



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 and work planning, as well as informing other benefit entitlements from ICBC.

When do I fill out these Reports?

When you see a patient for the first time who has been in a motor vehicle accident, fill in either;

- Standard Medical Report (CL489), or
- Extended Medical Report (CL489A)*.

*Injuries result in missed or modified work, school or significant impairment in ADLs.

If a patient is not recovering as expected from a motor vehicle accident, an updated Care Plan or change in diagnosis is required. A physician should submit, or if requested by ICBC; a

- Reassessment Medical Report (CL489B)**.

**The Reassessment report is not required at regular intervals or with every follow-up visit.

Note: Recommended to share report with ICBC within 30 days from the date of assessment.

How do I complete the Report?

If your patient agrees to give consent, fill out the Doctors of BC [Consent to Sharing of Information tool](#) and send to ICBC.

If your patient won't grant consent or is unable to, contact the ICBC [Health Care Inquiry Unit](#) to advise of the report without consent or an upcoming appointment and await receipt of formal request letter from ICBC.

Where can I find these forms?

You can find the forms on the ICBC [Health Services/Reports templates webpage](#), the Forms Repository in [Pathways](#) or in several common EMR solutions.

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

- A patient has a motor vehicle accident-related injury.





Family Physician Services: Billing and invoicing

- The report must include an ICBC claim number. To acquire this information please contact the patient, and/or ICBC.
- ICBC does not remunerate for missed or cancelled appointments or pre-pay for reports.
- Patient follow-up visits with no medical reports should be billed through Teleplan using standard MSP visit codes.

How do I receive payment for the ICBC Family Physician Reports?

The report **acts as the invoice**. Completed reports 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 Codes

Code	Description	Fee
A94564	Standard Medical Report; or	\$135.00
A94565	Extended Medical Report	\$365.00 Report serves an invoice.
A94566	Reassessment Medical Report	\$236.00 Report serves an invoice.
A94569	Physician Conference Fee Telephone consultation of 15 minutes, up to a maximum of forty-five (45) minutes i.e. to a daily maximum of three (3) units per claim.	\$64.14/15 minutes Separate invoice is required.

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

Who can I contact if I have questions?

For general questions contact ICBC Health Care Inquiry Unity (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**