Occupational Therapy program guide

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Table of contents

1. Introduction 1
1.1. Introduction 1
1.2. Key Terms 1
2. Recovery Network Qualification Requirements 3
2.1. New Applications 3
2.2. Existing Approved OTs and Firms. 3
2.2.1. Updating Information on an Existing Account 3
2.2.2. Tax Status Change 3
2.2.3. Firm Legal Name Change or Change in Ownership of Firm 3
2.2.4. Voluntary Removal from Recovery Network 3
2.3. OT Qualification Requirements 4
2.4. Firm Qualification Requirements 5
3. ICBC's Expectations 6
3.1. Benefit Administration 6
3.2. Scope of Responsibilities 6
3.3. Accepting ICBC Customers 7
3.3.1. Referral from third parties or health professionals 7
3.3.2. Clarify engagement purpose 7
3.3.3. Authorizations 7
4. Occupational Therapy Services and Treatment Policies 8
4.1. Customer Contact 8
4.2. Initial Assessment 8
4.3. Skills and Competencies 8
4.4. Transfer of Files 9
4.5. Single Service 9
4.5.1. Single Service Assessment 9
4.5.2. Single Service Reporting Requirements 9
Report Timelines 10
4.5.3. Discharging a Customer 10

4.6. Continued Services . . . 10
4.6.1. Initial Assessment . . . 10
4.6.2. Subsequent Assessment . . . 11
4.6.3. Treatment . . . 11
4.6.4. ICBC OT Treatment Plan Form . . . 12
4.6.5. Reporting Requirements . . . 12
4.6.6. Discontinuance of Funding . . . 13
4.7. Equipment . . . 13
4.7.1. Priority of payers . . . 13
4.7.2. Authorization . . . 14
4.7.3. Other Medical Equipment . . . 14
4.8. Travel Time . . . 15
4.9. Gym or Pool Drop-in Fees . . . 16
4.9.1. Customer's Gym or Pool Drop-in Fees . . . 16
4.9.2. Health Care Practitioner's Gym or Pool Drop-in Fees . . . 16
4.10. Rehabilitation Assistants . . . 17

5. Hospital Discharge Program (HDP) . . . 18
5.1. Hospital Discharge Sub-roster . . . 18
5.2. Accepting Hospital Discharge Assignments . . . 18
5.3. Reporting Requirements . . . 19
Report Timelines . . . 19

6. Remuneration and Invoicing . . . 20
6.1. Fees and Invoice Submission . . . 20
6.1.1. Fees . . . 20
6.1.2. Invoice Submission . . . 20
6.2. Billing Procedure . . . 21
6.2.1. Assessment and Treatment . . . 21
6.2.2. Reporting Time . . . 24
6.2.3. Equipment Purchases . . . 28
6.2.4. Communication/Correspondence . . . 29
6.2.5. Rehabilitation Assistant . . . 30
6.2.6. Other Billable Items . . . 31

6.3. Prohibited Disbursements 34
6.4. Accuracy 34
7. Recovery Network Logo 35
8. Performance Management and Audits 36
8.1. Audits 36
8.1.1. Audit Frequency 36
8.1.2. Audit Outcomes 36
8.1.3. Audit Consequences 37
8.2. Documentation and Record Keeping Standards 37
9. Governance 38
9.1. Conduct and Corrective Actions 38
10. General 39
10.1. Email Notifications 39
10.2. Notification of Amendments. 39
Appendix A: Examples of specific engagements 40

1. Introduction

1.1. Introduction

ICBC engages with an extensive network of service providers that provide clinical occupational therapy services to ICBC customers injured in motor vehicle accidents ("ICBC Customers"). An occupational therapist ("OT") or Firm wishing to become part of ICBC's Recovery Network must comply with the Agreement, as defined below. Approval into the Recovery Network is at ICBC's sole discretion. If approved, the OT or Firm will be designated as an "Approved Occupational Therapist" ("Approved OT") or an "Approved Firm" and be eligible for ICBC's Recovery Network Benefits. All Approved OTs and Firms must meet and maintain the standards and requirements outlined in the Agreement and must bill ICBC for services accordingly. Approved Firms will be paid directly by ICBC for authorized services provided to ICBC Customers in accordance with the expectations outlined in Section 6 of this Program Guide. Except as permitted in Section 6 of this Program Guide, only services provided by an Approved OT at an Approved Firm are eligible for direct billing.

