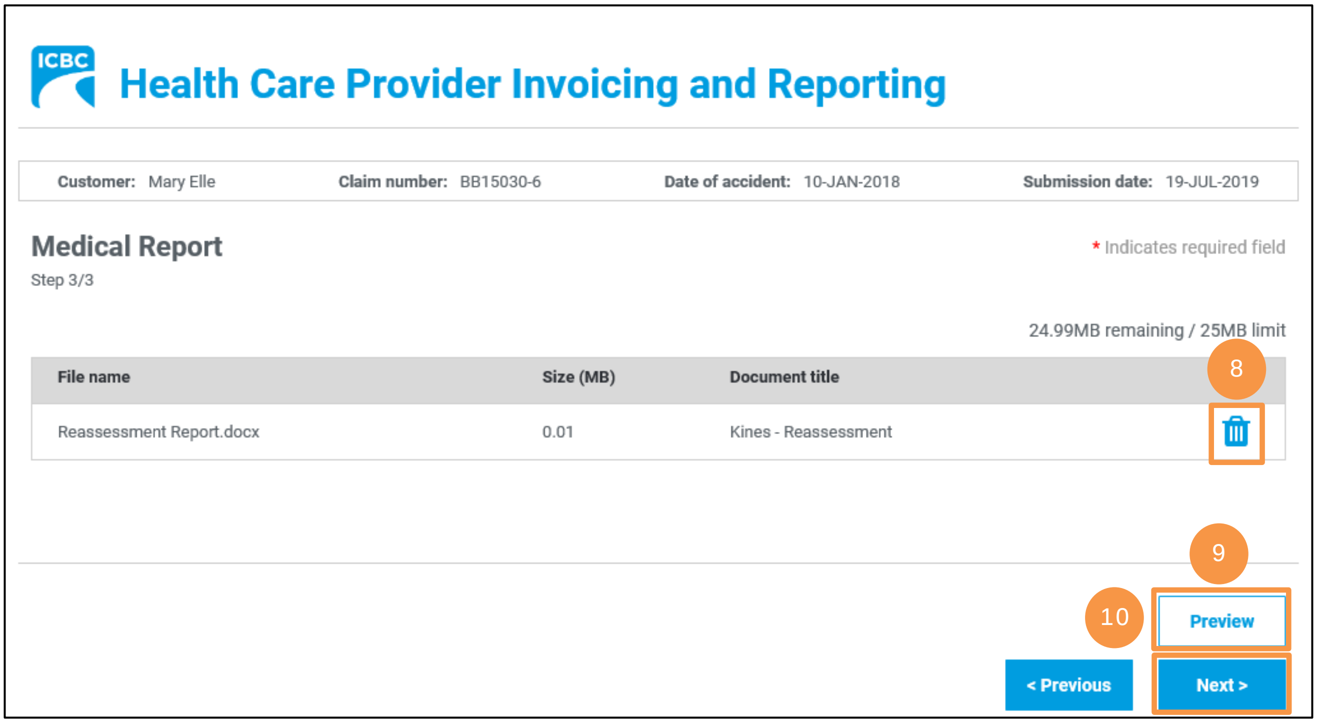
6. In the final *Medical Report* section, click the **Browse** button to select a file from your system to upload.

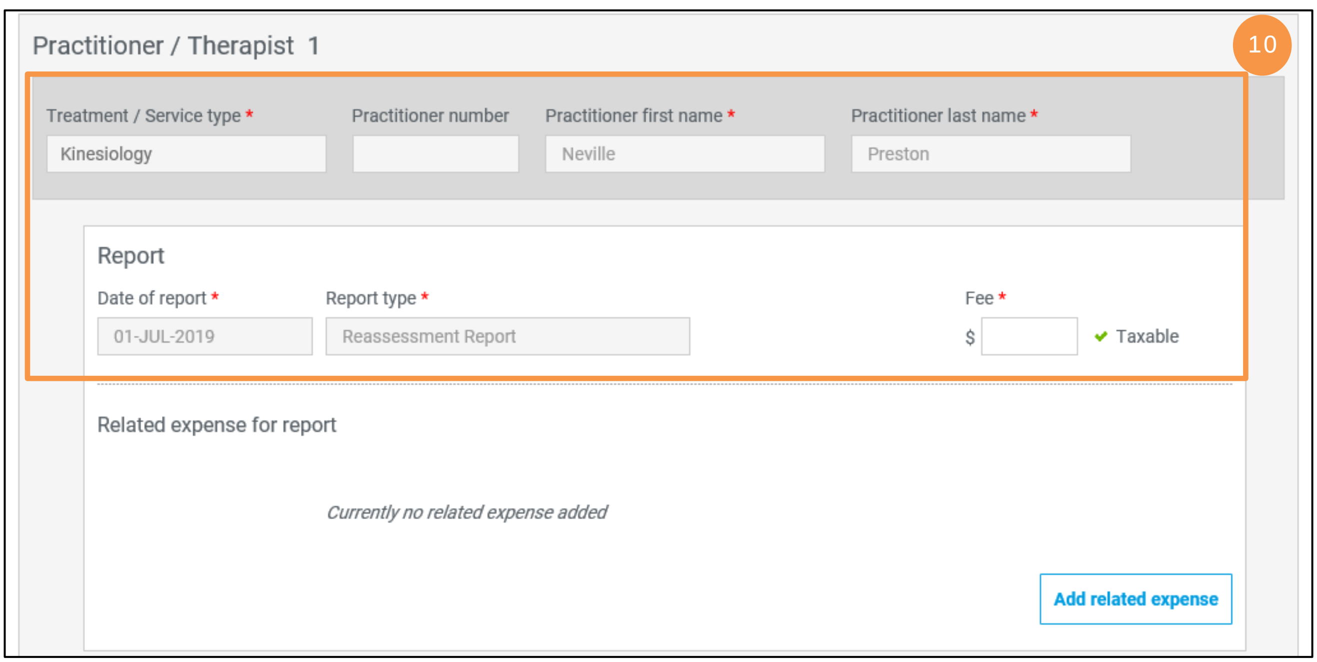
> **Tip**: Blank copies of the PDF reports can be downloaded from the Business Partners web page, filled out and uploaded to the *Medical Report* screen.

7. Click the **Attach** button to upload the file.



8. To remove an incorrect file, click the **Trash** icon to delete the uploaded file.
9. To preview the uploaded document, click the **Preview** button.
10. 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 for Patient Care* section of this job aid for more information.

