

ICBC Treatment Plans: Obtaining Approval for Additional Treatment

ICBC has introduced Treatment Plans, which are a means of documenting our customers' progress to date and the functional outcomes that they will achieve with further treatment. This information enables ICBC claim representatives to make timely and informed benefit decisions.

Practitioners are encouraged to proactively submit Treatment Plans as soon as they identify that the customer will require additional care beyond the early access period. Treatment plans are submitted through the Health Care Provider Portal or the Health Care Provider Invoicing and Reporting (HCPIR) application as outlined on the [Business Partners' page](#). ICBC will inform you of the funding decision upon consideration of the available information. If the Treatment Plan is partially approved or denied, reasons for the decision will be included in the response.

Tips for Completing a Treatment Plan

ICBC funds necessary treatment that is evidence-informed, incorporates goals that focus on optimizing function including return to work and, that has a measureable and objective functional benefit to the customer. When completing a Treatment Plan, practitioners are encouraged to keep these principles in mind. Treatment Plans that are not evidence-informed, do not demonstrate functional progress and are not focused on optimizing function may not be approved.

Below is a list of each of the questions included in a Treatment Plan along with a description of the necessary information that practitioners should include. Practitioners are encouraged to write clearly and concisely, ensuring all questions have been completed.

Q. What functional and symptom improvements have been made to date?

- Describe the customer's objective and subjective improvements, including observed and reported progress
- Illustrate how the treatment has had a direct impact on the customer's recovery
- Include outcome measures comparisons from initial intake assessment
 - (e.g. Neck Disability Index (NDI), Quick Disabilities of Arm, Shoulder & Hand (Quick DASH), Numeric Pain Rating Scale (NPRS), World Health Organization Disability Assessment Schedule (WHODAS))

Q. What are the customer's current functional limitations?

- Describe the customer's current functional limitations as they relate to pre-injury function
- Focus on objective findings emphasizing activity, work and activities of daily living (ADL's) and ensure to include examples

Q. What further progress is anticipated with the proposed additional treatment?

- Describe the further anticipated functional improvements based on identified limitations

- Consider the customer's pre-injury roles and activities and ensure to demonstrate how those activities have been integrated in to treatment.

Q. What is the intended outcome or functional goal?

- Describe the measureable goal that you and the customer are working to achieve along with the timeframe associated with the goal.
- Goals should be developed in collaboration with the customer and should be consistent with pre-injury function

Q. Are there any barriers that are delaying recovery? If so, please identify.

- Describe any relevant factors that are contributing to the customer's current condition along with recommendations to address the barriers. This would include:
 - Relevant work place or personal factors affecting recovery (if necessary, elaborate in additional comments)
 - Re-aggravation of symptoms in an attempt to return to function/work
 - Fear of movement or activity
 - Customer exhibits high fear of movement
 - Customer's ability to effectively utilize symptom management strategies is unclear
- Comment if recovery is progressing as expected

Q. Is the customer currently missing work/school?

- Select yes, if the customer is presently absent from work or school in any capacity (this includes reduced hours)

Q. Additional comments

- Any additional, relevant information to convey, including diagnosis (if applicable)
- If you are aware that the customer is seeking treatment from other practitioners, you can indicate here and comment on whether any communications have occurred to coordinate care

Q. Number of new recommended treatments to discharge

- Enter the number of treatments that are being recommended outside of the Early Access or preauthorized period.
- For example, if you are recommending 10 more treatments in total and the customer still has 3 treatments remaining under the Early Access period, the number of new recommended treatments to discharge would be 7.

Q. Expected discharge date

- The date you anticipate that the customer will have completed treatment