1.2. Key Terms

In this Program Guide:

- "**Agreement**" means the Health Care Direct Billing Terms, this Program Guide, all directions and instructions posted on ICBC's online Business Partners Page ("Partners Page"), ICBC's other online agreements setting out the legal terms for access and use of ICBC Systems and ICBC Data, any other terms related to direct billing (application or otherwise) and any ICBC Directive.
- "**Claim**" means any claim made by an ICBC Customer in connection with or in relation to an ICBC insurance policy.
- "**College**" means the College of Health and Care Professionals of British Columbia.
- "**Firm**" is the business entity (a sole proprietorship, a partnership, a corporation or another type of business entity) that is paid by ICBC for occupational therapy services. The Firm may be, but is not required to be, an Approved OT, and may be an OT Firm or service practitioner employing OTs.
- "**HCPIR**" is ICBC's Health Care Provider Invoicing and Reporting application.
- "**HCPP**" is ICBC's Health Care Provider Portal.
- "**HCVA**" is ICBC's Health Care Vendor Application system.
- "**HDP Team**" is a team of ICBC Advanced Support & Recovery Specialists who are available to assist an injured customer in their transition from the hospital to their home.
- "**Health Care Practitioner**" or "**Practitioner**" includes, but is not limited to, an Approved OT.

- "**ICBC Claims Contact**" is the primary ICBC representative on a file that has authority to provide funding approval for claims. The ICBC Claims Contact may be the ICBC Senior Claims Specialist, Claims Specialist, Support and Recovery Specialist, Senior Support and Recovery Specialist, Advanced Support & Recovery Specialist, or otherwise.
- "**Pre-approval**" refers to obtaining permission or authorization from ICBC in advance of or before proceeding with the requested treatment or service.
- "**Recovery Network**" includes Health Care Practitioners and Firms who have agreed to abide by the Agreement, as defined above, and have direct billing privileges with ICBC.
- "**Recovery Network Benefits**" include, but are not limited to, direct billing privileges, a net five (5) business day payment timeline and the opportunity to feature the ICBC Recovery Network entity mark (logo) on their Firm website.
- "**User Fees**" are fees a Practitioner or Firm charges an ICBC Customer directly, which exceed the regulated rates approved for standard duration treatment sessions. These fees are not reimbursable by ICBC.

2. Recovery Network Qualification Requirements

2.1. New Applications

OTs or Firms that provide occupational therapy services who wish to apply to be a part of ICBC's Recovery Network must submit an application through the HCVA (New Application).

2.2. Existing Approved OTs and Firms

Approved OTs and Firms must continue to meet the applicable requirements on an ongoing basis in order to retain their status as an Approved OT or Firm. Approved OTs and Firms are responsible for informing ICBC of material changes to their account information within ten (10) business days.

2.2.1. Updating Information on an Existing Account

Changes to a Firm's information, including the following, must be submitted through the Update an Existing Account section of the HCVA (Existing Account):

- Firm address;
- phone number;
- communication email address;
- banking information;
- removal of an Approved Practitioner; or
- addition of a new practitioner.

Changes to an Approved Practitioner's information, such as an update to the practitioner's qualifications or employment arrangement, must be submitted by email to biproviderapp@icbc.com.

2.2.2. Tax Status Change

If there is a change to a Firm's tax status, Firms must inform ICBC by email to biproviderapp@icbc.com.

2.2.3. Firm Legal Name Change or Change in Ownership of Firm

If a Firm changes its legal name or there is a change in ownership, the Firm must submit a new application through the HCVA (New Application).

2.2.4. Voluntary Removal from Recovery Network

Firms wishing to leave the ICBC Recovery Network and terminate their Agreement must update their ICBC account in the HCVA (Existing Account). Once the request has been processed, the Firm will no longer be able to direct bill ICBC.

2.3. OT Qualification Requirements

To qualify for and maintain their status as an Approved OT, and to be eligible for direct billing, the OT must:

a) meet the definition of "occupational therapist" in the Insurance (Vehicle) Regulation and be a fully registered active and practicing registrant in good standing, as acknowledged by the College or the equivalent provincial OT regulatory authority in the Canadian province where the OT practices (each, an "Other College"), without any restrictions, conditions or limitations.

   i. Provisional and Provisional Re-Entry status is acceptable on the condition that the Guideline for General Supervision, or equivalent requirements of an Other College, is followed. In the event that ICBC conducts any audit, practice or performance conduct inquiry of an Approved OT with Provisional or Provisional Re-Entry status, the inquiry will include the supervising OT, who must also be an Approved OT.