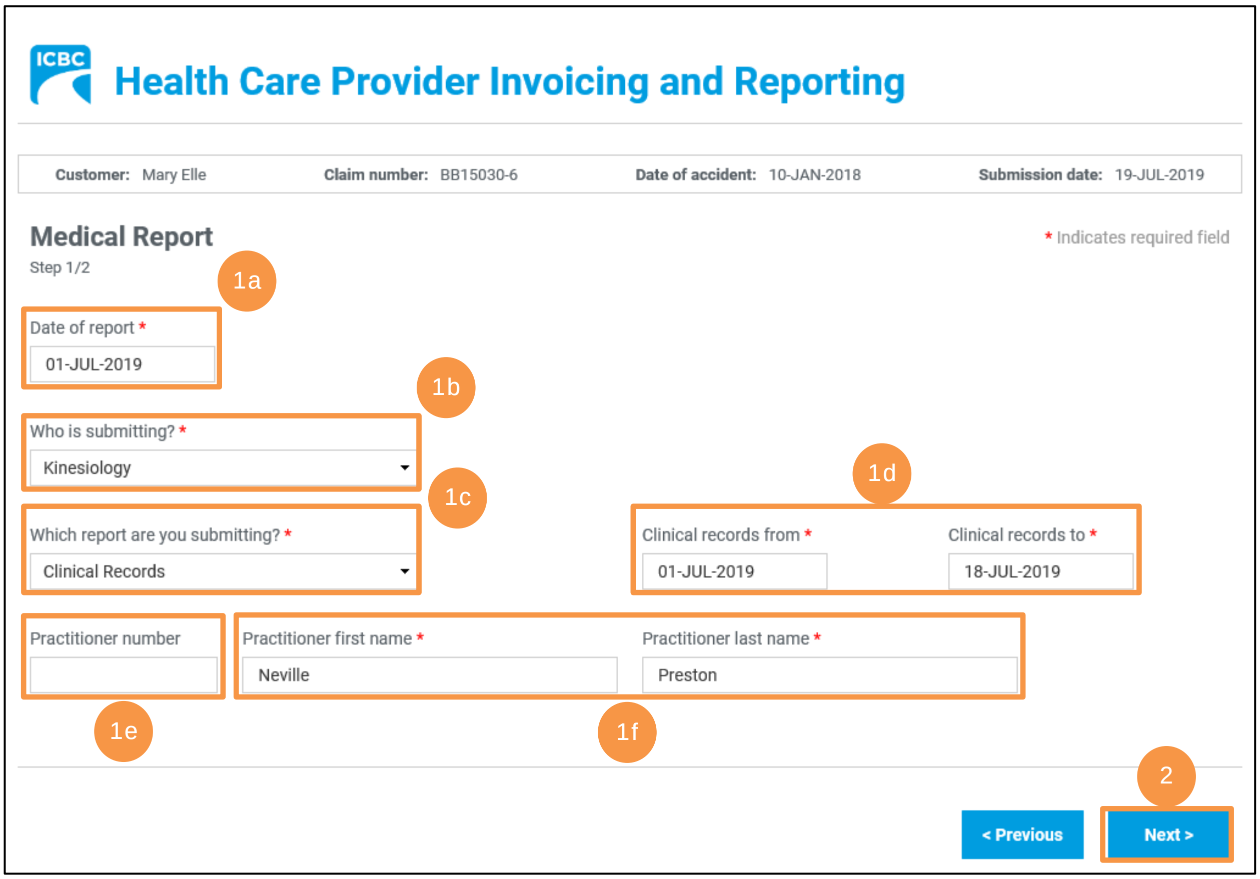




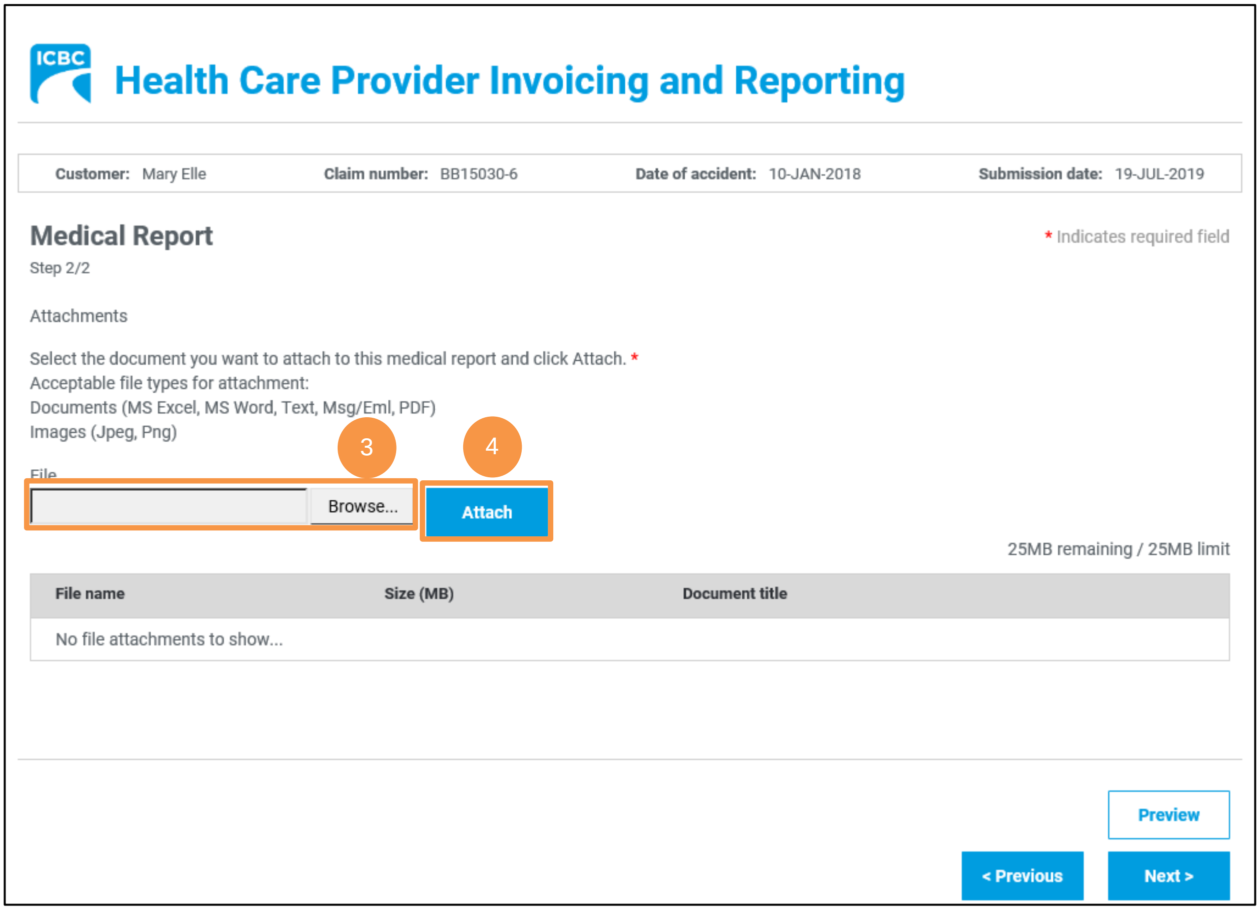
Clinical Records

Enter Details of the Clinical Records

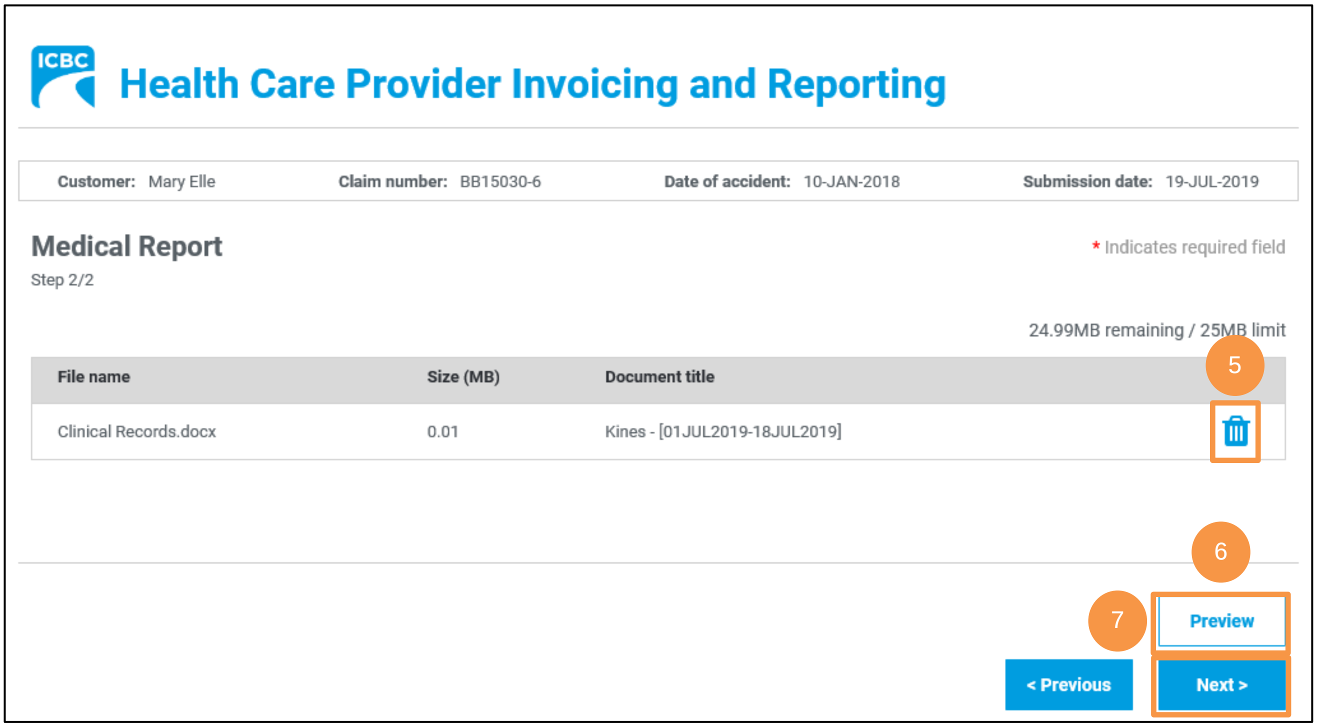
1. In the *Medical Report* section, enter the required details of the report you are submitting.
    a. Enter the date of the report being submitted in the *Date of report* field.
    b. Select “Kinesiology” from the drop-down menu in the *Who is submitting?* field.
    c. Select “Clinical Records” from 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.

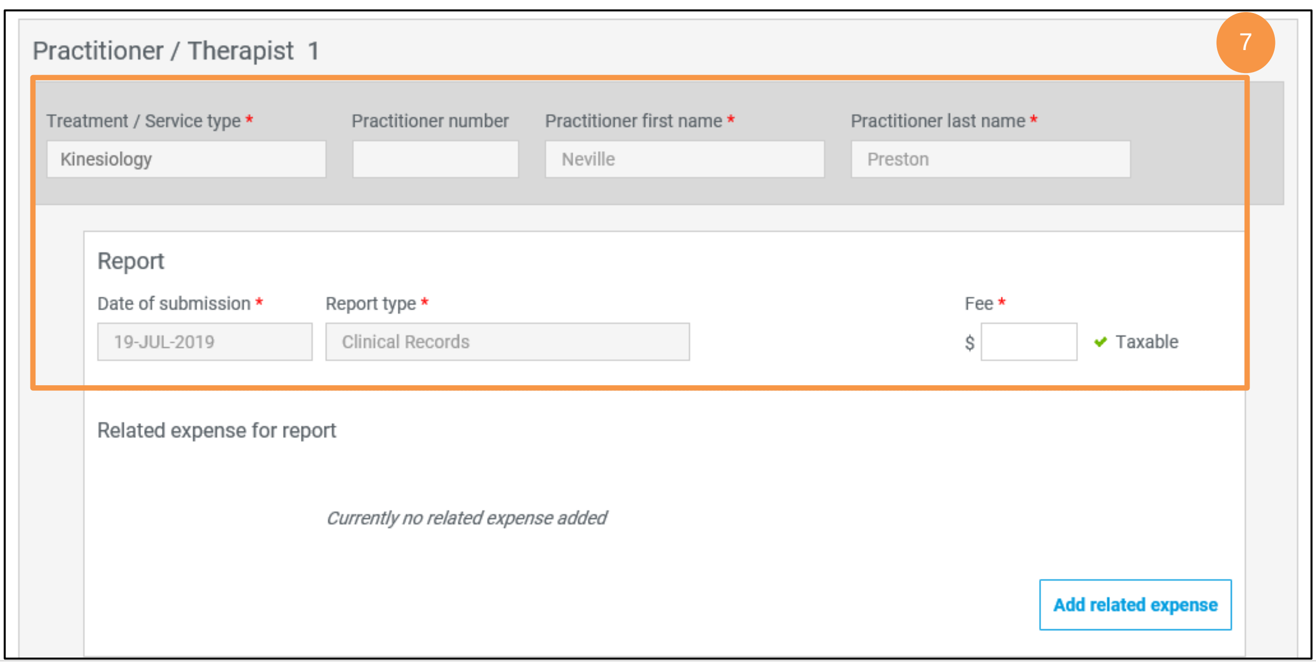


3. In the final *Medical Report* section, click the **Browse** button to select a file from your system to upload.
4. Click the **Attach** button to upload the file.



