**Purpose**

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Massage Therapy 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 for Patient Care & Related Expenses
- 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. A final copy of the submission will be sent to the email address that you have entered.

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**Health Care Provider Invoicing and Reporting**

**Service Provider / Payee Information**

- Vendor number: 1234567
- Business name: ABC Company
- Business address: 123 Main St, Vancouver, BC, CA
- Email address: abc@email.com
- GST registrant number: 123456789
**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.

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**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.

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

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<table>
<thead>
<tr>
<th>Customer / Patient</th>
<th>4a</th>
<th>4b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim number *</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>BE15009-6</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Date of accident</td>
<td>10 JAN 2018</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>5a</th>
<th>5b</th>
<th>5c</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal first name *</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hannah</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Legal last name *</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Taylor</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Date of birth *</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>12 MAY 1990</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Personal Health Number (PHN)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Note:** if you select the invoice or Report option and move off the page, you will NOT be able to return and change your selection.
If you need to change your selection – select "Start Over" 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 “Massage Therapy” 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 & Related Expenses section of this job aid for more information.
Invoice for Patient Care & Related Expenses

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 (for example, supplies and equipment), click the **Add Related Expense** button to add the details in the *Related expenses for session* section.
   
   a. Select the expense type from the dropdown menu in the *Expense type* field.
   
   b. Enter the dollar value of the expense in the *Fee* field.
   
   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 delete a related expense, click the **Trash** icon next to the expense you wish to delete.

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#### Report

<table>
<thead>
<tr>
<th>Date of submission</th>
<th>Report type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-JUL-2019</td>
<td>Clinical Records</td>
<td>$ 80.00</td>
</tr>
</tbody>
</table>

**Related expense for report**

*Currently no related expense added*

**Add related expense**

#### Session 1

<table>
<thead>
<tr>
<th>Date of service</th>
<th>Session type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-JUL-2019</td>
<td>Standard Visit</td>
<td>$ 80.00</td>
</tr>
</tbody>
</table>

**Related expense for session**

<table>
<thead>
<tr>
<th>Expense type</th>
<th>Comment</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies and Equipment</td>
<td></td>
<td>$ 50.00</td>
</tr>
</tbody>
</table>

**Add related expense**

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

5. 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.

6. To delete a session, click the Trash icon next to the session.
Add New Practitioner

7. In the Invoice section, if the customer has a 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.

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

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**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

9. Where applicable, attach documents supporting the related expenses (for example, receipts for supplies and equipment).
   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.

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

11. To return to the previous screen, click the Save and return to invoice button.
12. In the Legal disclaimer section, review the disclaimer and select the checkbox to acknowledge it.

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 cancelation of the vendor’s vendor number and ICBC may seek to recover damages and/or financial restitution.

Preview The Invoice Submission

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

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 cancelation of the vendor’s vendor number and ICBC may seek to recover damages and/or financial restitution.
14. 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.
15. 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 19-00001385
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.
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 “Massage Therapy” 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.

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[Image of HCPIR Job Aid form]

Customer: Hannah Taylor
Claim number: BB15030-6
Date of accident: 22-NOV-2017
Submission date: 21-FEB-2019

Treatment Extension Request / Discharge Notification

Practitioner / therapist type *
Massage Therapy

Practitioner number

Practitioner first name *
David

Practitioner last name *
Snow

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

Treatment extension

Discharge notification
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.

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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.

Health Care Provider Invoicing and Reporting

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

Number of additional sessions *  Anticipated discharge date *
4  28-MAR-2019

Reason for treatment extension *
Customer not well.

Contact preference *
☑ By phone  ☑ By email

Contact phone number *  Contact email *
1-234-235-4534  abc@email.com

* Indicates required field

Preview
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.

Thank you for your submission.

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.
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 “Massage Therapy” 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.

Health Care Provider Invoicing and Reporting

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

- Treatment extension
- Discharge notification

Discharge date *

28-FEB-2019

Is the customer/patient being discharged due to *

- Met treatment goal

Comment

0 / 750 character limit

* Indicates required field

Preview
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.
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.

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