b) adhere to all College standards and guidelines including but not limited to the Code of Ethics, College Bylaws, Essential Competencies of Practice of Occupational Therapy, Practice Standards, Guidelines, Scope of Practice Statements and Advisory Statements, or the equivalent standards of a relevant Other College;

c) not be the subject of practice restrictions or conditions by the College or relevant Other College. Approved OTs must inform ICBC if they are actively under investigation by the College or relevant Other College;

d) have an acceptable disciplinary record, as determined by ICBC, with any governing regulatory body or professional association, that demonstrates the highest principles of ethics, integrity, fair practice, professional conduct and excellence;

e) comply with all applicable laws and ICBC policies including, but not limited to, ICBC's Code of Ethics and the British Columbia Freedom of Information and Protection of Privacy Act ("FIPPA"), as amended from time to time;

f) report to the ICBC Claims Contact any perceived, potential, or actual conflict of interest as it arises with respect to the Approved OT or Firm, the ICBC Customer, or any associated business or health care providers. If the conflict is not related to a specific Claim or ICBC Customer, the issue must be reported to RecoveryPrograms@icbc.com;

g) notify ICBC if their driver's license is suspended or prohibited for any reason (applicable only if the Approved OT drives a vehicle in the course of providing services to ICBC Customers);

h) submit a completed Occupational Therapist Participation Agreement; and

i) provide proof of valid professional liability insurance of a minimum $5,000,000 in coverage.

2.4. Firm Qualification Requirements

To qualify and maintain the Firm's status in the Recovery Network, each Approved Firm must:

a) have and maintain a valid ICBC Recovery Network account;
b) comply with all applicable laws and ICBC policies, including ICBC's Code of Ethics and FIPPA;
c) be solvent and meet their financial obligations to third parties as they become due;
d) have no outstanding tax demand, garnishing order, or court order against them;
e) not be the subject of a proceeding for bankruptcy or the relief of creditors that has not been discharged;
f) have not used any of ICBC's proprietary marks without authorization;
g) provide proof of commercial general liability insurance in the legal name and business location of the Firm with a minimum $2,000,000 in coverage;
h) provide proof of WorkSafeBC registration or the equivalent from the Canadian Province where the Firm is located in the legal name of the Firm, unless the Firm is a sole proprietor who does not employ any other employees;
i) register provincially in the jurisdiction of practice either as a corporation, partnership, or proprietorship, as applicable;
j) provide proof of a valid business license to operate as an OT service provider in accordance with the applicable local law (e.g. municipal by-law);
k) when applicable, and upon request by ICBC, provide proof of a valid business license for any subcontractors, in accordance with the applicable local law;
l) ensure all of the Firm's Approved OTs meet and continue to meet Approved OT qualification requirements (see Section 2 of this Program Guide);
m) submit a complete and accurate OT Declaration as found on the Partners Page;
n) accurately declare to ICBC the locations served by their OTs; and
o) report to the ICBC Claims Contact any perceived, potential, or actual conflict of interest as it arises with respect to the Approved OT or Firm, the ICBC Customer, or any associated business or health care providers. If the conflict is not related to a specific Claim or ICBC Customer, the issue must be reported to RecoveryPrograms@icbc.com.

3. ICBC's Expectations

Approved OTs and Firms are key business partners who help injured ICBC Customers through their recovery. Working together, the Approved OT, Firm and ICBC will create positive experiences for our mutual customers by demonstrating our shared values of being collaborative, supportive, straightforward and knowledgeable.

Approved OTs and Firms who are providing services to injured ICBC Customers must align themselves with the above objectives and must commit to providing high-quality, cost-effective, and outcome-oriented care. Approved OTs and Firms must behave in an ethical manner that observes the highest principles of integrity, respect, equality, fair practice, professional conduct, and excellence.

If an ICBC Customer is found to be non-compliant or not participating in their treatment program, it is the Approved OT's responsibility to notify ICBC.

3.1. Benefit Administration

In order to arrive at appropriate funding decisions, ICBC Claims Contacts gather available information from sources such as the ICBC Customer, their medical and/or health care team, and refer to the applicable internal resources available to them. ICBC does not direct care. To be considered for funding, the therapy or treatment must be:

a) for injuries directly related to the crash; and

b) evidence informed and clinically justified.

The ICBC Claims Contact will communicate the funding decision to the ICBC Customer and the Health Care Practitioner. Firms must only request funding for services that meet the above criteria and must only bill ICBC for services for which they have received funding approval.

3.2. Scope of Responsibilities

Approved OTs and Firms must:

- provide objective clinical care;
- avoid involvement in ICBC's Claim management functions; and
- not provide advice on insurance or legal matters.

If an ICBC Customer has questions relating to Claim management or coverage decisions, they must be advised to contact ICBC directly.

Approved OTs and Firms must refrain from requesting or advocating for funding for an item or treatment that is clearly unrelated to a Claim. Approved OTs and Firms must disclose all clinically relevant information in their communications with ICBC, and must not leave out details that could impact ICBC's funding decisions, such as intervening events, new injuries, or other factors that may affect the customer's functional abilities or treatment needs.