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 for Patient Care* section of this job aid for more information.

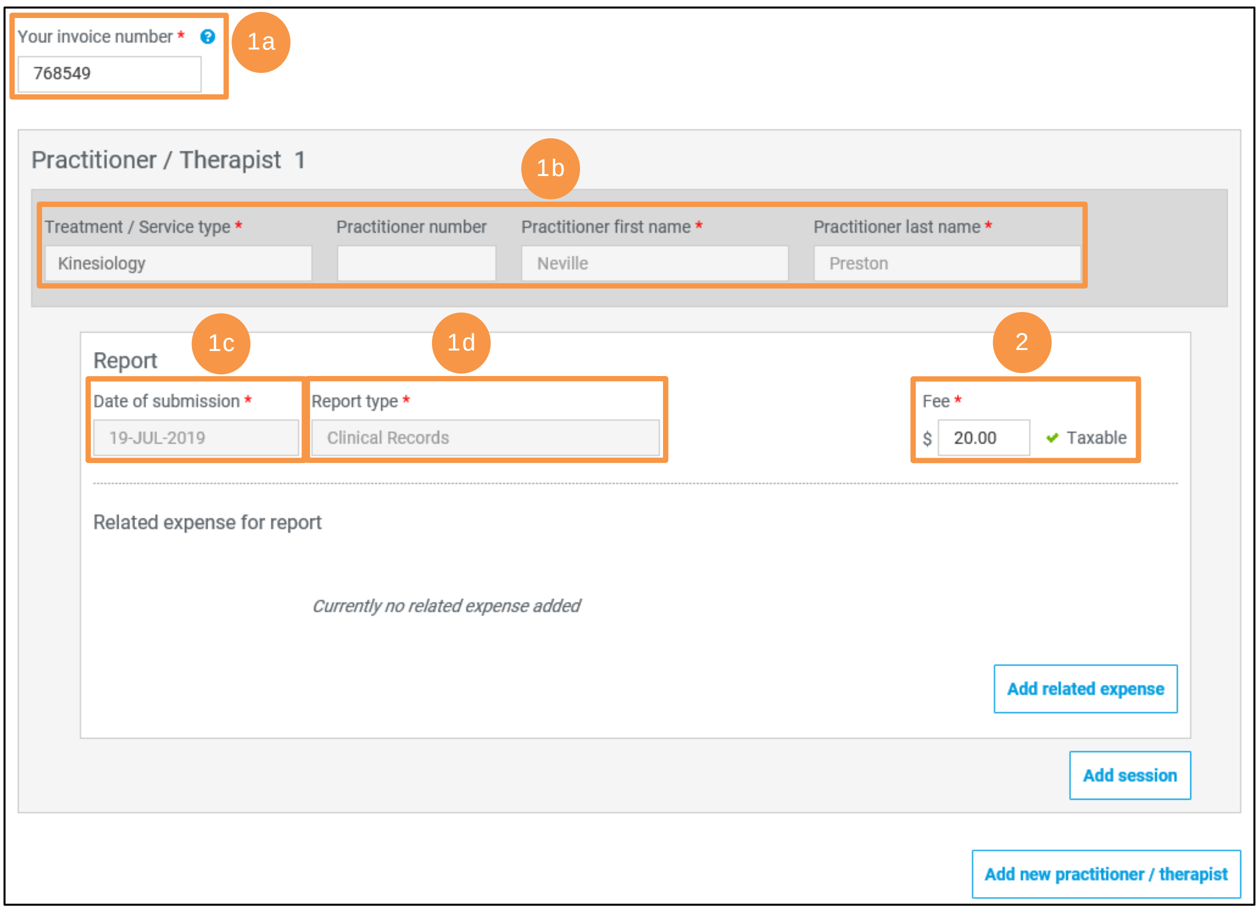




Invoice for Patient Care

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. Depending on the type of report that is being invoiced, a dollar value in the *Fee* field may auto-populate. If a dollar value does not auto-populate, enter a dollar value in the *Fee* field.



Add Related Expense

3. For any additional pre-approved expense related to the session, click the **Add Related Expense** button to add the details in the *Related expenses for session* section.

   Note: Please be reminded that any expenses related to supplies or equipment require prior approval from an ICBC claims or recovery specialist.

   a. Select the expense type from the drop down menu in the *Expense type* field.

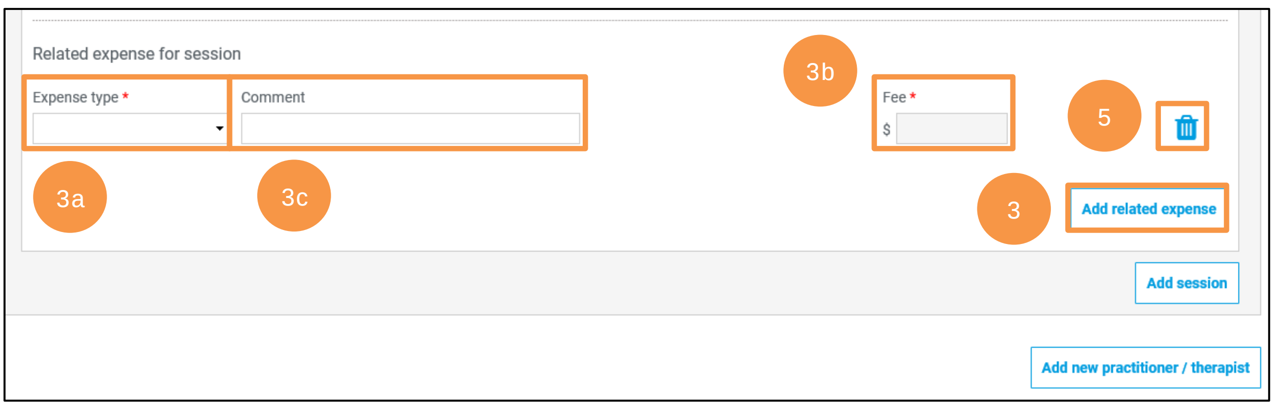
   b. Enter the dollar value of the expense in the *Fee* field. If, for example, travel time was expensed, the amount of time would be entered in the *No. of hours* field in decimal hours and a fee amount would generate. Alternatively, if mileage was expensed, the distance would be entered in the *No. of km* field in kilometers and a fee amount would generate.

   c. Provide additional information related to the expense type in the *Comment* field. This field can be used to describe what that expense is.

4. To add more than one related expense for a session, click on the **Add Related Expense** button.

   a. Enter the details related to the additional expense.

5. To delete a related expense, click the **Trash** icon next to the expense you wish to delete.



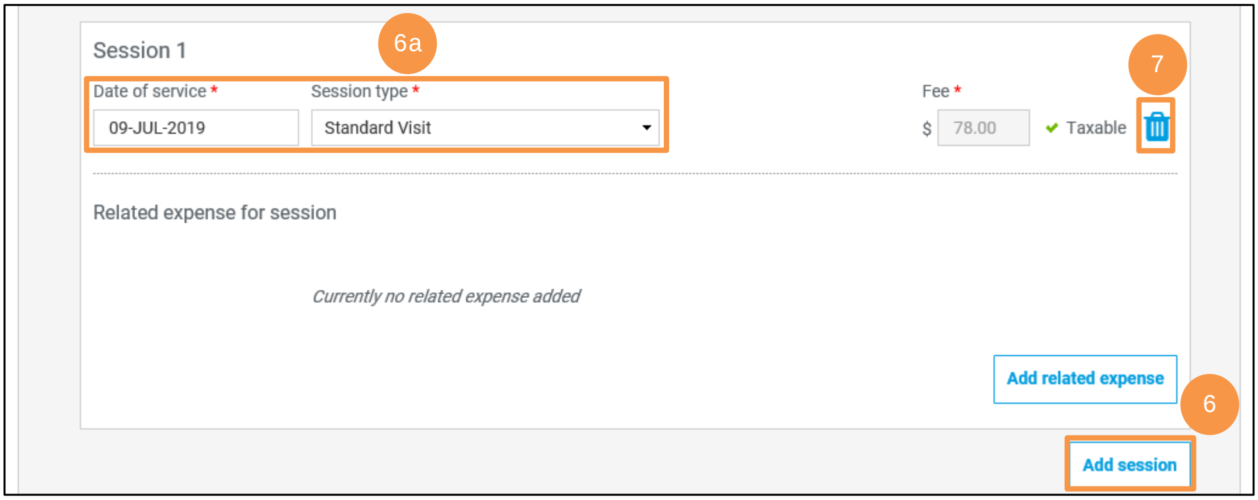
Tip: You can add a related expense for a medical report, a clinical record, or a treatment.

