

Occupational Therapy Performance Standards – Questions & Answers:

Treatment Plans ([Section 7.4](#))

1. When should treatment plans be submitted?

Treatment plans must be submitted to ICBC along with each initial or progress report.

2. To confirm, how should treatment plans be submitted?

Treatment plans must be submitted through the [Health Care Provider Portal](#) (“the Portal”) (see Section 7.4 of the Performance Standards). When you log in to the Portal, you will be able to identify whether you want to submit an invoice, report, or treatment plan. You may select all of these options, if appropriate. However, at minimum, you must select both the ‘report’ and ‘treatment plan’ options in order to submit an initial (or progress) report along with your treatment plan.

What are you submitting today? *

<input type="checkbox"/>	Invoice for patient care & related expenses
<input type="checkbox"/>	Report and supporting documentation
<input type="checkbox"/>	Treatment plan

Once you have selected these options, the Portal will automatically take you through the steps to submit your report and the treatment plan.

3. What information do I need to include in the treatment plan?

The specific sections that *must* be completed are identified in Section 7.4 of the Performance Standards. All other open text fields may be completed with an “N/A” if appropriate.

4. Can the treatment plan be submitted by administrative staff?

The information being requested in the treatment plan must be provided by an Occupational Therapist (i.e. the Occupational Therapist must determine if the customer is on or off work, how many hours of OT services are being requested, and the anticipated discharge date). However, it is reasonable for the OT to relay this information to administrative staff to input the information into the Portal, if this process is in better alignment with your Firm’s procedures.

5. Can OTs bill for time spent completing the treatment plan?

No, treatment plans are not compensable. This is in alignment with all other health care providers for which ICBC has regulated rates.

6. Are treatment plans replacing progress reports?

No, the treatment plan is required *in addition to* the initial and progress reports and are to be submitted at the same time that these reports are submitted.

Single Services (Section 6)

7. Can Firms inform ICBC that they provide specific types of Single Services (e.g. FCEs, ergonomic assessments, JDAs)?

At this time, ICBC will not be maintaining a separate roster of OT Firms that can provide specific Single Services. There will be no change to the process by which ICBC engages with Occupational Therapists that provide these services to our customers.

8. Will ICBC set a flat fee for Single Services?

The regulated hourly rate for OTs will continue to apply at this time. The amount of time required to complete the Single Service will need to be discussed with, and approved by, the ICBC Recovery Specialist.

Continued Services (Section 7) & Hospital Discharge Program Service (Section 8)

9. With the latest changes to progress report cadences, OT recommendations are to be made based on the expected OT hours. However, who should be determining the expected end date for services?

The Occupational Therapist is required to identify the expected end date for their treatment based on the OT's assessment findings and the clinical needs of the customer. This end date may be an anticipated discharge date or, in the case where the expected end date is unclear due to the complex nature of the customer's injury and/or recovery, the end date may be an anticipated reassessment date.

This applies to hospital discharge referrals as well as continued services.

10. When should an OT submit a progress report?

OTs must submit a progress report if they have identified that the customer requires additional care beyond the previously approved end date or approved hours. A progress report must be submitted 7 days prior to the current authorization end date or prior to the last scheduled treatment session with the customer, whichever is sooner. See Sections 7.5.1 and 8.3.1 of the Performance Standards.

11. For progress reports, can we request an anticipated end date/discharge date that exceeds 3 months (e.g. 6-12 months)?

Yes, OTs may request an end date that extends beyond three months when submitting a progress report. The recommended end date should be in alignment with the OT's assessment findings and the customer's clinical needs. However, OTs are strongly encouraged to maintain an open line of communication with the ICBC Recovery Specialist to ensure alignment and awareness of the customer's progress, particularly if progress is deviating from the originally anticipated trajectory.

This applies to hospital discharge customers as well as continued services.

12. Do OTs still need to submit a progress report every 3 months?

No, progress reports should be submitted in alignment with the OT's assessment findings and the customer's clinical needs. Progress reports are no longer required every

3 months. Instead, they are required where the OT identifies a need for further treatment hours beyond what has been authorized.

This applies to hospital discharge customers as well as continued services. See Sections 7.5.1 and 8.3.1 of the Performance Standards.

13. When requesting treatment hours, do OTs have to break down the request by category of service (e.g. direct care, indirect care, travel)?

Although this is not required as per the Performance Standards, it is highly encouraged as this will facilitate expedient and informed funding decisions by ICBC.