3.3. Accepting ICBC Customers

3.3.1. Referral from third parties or health professionals

The Approved OT and Firm must consult the ICBC Claims Contact prior to accepting assignments or instructions to provide services to an ICBC Customer directly from legal counsel or other third parties, including health professionals. The ICBC Claims Contact will determine whether funding is authorized and the work is eligible for direct payment by ICBC. The ICBC Claims Contact will liaise with the referring third party to gather additional information in order to make an informed funding decision. The referring third party or referring health professional must:

- ensure they have a clear understanding of the customer's condition;
- ensure that recommendations directly relate to the crash-related injury; and
- explain how an assessment can help the ICBC Customer with meeting their functional goal(s).

If approved, it is the responsibility of the OT to assess the ICBC Customer and provide recommendations to assist the ICBC Customer meet their functional goals.

Services that are provided without authorization from ICBC may not be paid for by ICBC, either in whole or in part.

3.3.2. Clarify engagement purpose

Each Approved OT or Firm in receipt of a request to provide services to an ICBC Customer must confirm with the ICBC Claims Contact the specific purpose of the engagement and any timelines or restrictions placed on the authorization for funding. See Appendix A of this Program Guide for examples.

Services that are provided without confirmation from ICBC or outside of the scope of the assignment may not be paid for by ICBC, either in whole or in part.

Failure to confirm all details of the request for services as outlined above may result in the termination of the engagement or other corrective actions, as outlined in the Health Care Direct Billing Terms.

3.3.3. Authorizations

An engagement authorized by ICBC provides authorization to the Approved OT to undertake an initial assessment of the ICBC Customer, up to and including the development and submission of a rehabilitation plan/initial report, or as otherwise specified by the ICBC Claims Contact, such as a Single Service referral.

The Approved OT or Firm must not make commitments to the ICBC Customer relating to ICBC funding until authorization from ICBC has been received. Neither the Approved OT nor Firm has authority to create any obligation on behalf of or to bind ICBC in any manner.

4. Occupational Therapy Services and Treatment Policies

Please refer to Section 6 of this Guide for fees and billing procedures associated with services and treatment policies outlined below.

4.1. Customer Contact

Upon receipt of the service request, the Approved OT or Firm must attempt to make initial contact with the ICBC Customer within one (1) business day of the referral, unless it is a Hospital Discharge referral, in which case initial contact with the ICBC Customer should be attempted within 24 hours, regardless of weekends or statutory holidays.

Where the ICBC Customer has been discharged from a hospital on a weekend or statutory holiday, the initial contact must be made within 24 hours of the discharge, and:

- If the Approved OT or Firm is unable to connect with the ICBC Customer within 24 hours from the service request, they are required to leave the ICBC Customer a voice message or send the ICBC Customer an email upon the initial contact attempt, whenever possible. At a minimum, a second follow up attempt is required within 24 hours after they made the first attempt at contact.
- If the Approved OT or Firm is unable to connect with the ICBC Customer within two (2) business days from the time of the service request, they must inform the ICBC Claims Contact immediately.

4.2. Initial Assessment

The Approved OT must conduct initial assessments with ICBC Customers within five (5) business days of acceptance of the service request. The assessment must be conducted in person unless otherwise directed or agreed to by ICBC, such as in instances where telehealth may be appropriate, provided telehealth sessions are offered in a way that is aligned with the requirements of the College or Other College.

- If the Approved OT is unable to conduct the initial assessment within five (5) business days from the time of acceptance of service request, they must inform the ICBC Claims Contact immediately.

4.3. Skills and Competencies

The Approved OT must identify any instance where they may not have the requisite knowledge, skills, and/or abilities required to effectively provide the requested services to a particular ICBC Customer based on the context for the engagement and the requirements set out under the College or applicable Other College guidelines. In such circumstances, the Approved OT must contact the ICBC Claims Contact to discuss if another OT is required, either in whole or in part, for the effective provision of services. The failure to do so may result in the termination of the engagement on the file or other corrective actions outlined in the Health Care Direct Billing Terms.

4.4. Transfer of Files

An Approved OT who has accepted a service request cannot subsequently transfer the ICBC Customer to another Approved OT, non-approved OT, or service provider (even within the Firm) without ICBC's consent. Doing so may result in termination of the engagement on the file or other corrective actions as outlined in the Health Care Direct Billing Terms. ICBC will not pay for any costs associated with the transfer of the engagement, including but not limited to the cost of preparing the records, transferring the records, or reviewing the records.

In the case of a short-term leave, period of illness or vacation, to avoid an interruption in an ICBC Customer's recovery, files may be temporarily transferred to another Approved OT at the same clinic. If this transfer is for longer than ten (10) business days or coverage is not available, ICBC must be notified. Files must not be transferred to OTs that are not approved members of the ICBC Recovery Network.