Add a Session

6. 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.

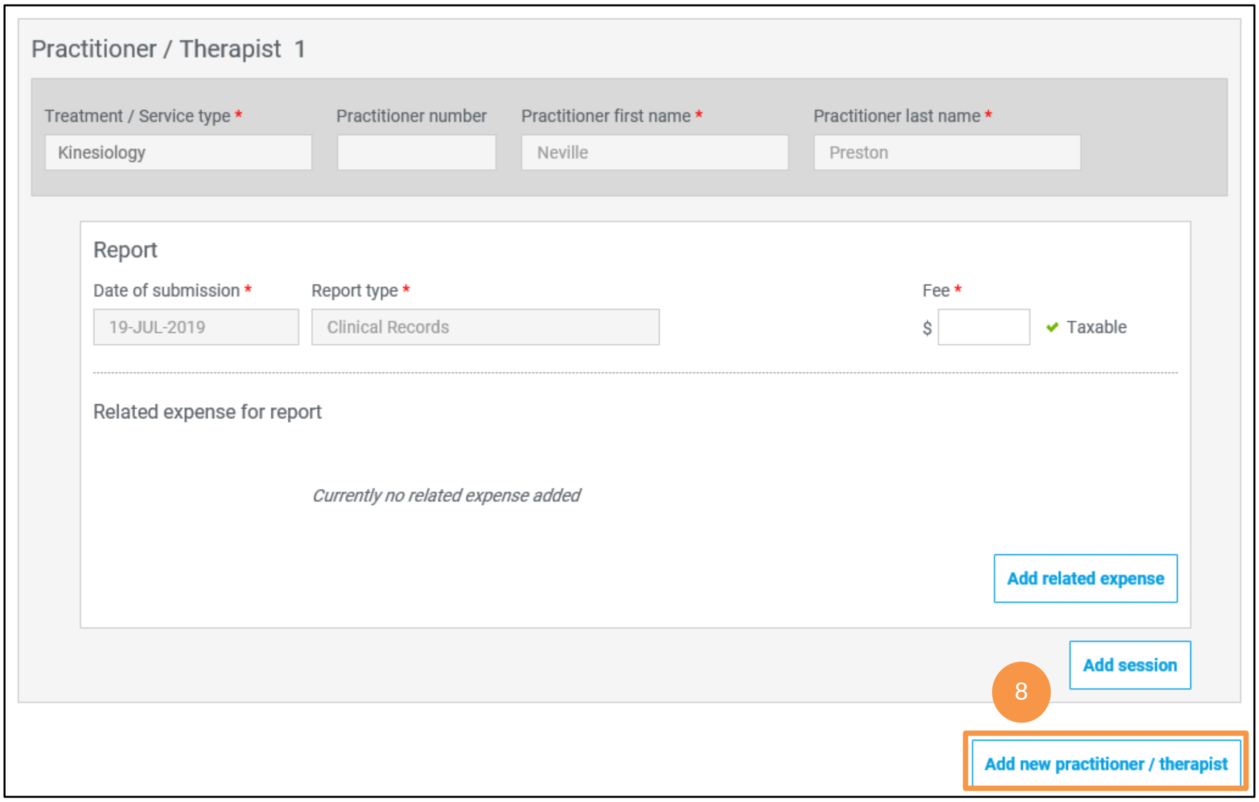
   a. Enter the details related to the additional session.

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



Add New Practitioner

8. In the *Invoice* section, if the customer has session with an additional practitioner or for a different treatment or service type, 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.
9. To delete a practitioner, click the **Trash** icon next to the session with the practitioner.

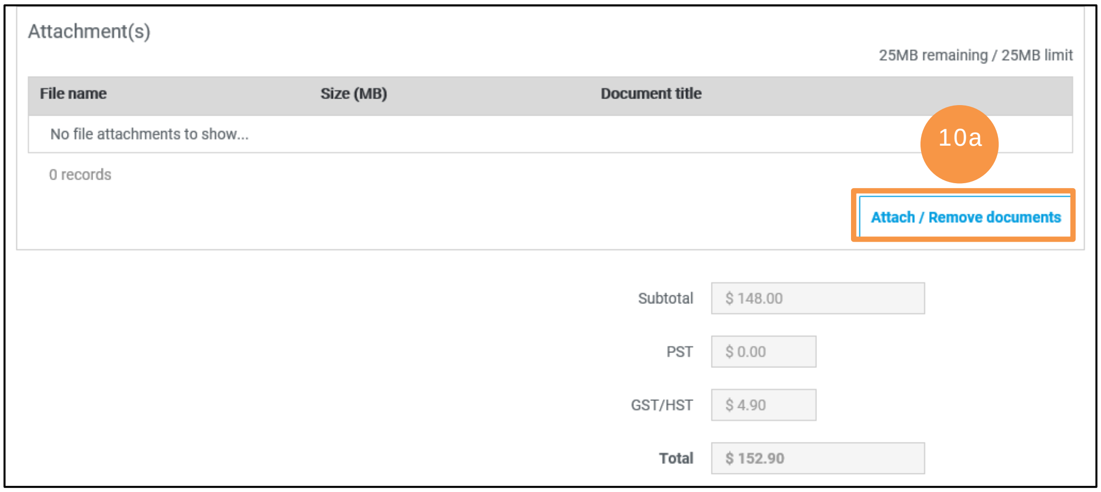


Tip: A vendor that offers multiple services (for example, physiotherapy and massage therapy) can bill those services under one submission as long as the services are for the same customer under the same claim.

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.

Attach / Remove documents

10. Where applicable, attach documents supporting the related expenses.
    a. Click the **Attach / Remove Documents** button to attach supporting documents.



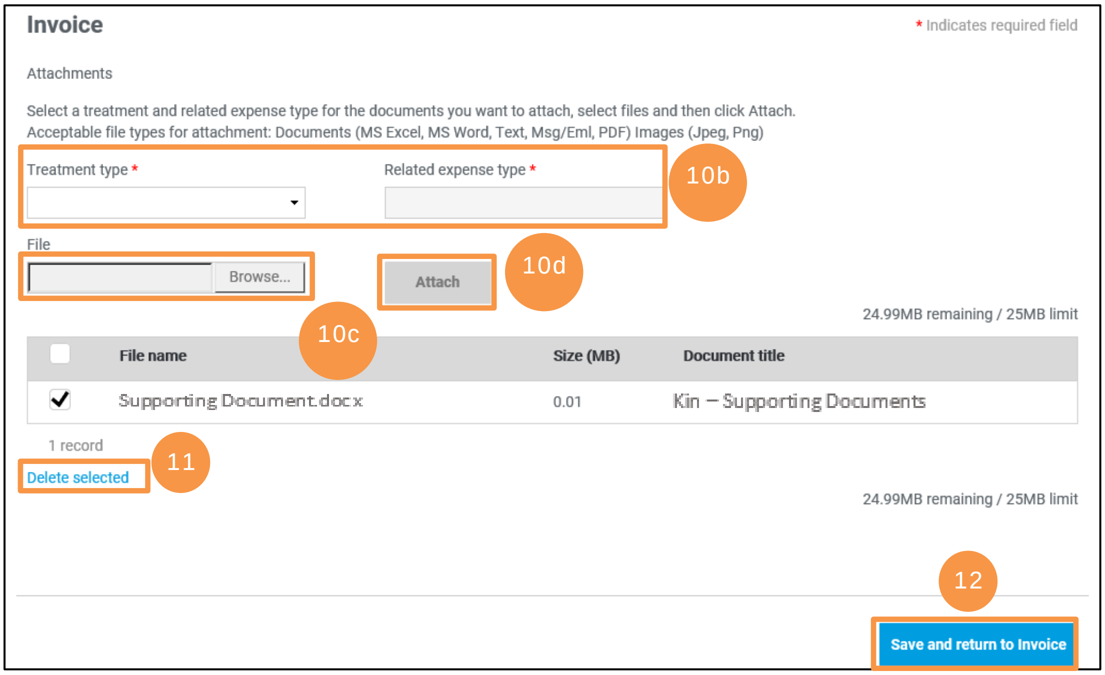
b. In the new screen displayed, select the treatment type and related expense type.

c. Click the **Browse** button to select the document that you wish to upload.

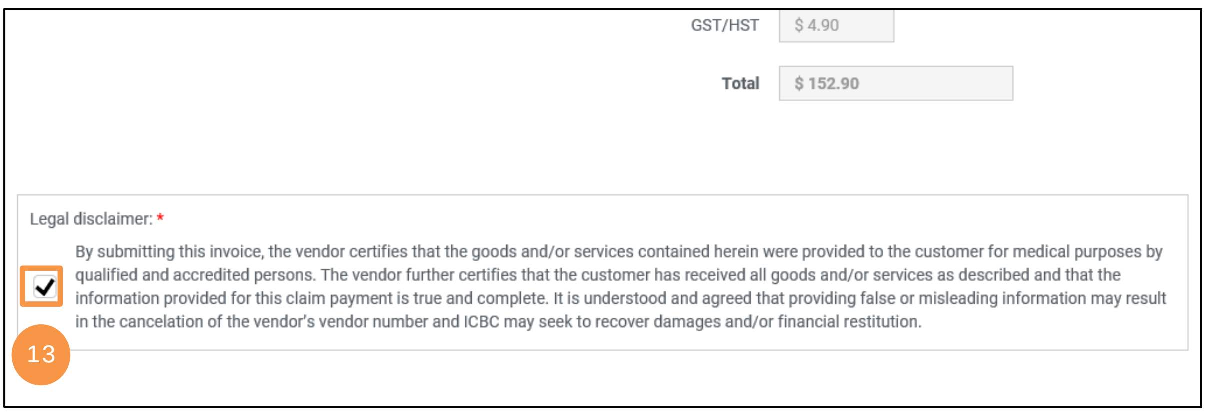
d. Click the **Attach** button once you have selected the required document.