As a reminder, when travel time is expected to exceed 90 minutes, the ICBC Recovery Specialist must be informed immediately. Travel time in excess of 90 minutes may not be paid unless it has been expressly pre-approved by ICBC. See Section 10.1.5 of the Performance Standards.

14. When requesting service hours, should the requested hours include travel time?

Yes, the requested hours should include all billable time, including travel time.

15. For the Hospital Discharge Program subroster, will OTs be listed by location and by area(s) of expertise (if declared)?

ICBC will generally continue to engage OTs by location for Hospital Discharge Services (this is an existing process). Depending on the customer's needs, the ICBC Recovery Specialist will have the option to filter the list first by areas of expertise, then by location of the service provider.

16. How does an OT declare their area(s) of expertise for the Hospital Discharge Program subroster?

OTs may declare their area(s) of expertise when completing the Schedule A – Participation Agreement.

Equipment (Section 9)

17. For equipment purchases from a vendor that is not part of the Mobility Devices and Durable Medical Equipment Master Standing Agreement (MSA), are two quotes still required when obtaining smaller items from other service providers?

Yes, two quotes are required for any equipment being purchased from a non-MSA provider.

Remuneration and Invoicing (Section 10)

18. What is the maximum limit to invoice for time spent completing an assessment to complete the Personal Care Assistance Assessment Report (PCA Report)?

As the PCA Report is not a standalone report and is expected to be submitted as an addendum to the initial report (or progress report), the expectation is that the information required to complete the PCA report will have been gathered as a part of the



initial (or progress) assessment. As such, the maximum limits for the initial (or progress) assessments apply.

19. What is the maximum amount of time an OT can invoice ICBC for time spent completing the PCA Report?

The time spent completing this report is billable up to a maximum of two hours depending on the complexity of the file. Time should reflect the complexity and circumstances of the customer, where less complex reports are billed at reduced durations.

20. To confirm, should communication/correspondence for the purposes of assessment and/or treatment be invoiced under assessment/treatment time?

This is correct. Communication or correspondence for the *purpose of assessment, treatment, or obtaining equipment* should be invoiced under these respective line items. The communication/correspondence line item should not be used.

21. Is communication with the ICBC Recovery Specialist to confirm the nature of the engagement a billable item?

No, this is not considered a billable item.

22. Is communication required during an assessment period, such as calling a customer to conduct a phone screen, billable under the communication/correspondence line item?

Communication required during an assessment period is part of the maximum billable time for an assessment and is subject to the 3 hours maximum billing limit and is not billable under the communication/correspondence line item.

23. To confirm, does communication/correspondence with employers, family members, or other health care providers (e.g. physician) for the purpose of assessment/treatment get billed under the 'assessment/treatment' line item?

Yes, this is correct. Where these conversations are taking place for the purpose of assessment/treatment, the 'assessment/treatment' line item should be used for invoicing.

24. Can OTs bill for file review time where a file has been transferred to them from another OT?

File review time is only funded once per claim. Where a transfer of files occurs, the resulting file review time would not be funded by ICBC. However, this is not to imply that OTs should not be conducting a file review. OTs are expected to continue to adhere to their College guidelines as necessary.

25. Does ICBC fund time incurred by the OT to follow-up on funding decisions?

No, this is not considered a billable item.



26. Can time spent rescheduling a customer be invoiced to ICBC?

No, time spent rescheduling a customer is considered an administrative function and would not be funded by ICBC.

27. Is the OT required to submit a customer's gym fees to ICBC on the customer's behalf?

There has been no change to billing practices surrounding a customer's gym fees. OTs may continue submitting a customer's gym fees to ICBC on behalf of the customer in instances where the fees have been authorized by ICBC; proof of purchase (i.e. receipt) must be submitted together with this invoice. However, OTs are not obligated to submit these invoices on the customer's behalf; the customer may also pay up front for the fee and submit a receipt to ICBC directly for reimbursement, should they choose to do so.

General (Section 14)

28. Can OTs register to be a part of a mailing list to become aware of changes to the Health Services site or the Performance Standards?

Unfortunately, we do not have a mailing list for individual OTs at the moment. We encourage you to check the Health Services site regularly. However, we will do our best to communicate significant changes to your Firm or through your Association.

Resources

Specific questions regarding the content of the Performance Standards may be directed to recoveryprograms@icbc.com.

For all other inquiries, please refer to the [Contact Us](#) page on the Health Services site.

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