4.5. Single Service

Single Services encompasses services that are discrete, time-bound, and assessment based (involving an assessment and the completion of a report with recommendations). These services include, but are not limited to, assessments such as functional job match assessments, functional driving evaluations, functional capacity evaluations, ergonomic assessments, job demands analyses, and workplace accommodation assessments.

4.5.1. Single Service Assessment

The Approved OT must conduct an assessment with the ICBC Customer within five (5) business days of acceptance of the service request. The assessment must be conducted in person unless otherwise directed or agreed to by ICBC, such as in instances where telehealth may be appropriate, provided telehealth sessions are offered in a way that is aligned with the requirements of the College or Other College.

- If the Approved OT is unable to conduct the assessment within five (5) business days from the time of acceptance of the service request, they must inform the ICBC Claims Contact immediately.
- If the service requires more than one assessment to complete, the Approved OT must inform ICBC Claims Contact as soon as they become aware.

4.5.2. Single Service Reporting Requirements

All reports for which an ICBC report template exists must be completed using the appropriate ICBC report template located on the Partners Page. ICBC will not pay for any time billed for report preparation or subsequent completion of the report if the report is incomplete when submitted. An incomplete report must be completed and resubmitted in order to qualify for payment.

Supplementary reports such as ergonomic assessment reports, job site visit reports, or other reports requested by ICBC as part of authorized Single Services can be completed in the format established by the Firm, unless an ICBC template is made available.

Report Timelines

The Approved OT must submit their Single Service report within five (5) business days of the first meeting with the ICBC Customer, unless:

- the ICBC Customer's refusal to consent to the release of the report renders the Approved OT unable to do so; or
- the ICBC Claim Contact indicates otherwise, in writing.

Additional services may not be authorized until such time that the ICBC Claims Contact receives and reviews the Approved OT's report.

Where the Approved OT anticipates a delay in report submission, the Approved OT must inform the ICBC Claims Contact of the reason for delay and the anticipated report submission date within five (5) business days of the first meeting with the ICBC Customer.

4.5.3. Discharging a Customer

Unless otherwise indicated by ICBC, Single Services are considered to be concluded upon completion of the assessment and submission of the report.

If continued involvement with the Approved OT is recommended to provide ongoing treatment, the Approved OT may reach out to ICBC to request funding approval for Continued Services.

4.6. Continued Services

Continued Services encompasses the treatment-based services provided to support ICBC Customers with complex recoveries or injuries. The services in this category include, but are not limited to hospital discharge planning, provision of clinical treatment, and clinical management and support.

4.6.1. Initial Assessment

The Approved OT must conduct an assessment with the ICBC Customer within five (5) business days of acceptance of the service request. The assessment must be conducted in person unless otherwise directed or agreed to by ICBC, such as in instances where telehealth may be appropriate, provided telehealth sessions are offered in a way that is aligned with the requirements of the College or Other College.

- If the Approved OT is unable to conduct the initial assessment within five (5) business days from the time of acceptance of the service request, they must inform the ICBC Claims Contact immediately.

- If the service requires more than one assessment to complete, the Approved OT must inform the ICBC Claims Contact as soon as they become aware.

4.6.2. Subsequent Assessment

The Approved OT must conduct any subsequent assessments following the initial assessment in person, unless otherwise directed or agreed to by ICBC, such as in instances where telehealth may be appropriate, provided telehealth sessions are offered in a way that is aligned with the requirements of the College or Other College.

Where the subsequent assessment is requested by ICBC, the assessment must take place within five (5) business days from the date of the request. If the Approved OT is unable to conduct the subsequent assessment within five (5) business days from the date of request, they must inform the ICBC Claims Contact immediately. This includes, but is not limited to, subsequent assessments for the purpose of completing a progress report.

4.6.3. Treatment

ICBC Customer's Rehabilitation Plan

The Approved OT must assess and determine the ICBC Customer's rehabilitation plan in accordance with the College or applicable Other College guidelines and practice standards and utilizing an evidence-informed approach when establishing, providing, and recommending treatments.

Education of the ICBC Customer

When treating an ICBC Customer, the Approved OT must educate the ICBC Customer with respect to the following (when information is available):

a) If applicable, the desirability of an early return:
   i. to the activities the ICBC Customer could perform before the injury, or
   ii. to the ICBC Customer's employment, occupation or profession or the ICBC Customer's training or education program or course;

b) an estimate of the probable length of time that symptoms will last;

c) the usual course of recovery;

d) the probable factors that are responsible for the symptoms the ICBC Customer may be experiencing; and

e) the appropriate self-management and pain management strategies.

