



Invoicing and Reporting FAQ

APRIL 2020

Updated April 2020



Q. Is tax applied for invoicing?

- A. The posted regulated fees do not include taxes. The HCPIR web application applies tax when applicable.

If you are unsure of your tax status you should consult a tax professional.

Additional notes on taxes and invoicing:

- Please ensure your [vendor number](#) is updated to identify whether your business is a small supplier and include your GST number.
- You may submit taxable and non-taxable services in the same invoice submission if those services are attached to your vendor number.

Q. How will I know when my invoice will be paid?

- A. If an invoice is approved by ICBC within seven days from the date of submission, then payment will be issued at the seven-day mark, measured as seven days from the date of submission to ICBC. If the seven-day mark falls on a weekend or statutory holiday, payment will be issued on the next business day.

If it is your first time submitting an invoice through the HCPIR application, you may experience a slight delay in receiving the payment due to the transition to a new payment cycle.

In some instances, the claims representative will be required to review invoices for approval. Occasionally, this process may lead to the invoice being approved after the seven-day window has lapsed (e.g. submission dated April 1 and payment is approved on April 9, then payment will be issued on April 10). When this occurs, payment will be issued the day after the invoice has been approved. If the day after approval falls on a weekend or statutory holiday, payment will be issued on the next business day.

A unique reference number from the HCPIR prints onto your statement and will assist with payment reconciliation.

Note: Invoices submitted relating to single-alpha claim numbers (e.g. A000000-0) will not be approved for payment within the 7-day time frame. Single-alpha claim numbers are managed in a separate claims software solution which requires Claims Representatives to review all invoices for approval.

Q. Is there a separate fee for completing a request to initiate treatment or for completing extension requests?

- A. There is no fee associated with a treatment initiation or extension request.

The extension request is not a report, but does require that information be provided to support ongoing treatment, such as outstanding functional goals and how further treatment will be directed at achieving those goals.



Q. When completing an extension request, what information should I include in the ‘Reason for Treatment’ field in the HCPIR?

- A. **Brief** clinical rationale addressing the following:
1. What are the functional/symptom improvement(s) 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?

Q. Does every health care provider need to submit an initial assessment report?

- A. Registered massage therapists and acupuncturists will not be requested to submit reports to ICBC.

Initial assessment and reassessment report templates have been developed for chiropractors, counsellors, kinesiologists, occupational therapists, psychologists, physiotherapists, and physicians. Initial assessment reports are to be submitted to ICBC when a customer consents to sharing their information, or upon receipt of a request letter from ICBC for the information. Reassessment reports should only be provided upon ICBC’s request.

A claims representative may request clinical records or chart notes from any of the above health care providers, which can be provided to ICBC with patient consent.

Q. How quickly does the initial assessment report need to be submitted to ICBC? How do we bill if it takes multiple treatments to complete the initial assessment?

- A. We request that you submit the assessment report within seven to ten days of the assessment visit(s), or as early as possible.

We understand that when a patient presents with several injuries, the initial report may require more than one session to complete.

For example, if three sessions are needed to complete the assessment, please submit invoices via HCPIR for the first two sessions as standard treatments. Once the initial report is complete after the third session, this would be the time to invoice the initial assessment & report via the HCPIR application. When a report is submitted using the HCPIR application, it will automatically apply both the assessment and report fee; these fees are indivisible under the new regulation fee schedule.

Q. Can the initial report be submitted separately from the invoice on the HCPIR application?

- A. The initial report cannot be submitted separately from an invoice. The assessment visit and report is a combined fee, as stipulated in the regulation.

Q. Is it possible to submit multiple invoices at once through the HCPIR application? Can multiple treatment sessions, with different health care providers, be invoiced on the same day?

- A. Invoicing through the HCPIR is by claim number. For example, if your patient received treatment for both counselling and physiotherapy on the same day, you may invoice for both types of treatment on



the same submission on the same day. However, you cannot submit multiple invoices with different claim numbers in the same submission.

Q. Are discharge reports required for claims?

- A. Only occupational therapists will be requested to submit a discharge report for patients who have been discharged from care following a motor vehicle accident. All other health care providers should submit a discharge notification via the HCPIR application.

Q. Can corrections be made through the HCPIR on submitted invoices?

- A. No, corrections cannot be made through HCPIR once a submission has been completed. When required, the health care provider may contact the Claims Vendor Inquiry Unit (claimsvendorinquiry@icbc.com) with payment inquiries.

Q. Can health care providers choose to invoice the ICBC customer directly, instead of direct billing ICBC? What is the required date for submitting receipts?

- A. We encourage all providers to direct bill ICBC to avoid patients being out-of-pocket for expenses. If you opt not to directly bill ICBC, you may invoice the ICBC customer. The ICBC customer must submit the receipt to ICBC for reimbursement, up to the regulated fee amount, within 60 days of the treatment date, unless they have a reasonable excuse for not doing so. Fees charged in excess of the regulated fee amount may be payable by a third party health benefits provider. These fees will not be recoverable from ICBC for claims with an accident date of April 1, 2019, or thereafter.

Q. Is there a need to confirm with ICBC that the claim is ready for invoicing for the initial pre-authorized treatments?

- A. Generally, no. The health care provider may begin treating a patient within the first 12 weeks following the crash without approval from the claims representative, so long as the patient provides a valid claim number. In addition, treatments provided within this time frame do not require a written referral from the primary care provider.

Patients who were working at the time of the accident may not be eligible for pre-authorized treatments. We recommend health care providers to confirm whether the patient was working at the time of the accident prior to accessing the pre-authorized treatments. Please confirm eligibility for the pre-authorized treatments with the Claims or Recovery Specialist if the patient indicates they were working at the time of the accident.

Q. Do patients have to exhaust any extended health coverage for treatments prior to invoicing ICBC?

- A. As of April 1, 2019, ICBC is the primary payer (first payer) for the types of health care services listed under Schedule 3.1 of the [Insurance \(Vehicle\) Regulations](#) in addition to occupational therapy services. Other types of medical services may require the customer to submit to their extended health insurance provider first. Further questions can be referred to the Claims or Recovery Specialist.



Q. What are the other billable expenses and how do you invoice for them? Do they require pre-approval?

- A. Related expenses, such as equipment and travel, may be invoiced via the HCPIR and are listed in the HCPIR drop down menu. These items require pre-authorization.

Q. Is there a preferred or required frequency for invoicing?

- A. No. The HCPIR application can be used by health care providers for submitting invoices at a frequency that works best for their business.