11. To remove an incorrect document, select the checkbox next to the attached document and click the **Delete selected** button.

12. To return to the previous screen, click the **Save and return to invoice** button.

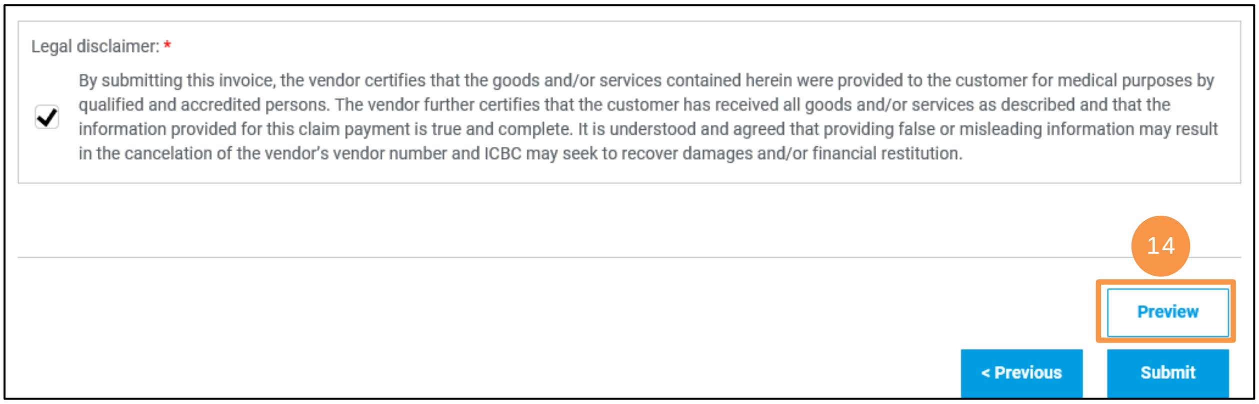


13. In the Legal disclaimer section, review the disclaimer and select the checkbox to acknowledge it.

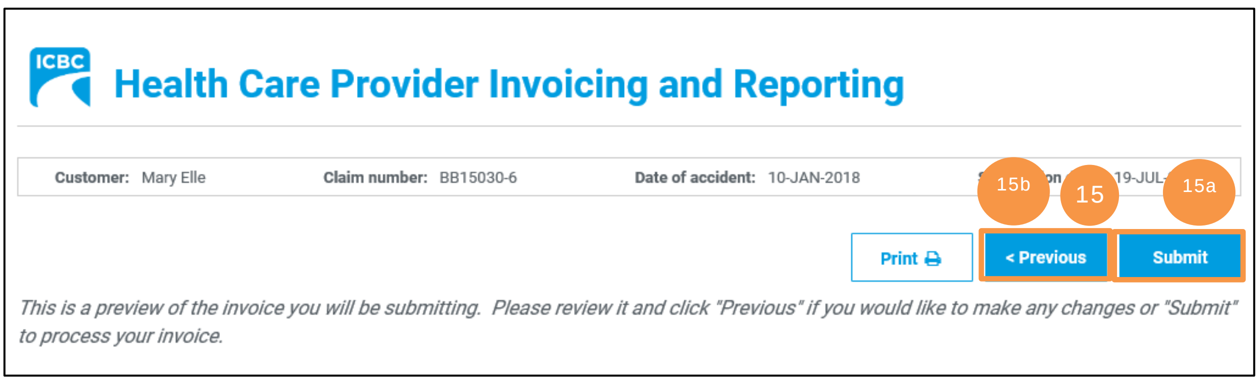


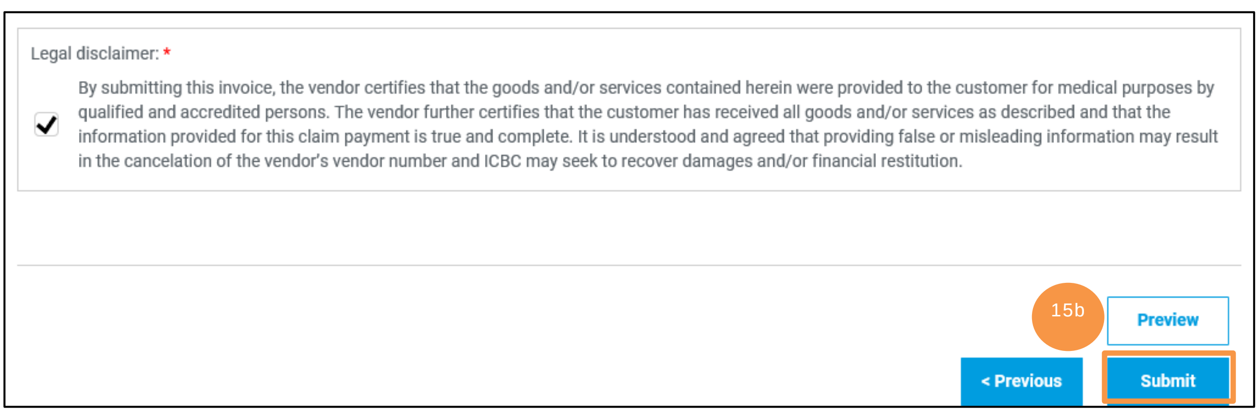
Preview The Invoice Submission

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

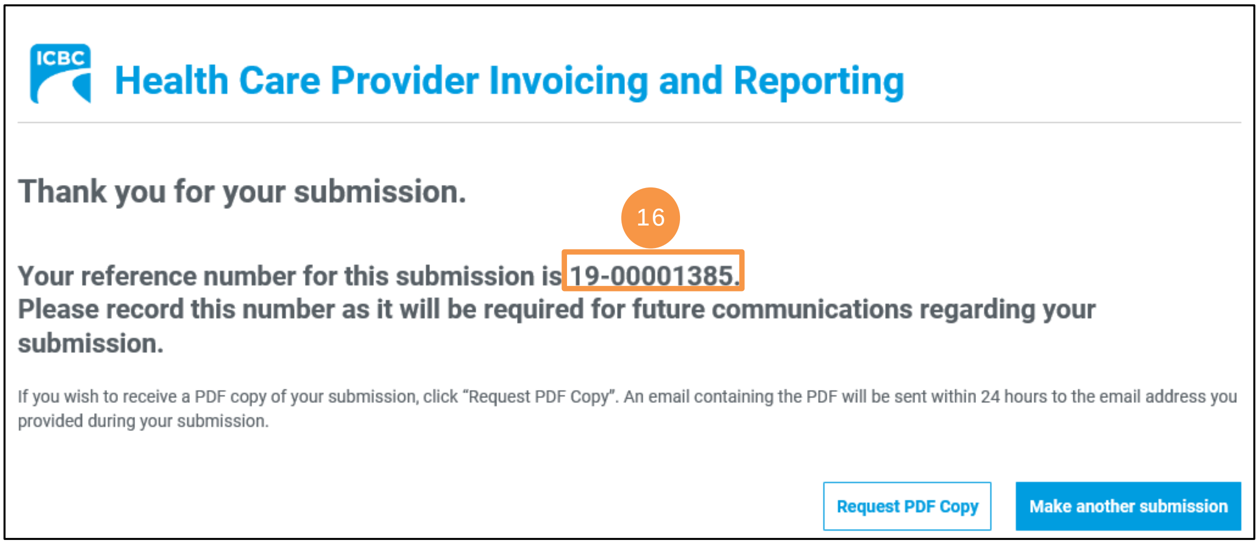


15. To make a change to the invoice submission, click the **Previous** button to return to the section of the submission you wish to modify.
    a. To submit on the *Preview* section, click the **Submit** button.
    b. To submit on the *Invoice* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button on the *Invoice* section.





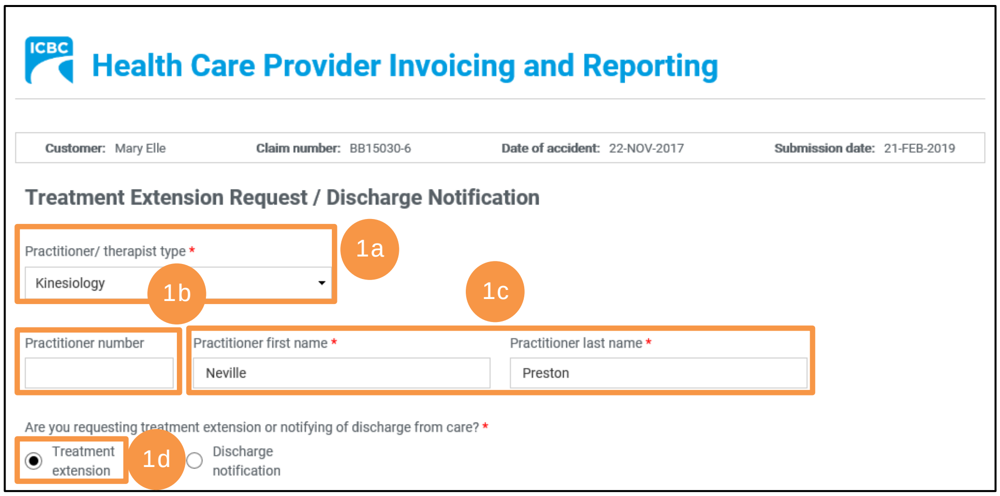
16. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the vendor statement.