4.6.4. ICBC OT Treatment Plan Form

The ICBC Treatment Plan — Occupational Therapy form allows for expedient funding decisions by ICBC. The ICBC Treatment Plan — Occupational Therapy form must be submitted through the HCPP or HCPIR, and must be submitted with any:

- Initial assessment reports; or
- Progress reports.

Total Approved OT hours (excluding time spent by Rehabilitation Assistants or Kinesiologists) must be documented on the ICBC Treatment Plan — Occupational Therapy form with a breakdown (e.g. treatment time, indirect care, travel time etc.) outlined in the associated report.

The Approved OT is required to complete all fields on the ICBC treatment plan form which is non-compensable.

Services provided by an Approved OT or Firm outside of the approval period are not eligible for direct billing. A new treatment plan and report must be submitted and approved before any services outside of the approval period will be funded. Direct payment will not be made or backdated for services that are ineligible for direct billing on the date that they are provided.

4.6.5. Reporting Requirements

The Approved OT must report to ICBC on the ICBC Customer's progress and provide an updated rehabilitation plan for the duration of the engagement. When completing and providing a report to ICBC, the Approved OT must ensure:

a) the ICBC Customer has provided their consent to the release of personal information or that the report is provided in compliance with the Health Care Provider Report request letter (CL491); and

b) the content of the report is in compliance with all College or applicable Other College requirements.

All reports for which an ICBC report template exists must be completed using the ICBC report templates located on the Partners Page. ICBC will not pay for time billed for report preparation or subsequent completion of the report if the report is incomplete when submitted. An incomplete report must be completed and resubmitted in order to qualify for payment.

Report Timelines

The Approved OT must adhere to the following timelines when providing report(s) to ICBC unless:

- the ICBC Customer's refusal to consent to the release of the report renders the Approved OT unable to do so; or
- the ICBC Claim Contact indicates otherwise, in writing.

Initial Assessment Report	Due within five (5) business days of the first meeting with the ICBC Customer. **Note:** Initial reports must be accompanied by an ICBC Treatment Plan — Occupational Therapy form.
Progress Report	Where further funding for treatment is recommended beyond what was authorized upon submission of the initial assessment report or previous progress report, a progress report must be submitted at least five (5) business days prior to the current authorization end date or prior to the last scheduled treatment session with the ICBC Customer, whichever is sooner. **Note:** Progress reports must be accompanied by an ICBC Treatment Plan — Occupational Therapy form.
Discharge Report	Due within five (5) business days of the termination of the engagement.

4.6.6. Discontinuance of Funding

ICBC may, at its sole discretion or based on input from the Approved OT, discontinue direct funding when it determines it would be appropriate to do so, keeping in mind the following considerations:

a) the purpose of the engagement has been satisfied;
b) further rehabilitation is unlikely to result in any significant functional improvement;
c) treatment goals have not been met but further treatment is unlikely to achieve them;
d) the ICBC Customer is not participating as recommended in the course of treatment; or
e) ICBC determines at its sole discretion that it is appropriate to do so.

4.7. Equipment

4.7.1. Priority of payers

For medical equipment, prostheses and orthoses prescribed on claims with a crash date of May 1, 2021 or later:

- For expenses incurred on May 1, 2025 or later, ICBC is first payer (unless it is a claim involving WorkSafeBC, a self-insured federal vehicle or a non-BC government vehicle).
- For expenses incurred prior to May 1, 2025, ICBC is secondary payer.

For crashes that occurred on or before April 30, 2021, ICBC is secondary payer for costs relating to medical equipment, prostheses and orthoses that are required due to crash-related injuries.

4.7.2. Authorization

The following are specific guidelines for the procurement of medical equipment for ICBC Customers.

The Approved OT must obtain express authorization from ICBC prior to purchasing any medical equipment unless pre-authorization has been provided via a CL702 form. ICBC may provide limited formal pre-authorization for a period of sixty-five (65) business days for the purchase of equipment when:

a) the cumulative cost of the medical equipment is below $2,000;
b) the equipment is purchased within of sixty-five (65) business days from the date the CL702 authorization form was issued by ICBC;
c) the medical equipment is covered by the Mobility Devices and Durable Medical Equipment Master Standing Agreement; and
d) the medical equipment is purchased from an ICBC approved medical equipment supplier that has signed on with the Mobility Devices and Durable Medical Equipment Master Standing Agreement.

Note: Multiple quotes are not required to be provided to ICBC when purchasing medical equipment from an MSA provider, as defined below.

Additional express authorization from ICBC is required when:

a) the cumulative cost of the medical equipment is above $2,000;
b) the medical equipment is purchased from a non-ICBC approved medical equipment supplier;
c) the medical equipment is not covered by the Mobility Devices and Durable Medical Equipment Master Standing Agreement;
d) the delivery of the medical equipment is required within 24 hours of the assessment; or
e) the Approved OT's pre-authorization period for the equipment has expired.

