



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](#)

[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.

ICBC Health Care Provider Invoicing and Reporting

Service Provider / Payee Information * Indicates required field


Vendor number *  1

1234567

[Verify](#)


ICBC Health Care Provider Invoicing and Reporting


Service Provider / Payee Information * Indicates required field


Vendor number *  2a


1234567

[Verify](#)

2 Business name 
ABC Company

3 Email address 
abc@email.com

Business address 
123 Main St,
Vancouver, BC, CA

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 name and legal 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.

Customer / Patient

Claim number *

Date of accident

Legal first name * Legal last name *

Date of birth * - - Personal Health Number (PHN)

What are you submitting today? *

Invoice for patient care & related expenses

Report and supporting documentation

Treatment extension request / discharge notification

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.

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.



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 name and last name.
2. Click the **Next** button to continue.

ICBC Health Care Provider Invoicing and Reporting

Customer: Hannah Taylor Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-JUL-2019

Medical Report

Step 1/2 * Indicates required field

1a Date of report *
01-JUL-2019

1b Who is submitting? *
Massage Therapy

1c Which report are you submitting? *
Clinical Records


1d Clinical records from * Clinical records to *
01-JUL-2019 18-JUL-2019

1e Practitioner number

1f Practitioner first name * Practitioner last name *
Simon Johnson

2 < Previous Next >

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.



Health Care Provider Invoicing and Reporting

Customer: Hannah Taylor **Claim number:** BB15030-6 **Date of accident:** 10-JAN-2018 **Submission date:** 19-JUL-2019

Medical Report * Indicates required field

Step 2/2

Attachments

Select the document you want to attach to this medical report and click Attach. *

Acceptable file types for attachment:
Documents (MS Excel, MS Word, Text, Msg/Eml, PDF)
Images (Jpeg, Png)

File

25MB remaining / 25MB limit

| File name | Size (MB) | Document title |
|--------------------------------|-----------|----------------|
| No file attachments to show... | | |



- To remove an incorrect file, click the **Trash** icon to delete the uploaded file.
- To preview the uploaded document, click the **Preview** button.
- 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.


ICBC Health Care Provider Invoicing and Reporting

Customer: Hannah Taylor Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-JUL-2019

Medical Report * Indicates required field
Step 2/2

24.99MB remaining / 25MB limit

| File name | Size (MB) | Document title |
|-----------------------|-----------|-----------------------------|
| Clinical Records.docx | 0.01 | RMT - [01JUL2019-18JUL2019] |

5 

6 **Preview**

7 **< Previous** **Next >**

Practitioner / Therapist 1 **7**

Treatment / Service type * Practitioner number Practitioner first name * Practitioner last name *

Message Therapy Simon Johnson

Report

Date of submission * Report type * Fee *

19-JUL-2019 Clinical Records \$ [] Taxable

Related expense for report

Currently no related expense added

Add related expense

Add session



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.

The screenshot shows a web form for entering invoice details. It includes the following fields and callouts:

- 1a:** "Your invoice number" field with the value "238754".
- 1b:** "Practitioner / Therapist 1" section containing:
 - "Treatment / Service type" field with "Massage Therapy".
 - "Practitioner number" field (empty).
 - "Practitioner first name" field with "Simon".
 - "Practitioner last name" field with "Johnson".
- 1c:** "Date of submission" field with "19-JUL-2019".
- 1d:** "Report type" field with "Clinical Records".
- 2:** "Fee" field with "\$ 80.00" and a checked "Taxable" option.

Below the report fields, there is a section for "Related expense for report" with the text "Currently no related expense added" and an "Add related expense" button. At the bottom right, there are "Add session" and "Add new practitioner / therapist" buttons.

Add Related Expense

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

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.

The screenshot shows a form titled "Session 1" with the following fields and elements:

- 3a**: A callout box highlights the top section of the form containing the "Date of service" (09-JUL-2019), "Session type" (Standard Visit), and "Fee" (\$ 80.00).
- 4**: A callout box highlights the "Taxable" checkbox (checked) and the "Trash" icon.
- 3**: A callout box highlights the "Add session" button at the bottom right of the form.

Below the form fields, there is a section for "Related expense for session" which currently displays the message "Currently no related expense added" and an "Add related expense" button.