ICBC
Health Care Provider Invoicing and Reporting
Thank you for your submission.
16
Your reference number for this submission is 19-00001385.
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.
Request PDF Copy
Make another submission

Submit a Request for a Treatment Initiation or Extension

Enter Details of the Request for a Treatment Initiation or Extension

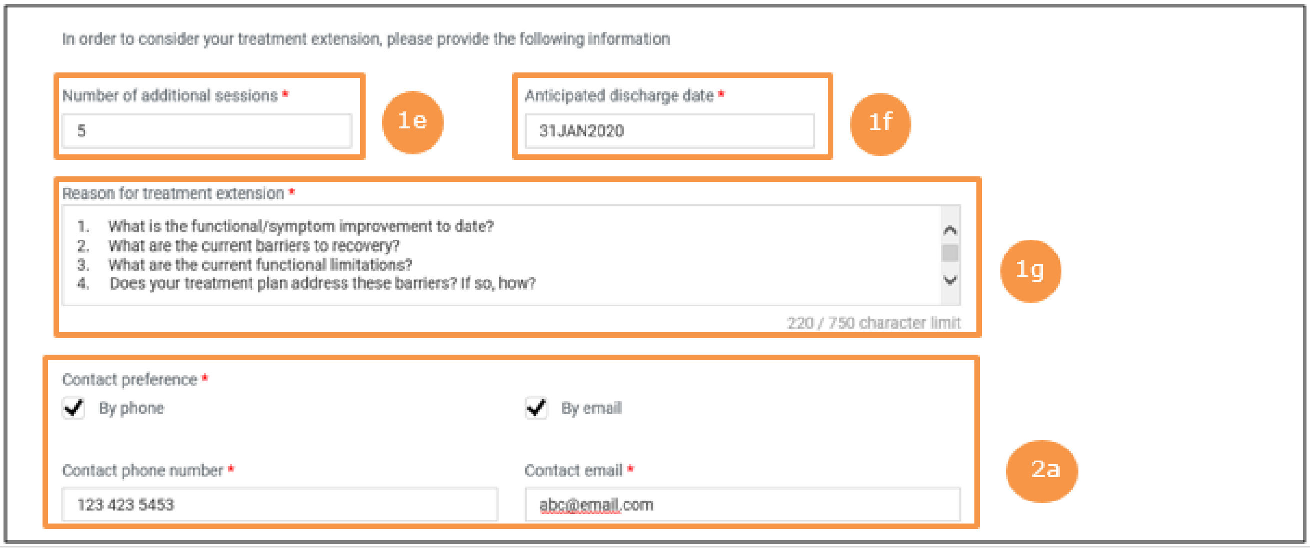
1. In the *Treatment Extension Request / Discharge Notification* section, enter details of the initiation or extension request.
    a. Enter "Kinesiology" in the *Practitioner / therapist type* field.
    b. Enter the practitioner number. This is optional.
    c. Enter the practitioner's first and last 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.
    Brief clinical rationale items to include in your extension request are
    - What are the functional/symptom improvements to date?
    - What are the current barriers to recovery?
    - What are the current functional limitations?
    - Does your treatment plan address these barriers? If so, how?

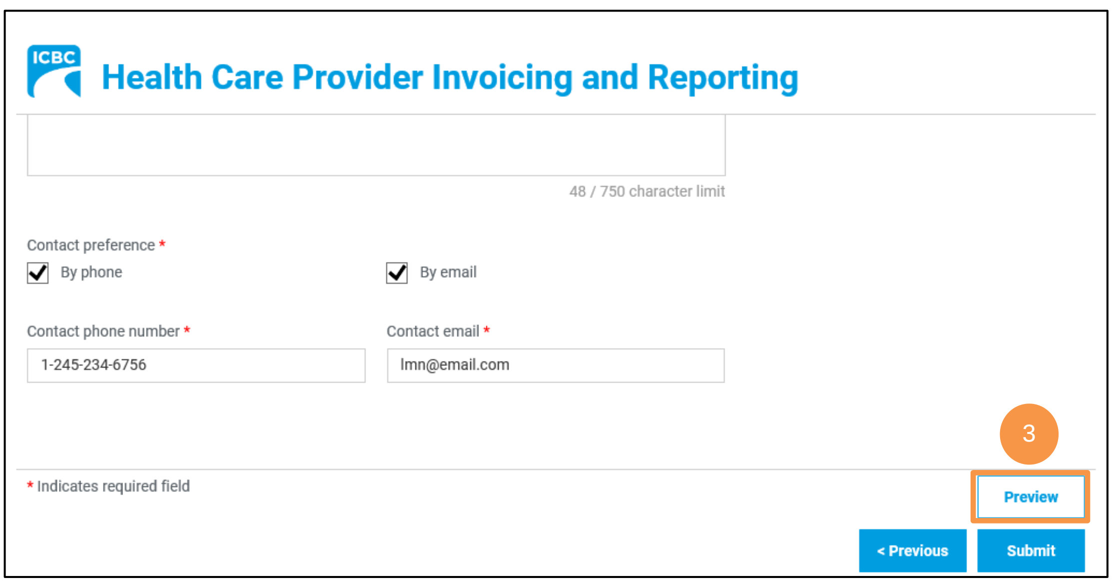
Enter Your Contact Details

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.



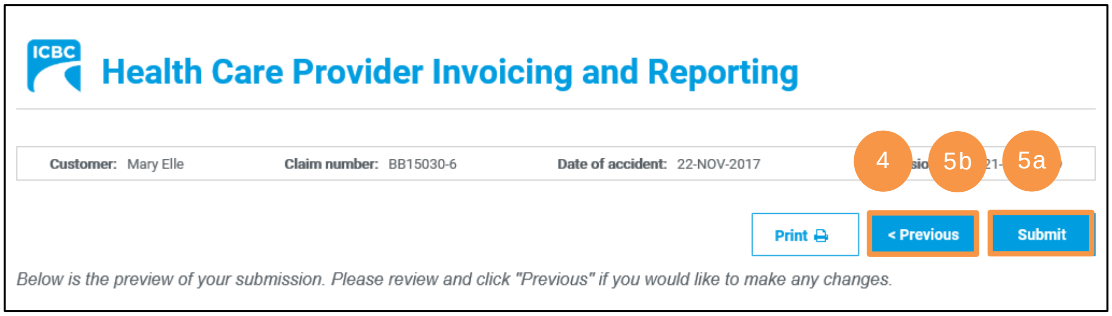
Preview The Request for a Treatment Extension Submission

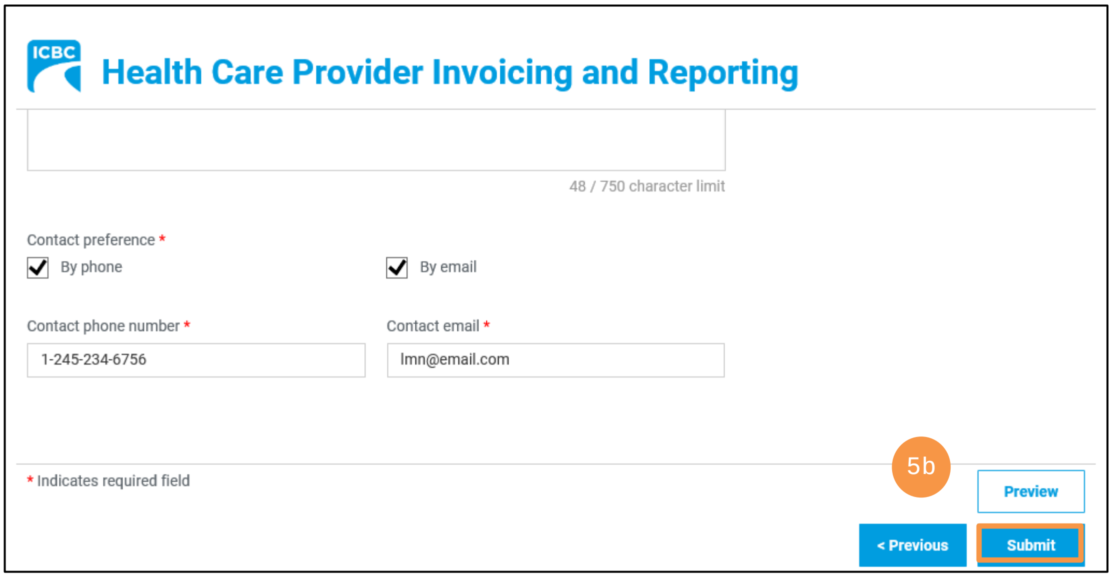
3. To preview the PDF format of the request for a treatment extension submission, click the **Preview** button.