Any urgent equipment required due to safety issues can be authorized verbally. While health care services are generally not taxable, tax must be included as applicable.

ICBC will communicate funding authorization, in writing via a CL779 letter, to the Mobility Device and Durable Medical Equipment service provider on contract with the Master Standing Agreement ("MSA provider") and provide a copy to the Approved OT.

4.7.3. Other Medical Equipment

Where the equipment required to support an ICBC Customer's rehabilitation is not available from an MSA provider, the Approved OT may purchase the required equipment ("Other Medical Equipment") from a non-MSA provider.

Purchase of Other Medical Equipment is not pre-authorized and requires additional express authorization from the ICBC Claims Contact prior to purchase. A minimum of two quotes from different providers must be obtained to ensure that the most cost-effective purchase is being made. All obtained quotes must be provided to the ICBC Claims Contact for consideration of funding. Any significant deviation from the provided quote at the point of purchase must be relayed to the ICBC Claims Contact immediately and the equipment must not be purchased until further approval is obtained.

Whenever possible, the Approved OT must obtain confirmation from the non-MSA provider that the equipment purchased is returnable and refundable at no extra cost to ICBC. ICBC is not responsible for the cost of equipment that does not meet the ICBC Customer's needs, nor is ICBC responsible for the cost of returns, including but not limited to service fees, restocking fees, and/or shipping fees.

4.8. Travel Time

ICBC does not pay travel fees for Health Care Practitioners who operate out of a facility owned or leased by, or that is otherwise affiliated with or controlled by the Practitioner/Firm or on their premises. Affiliation includes close formal or informal connections or associations between a Firm or Health Care Practitioner and the facility. When a Practitioner must travel to an appointment that is taking place at an outside facility, such as a community/recreational centre, travel time is to be calculated between the outside facility and the closer of:

- the Health Care Practitioner's primary residence;
- the nearest Firm location (whether the primary location or a satellite location); or
- their previous appointment's service location.

Note: Practitioners are expected to invoice the most time-efficient travel routes to appointments. Travel time for walking between locations will not be compensated.

Only actual travel time for treatment purposes can be billed. Billing is by the decimal hour up to a maximum of 90 minutes total per treatment session for an Approved OT, and up to a maximum of 60 minutes total per treatment session for Rehabilitation Assistants.

Example: Twelve minutes of travel time is 12/60 = .20
Enter .20 into HCPIR or HCPP

When travel time is being invoiced, Health Care Practitioners must maintain a legible log for each journey which contains the following information:

- the date of the session;
- the ICBC Customer's name;
- the ICBC Claim number;

- the starting address (including postal code);
- the ending address (including postal code); and
- the distance travelled, in kilometers.

Failure to produce such logs upon request by ICBC may result in denial or recovery of payment. Format of the logs is at the discretion of the Firm.

Travel time must be invoiced through the HCPIR or HCPP.

Whenever possible, travel must be allocated so that travel time to a location where multiple customers, ICBC or otherwise, are treated, the cost is shared across those clients/claims in an equal manner.

Note: Travel and mileage cannot be billed for Functional Job Match Assessments or Functional Capacity Evaluations.

4.9. Gym or Pool Drop-in Fees

4.9.1. Customer's Gym or Pool Drop-in Fees

ICBC will fund gym drop-in fees for ICBC Customers only, up to reasonable market rates. Dated, detailed receipts must be attached to each invoice, for each applicable visit and must include the service description, service date, ICBC Customer name, facility used and form of payment. Failure to attach detailed receipts may result in non-payment. Bulk invoicing is not permitted.

ICBC does not pay admission fees for an ICBC Customer's use of a facility owned or leased by, or that is otherwise affiliated with or controlled by the Practitioner/Firm or on their premises. Affiliation includes close formal or informal connections or associations between a Firm or Health Care Practitioner and the facility.

4.9.2. Health Care Practitioner's Gym or Pool Drop-in Fees

ICBC does not reimburse for the Approved practitioner's drop-in fees except for hydrotherapy, and only in the following circumstance:

- ICBC will reimburse reasonable Health Care Practitioner drop-in fees for hydrotherapy when the ICBC Customer:
  - has an injury or complicating health condition that prevents them from weight-bearing exercise as identified by a regulated Health Care Practitioner; or
  - is a minor and not permitted to access community gyms.

Pre-approval is required for Health Care Practitioner drop-in fee reimbursement for hydrotherapy under the above conditions and will be time-limited until the ICBC Customer can transition to land-based therapies. The Health Care Practitioner must continue to meet all standard treatment expectations.