Add New Practitioner

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

Practitioner / Therapist 1

| | | | |
|----------------------------|---------------------|---------------------------|--------------------------|
| Treatment / Service type * | Practitioner number | Practitioner first name * | Practitioner last name * |
| Message Therapy | | Simon | Johnson |

Report

| | | |
|----------------------|------------------|--|
| Date of submission * | Report type * | Fee * |
| 19-JUL-2019 | Clinical Records | \$ 80.00 <input checked="" type="checkbox"/> Taxable |

Related expense for report

Currently no related expense added

[Add related expense](#)

[Add session](#)

[Add new practitioner / therapist](#)



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

Please be reminded that any expenses related to supplies or equipment require prior approval from an ICBC claims or recovery specialist. While the button exists within this form, Supplies and equipment can no longer be invoiced through the HCPIR.

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

| | |
|--------------|------------------|
| Subtotal | \$ 210.00 |
| PST | \$ 0.00 |
| GST/HST | \$ 8.00 |
| Total | \$ 218.00 |

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.

8

[Preview](#)

[< Previous](#) [Submit](#)

Preview The Invoice Submission

9. 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.


9

[Preview](#)

[< Previous](#) [Submit](#)

10. 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

Customer: Hannah Taylor Claim number: BB15030-6 Date of accident: 10-JAN-2018 \$ for 9-10

10 10b 10a

[Print](#) [< Previous](#) [Submit](#)

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.

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.

10b [Preview](#)

[< Previous](#) [Submit](#)



11. 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.


[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 "Massage Therapy" in the *Practitioner / therapist type* field.
 - b. Enter the practitioner number. This is optional.
 - c. Enter the practitioner's first name and last name.
 - d. Select "Treatment extension" in the *Are you requesting treatment extension or notifying of discharge from care?* field.



Health Care Provider Invoicing and Reporting

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 * 1a
Massage Therapy 1b

Practitioner number 1c Practitioner first name * Practitioner last name *
David Snow

Are you requesting treatment extension or notifying of discharge from care? * 1d
 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.
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.

ICBC Health Care Provider Invoicing and Reporting

Customer: Edith Grose Claim number: BB18835-3 Date of accident: 11-MAY-2018 Submission date: 22-DEC-2019

Treatment Extension Request / Discharge Notification

Practitioner/ therapist type *
Massage Therapy

Practitioner number Practitioner first name * Practitioner last name *
 Simon Johnson

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

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

Number of additional sessions * Anticipated discharge date *
5 31JAN2020

Reason for treatment extension *
1. What is the functional/symptom improvement to date?
2. What are the current barriers to recovery?
3. What are the current functional limitations?
4. Does your treatment plan address these barriers? If so, how?
220 / 750 character limit

Contact preference *
 By phone By email

Contact phone number * Contact email *
123 423 5453 abc@email.com

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.

ICBC 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 *

Reason for treatment extension * 18 / 750 character limit

Contact preference * By phone By email

Contact phone number * X Contact email *

* Indicates required field

Preview

< Previous Submit

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.



ICBC Health Care Provider Invoicing and Reporting

Customer: Hannah Taylor Claim number: BB15030-6 Date of accident: 22-NOV-2017 Submission date: 21-FEB-2020

[Print](#) [< Previous](#) [Submit](#)

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

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

Number of additional sessions * Anticipated discharge date *

5 31-JAN-2020

Reason for treatment extension *

1. Functional/symptom improvement to date?
2. What are the current barriers to recovery?
3. What are the current functional limitations?
4. Does your treatment plan address these barriers? If so, how?

201 / 750 character limit

Contact preference *

By phone By email

Contact phone number * Contact email *

[Preview](#) [< Previous](#) [Submit](#)

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.

6

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 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.

Health Care Provider Invoicing and Reporting

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 * 1a

Practitioner number 1b

Practitioner first name * 1c

Practitioner last name * 1c

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

Treatment extension Discharge notification 1d


- 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.



Health Care Provider Invoicing and Reporting

| | | | |
|-------------------------|-------------------------|-------------------------------|-----------------------------|
| Customer: Hannah Taylor | Claim number: BB15030-6 | Date of accident: 22-NOV-2017 | Submission for: 21-FEB-2018 |
|-------------------------|-------------------------|-------------------------------|-----------------------------|

3 4b 4a

[Print](#) [< Previous](#) [Submit](#)

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



ICBC Health Care Provider Invoicing and Reporting

Customer: Hannah Taylor Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 24-JUL-2019