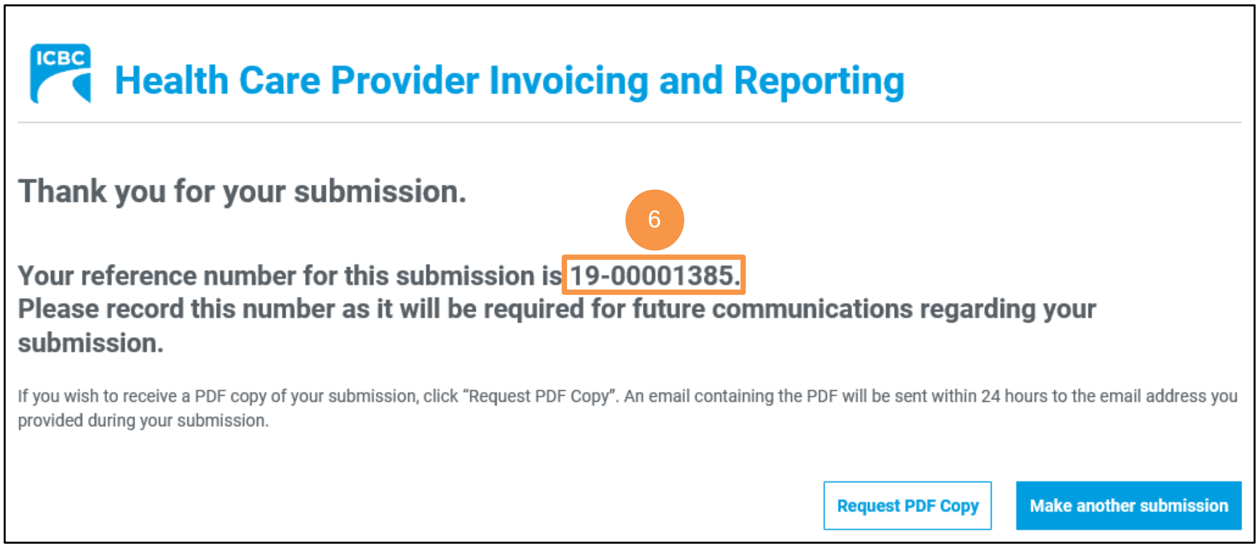
4. To make a change to the submission, click the **Previous** button to return to the section of the submission you wish to modify.
5. Click the **Submit** button to submit the request for a treatment extension submission.
    a. To submit on the *Preview* section, click the **Submit** button.

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.





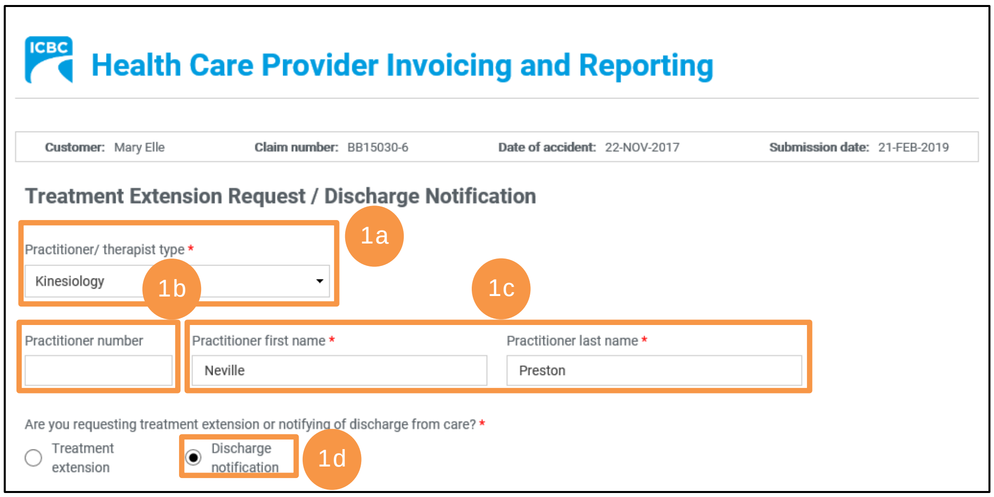
6. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the vendor statement.



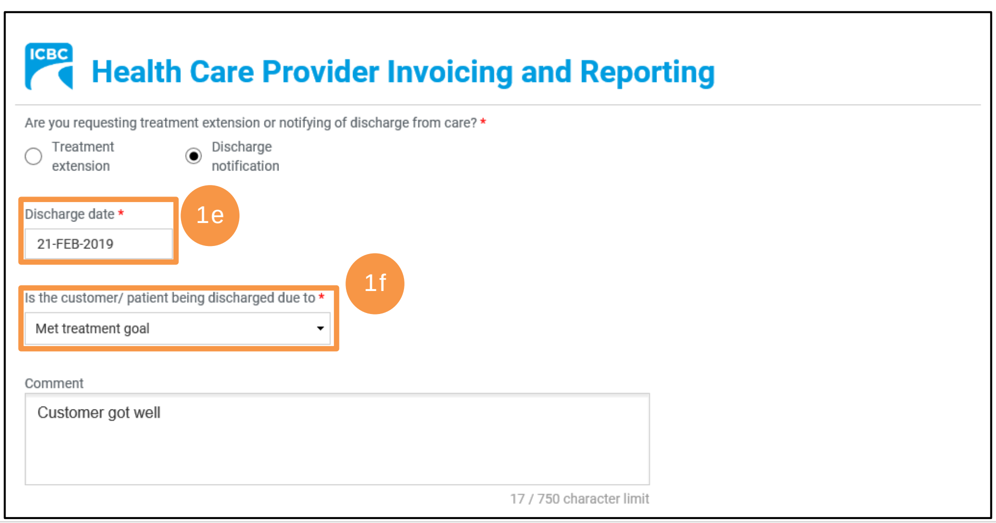
Submit a Discharge Notification

Enter Details of the Discharge Notification

1. In the *Treatment Extension Request / Discharge Notification* section, enter details of the discharge notification.
   a. Enter “Kinesiology” 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.

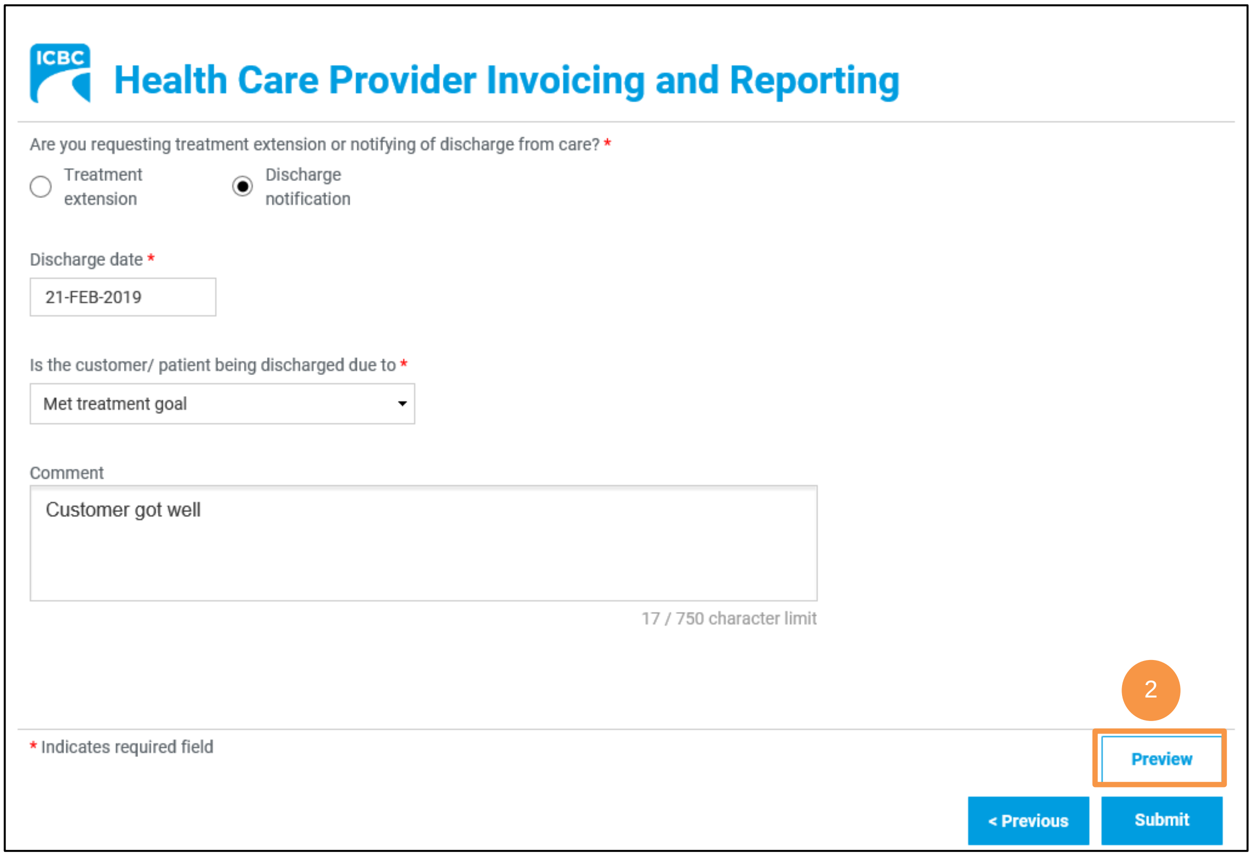


   e. Enter the discharge date.
   f. Select the reason that the customer is being discharged in the *Is the customer being discharged due to* field. If “Other” is selected, an explanation for why the customer is being discharged is required in the *Comment* field.

