



What is the purpose of these Reports?

This report provides ICBC with early information to support patient recovery goals such as the return to activities of daily living (ADL) and work planning, as well as informing other benefit entitlements from ICBC.

When do I fill out these Reports?

Following the initial assessment of a patient involved in a motor vehicle accident, fill in either;

- FP Standard Medical Report**, or
- FP Extended Medical Report***

*Injuries result in missed or modified work/school or significant impairment in ADL.

During follow-up visits, if a patient is not recovering as expected, an updated Care Plan or change in diagnosis may be required. A physician may submit, or when requested by ICBC; a

- FP Reassessment Medical Report**.

Note: A reassessment report is not required at regular intervals or with every follow-up visit.

It is recommended that reports be delivered to ICBC no later than 4-6 weeks from the date of assessment in order to provide information that is clinically relevant to the care of the patient.

How do I complete the Report?

There are two options to share the report with ICBC:

1. Pro-actively send the report to ICBC with patient consent.
2. Complete the report and notify the ICBC [Health Care Inquiry Unit](#) that a report is ready. This will prompt ICBC to submit a formal request for the report. Formal requests do not require patient consent as ICBC has the legislative authority to collect this information.

Where can I find these forms?

You can find the forms on the ICBC [Business Partners Page](#) (Physicians - Report templates), the Forms Repository in [Pathways](#) or in several common EMR solutions.

What are the billing rules for the ICBC Family Physician Reports?

- A patient is seeking care for an ICBC-related injury.
- Reports and invoices must include an ICBC claim number. To acquire this information please contact the patient, or the ICBC [Health Care Inquiry Unit](#).





Family Physician Services: Billing and invoicing

- ❑ ICBC does not remunerate for missed or cancelled appointments or pre-pay for reports.
- ❑ The FP Standard, Extended, and Reassessment Medical Report fees include both the office visit and the report fee (and the report itself acts as the invoice).
- ❑ Patient follow-up visits with no medical reports should be billed through Teleplan using standard MSP visit codes with ICBC selected as the insurer.

How do I receive payment for ICBC Family Physician services?

Completed reports and invoices can be sent directly to ICBC via fax at 1-877-686-4222, or mailed to PO Box 2121, STN Terminal, Vancouver, BC, V6B 0L6

Fee Code	Description	Fee
A94564	FP Standard Medical Report ; or	\$140.00
A94565	FP Extended Medical Report	\$380.00 Report serves an invoice.
A94566	FP Reassessment Medical Report	\$245.00 Report serves an invoice.
A94569	Physician Conference Fee** Telephone or written consultation billed for every 15 minutes (or portion thereof) up to a daily maximum of 45 minutes per claim	\$64.14 for 15 minutes Separate invoice is required.
A94575	Scarring Measurement Report	\$64.14 per report
A94577	Range of Motion Loss Report Completed only upon <u>request by ICBC</u>	\$128.28 per report Separate invoice required.

**The physician conference fee is not for conveying the results of diagnostic investigations, or arranging expedited consults or diagnostic investigations.

For more information, please see the [Doctors of BC Fee Guide](#).

Who can I contact if I have questions?

For general questions contact the ICBC Health Care Inquiry Unit (HCIU).

- **Tel: 604-587-7150 | Toll free: 1-800-717-7150 | Email: healthcareinquiry@icbc.com**

For payment related issues contact ICBC Claims Vendor Inquiry Unit.

- **Email: claimsvendorinquiry@icbc.com**