Treatment Extension Request / Discharge Notification * Indicates required field

Practitioner/ therapist type *

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 *

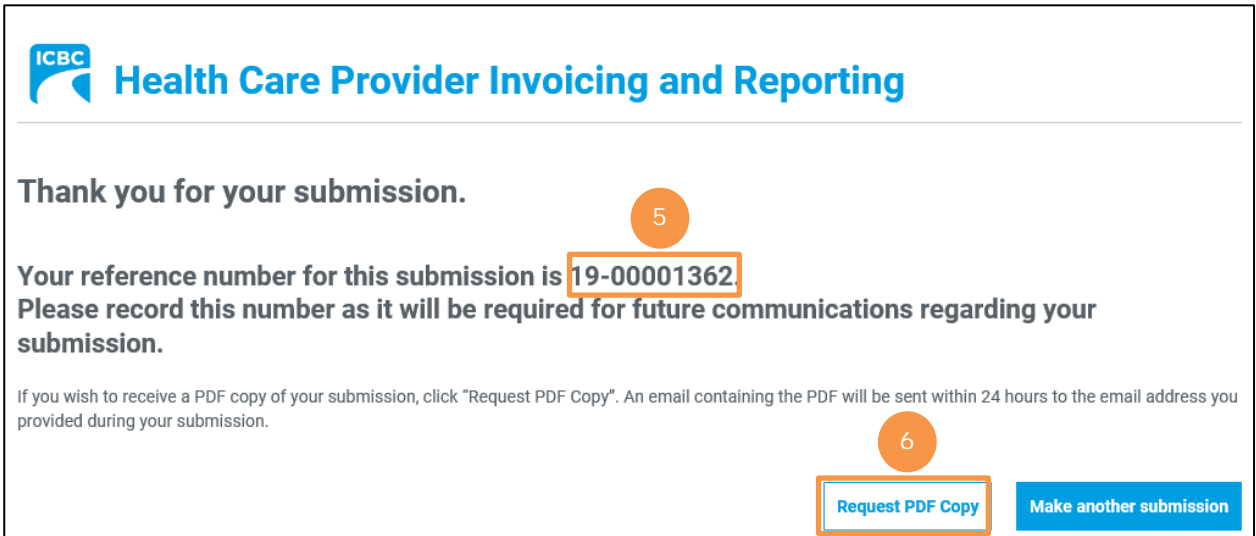
Is the customer/ patient being discharged due to *


Comment

17 / 750 character limit

4b

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.



 **Health Care Provider Invoicing and Reporting**

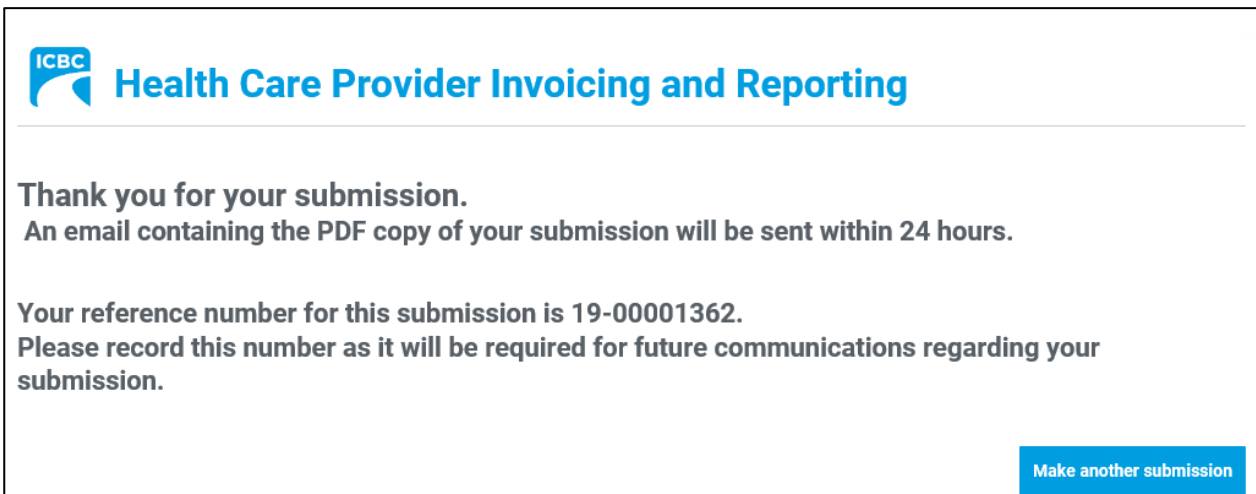
Thank you for your submission.


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.

[Request PDF Copy](#) [Make another submission](#)

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



 **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.

[Make another 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.



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.

8

Email address 
abc@email.com

9

Request PDF Copy

Make another submission