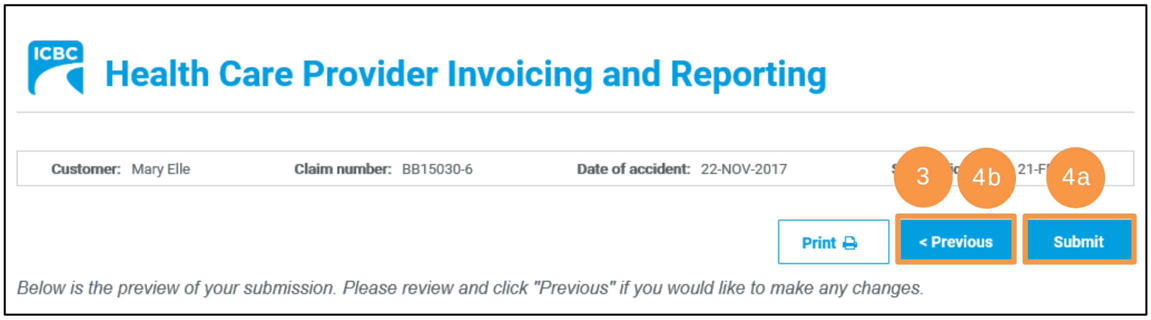


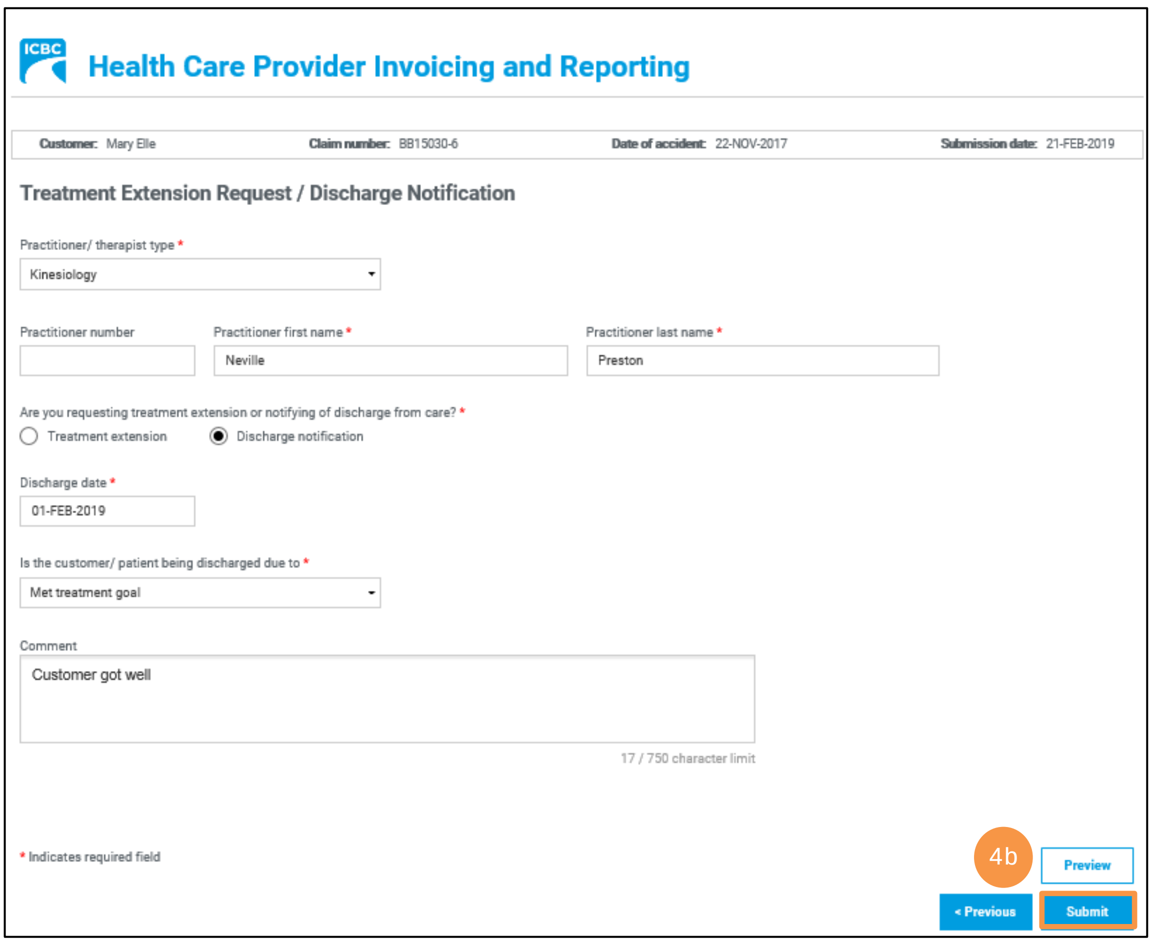
Preview The Request for a Discharge Notification

2. To preview the PDF format of the request for a discharge notification submission, click the **Preview** button.

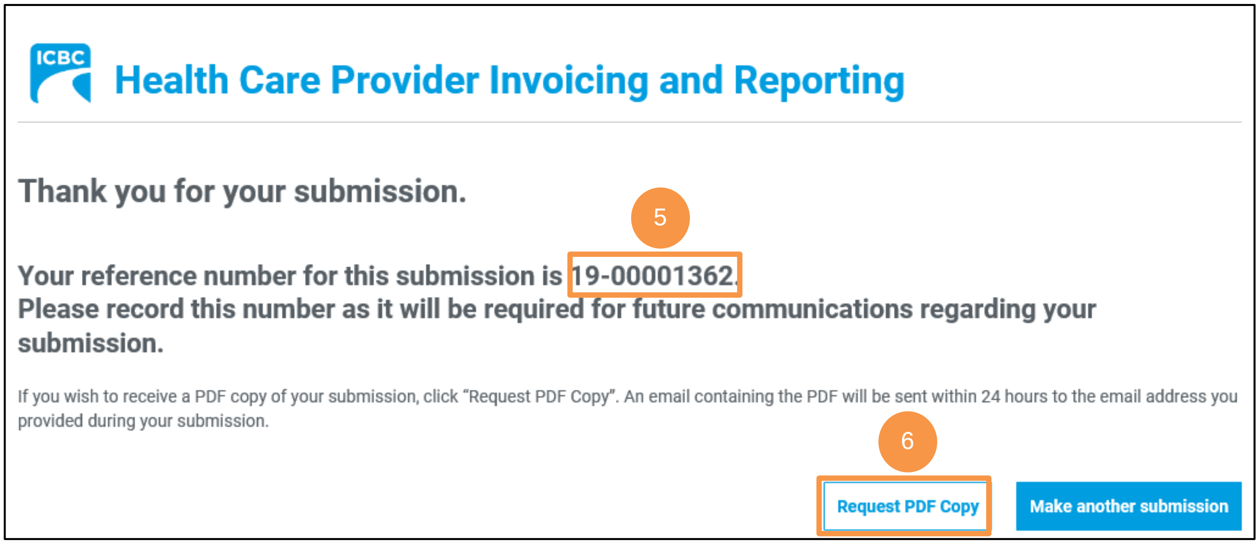


3. To make a change to the discharge notification submission, click the **Previous** button to return to the section of the submission you wish to modify.
4. Click the **Submit** button to submit the discharge notification submission.
    a. To submit on the *Preview* section, click the **Submit** button.
    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.

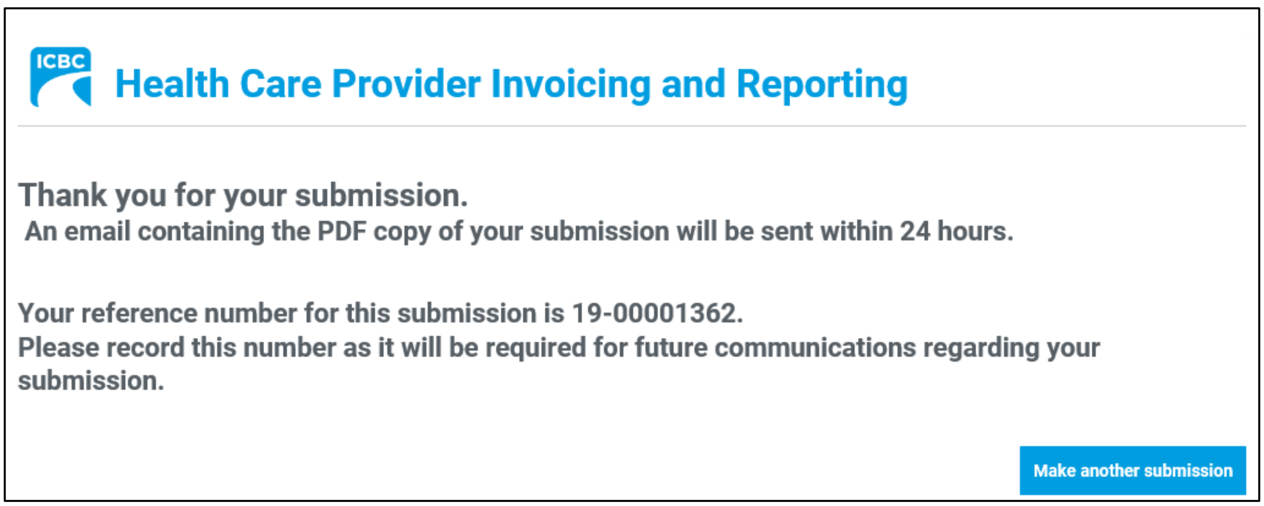




5. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the vendor statement.
6. If an email address was entered on the *Service Provider / Payee Information screen*, click the **Request PDF Copy** button.



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



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.