4.10. Rehabilitation Assistants

ICBC may fund Occupational Therapy Assistants/Aides ("Rehabilitation Assistants"). Rehabilitation Assistant services, including applicable travel and mileage, **require Pre-approval** from the ICBC Claims Contact. Approval for these services can be requested via an OT Initial Report (CL489L) or an OT Progress Report (CL489M), but must not be included in the Approved OT treatment plan.

Rehabilitation Assistant services must be invoiced via HCPIR or HCPP by the overseeing Approved OT.

Non-clinical administrative tasks including, but not limited to, scheduling appointments or appointment reminders are not billable.

ICBC funds only one on one Direct Care provided by a Rehabilitation Assistant that is under the direction of an Approved OT. Group therapy delivered by a Rehabilitation Assistant is not eligible for funding.

5. Hospital Discharge Program (HDP)

Hospital Discharge Program (HDP) encompasses the services provided by an OT specifically to support an ICBC Customer's transition back to their residence following a hospital admission. This is a single service referral and the primary goal is to ensure the ICBC Customer's safe return home. As such, this service entails assessments and recommendations for medical equipment, supplies, and/ or support services.

Note: When an ICBC Customer is in the care of the hospital and transportation home is required, the hospital is responsible for arranging the transportation. ICBC will cover the cost of this transportation.

5.1. Hospital Discharge Sub-roster

Upon execution of an Occupational Therapist Participation Agreement, the Approved OT must advise whether they wish to be identified on the HDP sub-roster. Additionally, any Approved OTs who choose to be identified on the HDP sub-roster must indicate whether they have the knowledge, skills, resources, and tools to accept service requests in any of the following practice areas:

a) moderate to severe traumatic brain injury;
b) spinal cord injury;
c) complex mental health (including, but not limited to, concurrent diagnoses of schizophrenia,
d) dementia, bipolar, borderline personality disorder, substance abuse/addictions); and/or
e) paediatrics.

Prior to advising ICBC they have expertise in the practice areas above, the Approved OT must refer to the most up-to-date College Essential Competencies and College Practice Resource on Guided Reflection to ensure they meet the requirements.

Only Approved OTs on the HDP sub-roster will be contacted in accordance with section 5.2 as outlined below.

5.2. Accepting Hospital Discharge Assignments

By accepting an HDP assignment, the Approved OT agrees to accept responsibility for delivering timely services and working with the ICBC HDP team to secure any additional support services and address any barriers to discharge identified by the Approved OT, the HDP Team, or hospital staff.

The Approved OT will determine the support services required, relay this to the HDP Team, and confirm with the HDP Team whether organizing and arranging these services is within the scope of the HDP referral.

Approved OTs accepting an HDP referral may invoice ICBC up to twenty (20) hours of any combined service line items within the initial engagement period. If additional time is required pre-approval must be obtained by the ICBC Claims Contact.

5.3. Reporting Requirements

The Approved OT must report to ICBC on the ICBC Customer's progress and provide an updated rehabilitation plan for the duration of the engagement. When completing and providing a report to ICBC, the Approved OT must ensure:

a) the ICBC Customer has provided their consent to the release of personal information or that the report is provided in compliance with the Health Care Provider Report request letter (CL491); and

b) the content of the report is in compliance with all College Practice Standards and Guidelines or applicable Other College requirements.

All reports for which an ICBC report template exists must be completed using the ICBC report templates located on the Partners Page. ICBC will not pay for additional time billed as a result of having to revise or resubmit an incomplete report. An incomplete report must be completed and resubmitted in order to qualify for payment.

Report Timelines

The Approved OT must adhere to the following timelines when providing reports to ICBC, unless:

- the ICBC Customer's refusal to consent to the release of the report renders the Approved OT unable to do so; or
- the ICBC Claim Contact indicates otherwise, in writing.

Initial Assessment Report	Due within five (5) business days of the first meeting with the ICBC Customer. **Note:** Initial reports must be accompanied by an ICBC Treatment Plan — Occupational Therapy form.
Progress Report	Where further funding for treatment is recommended beyond what was authorized upon submission of the initial assessment report or previous progress report, a progress report must be submitted at least five (5) business days prior to the current authorization end date or prior to the last scheduled treatment session with the ICBC Customer, whichever is sooner. **Note:** Progress reports must be accompanied by an ICBC Treatment Plan — Occupational Therapy form.
Discharge Report	Due within five (5) business days of the termination of the engagement.

6. Remuneration and Invoicing

6.1. Fees and Invoice Submission

6.1.1. Fees

Unless otherwise specified, Occupational Therapy Services are paid based on an hourly rate which is outlined in the *Enhanced Accident Benefit Regulation* and is listed below.

Occupational Therapy	$148 per hour

This fee applies to all treatment administered on or after May 1, 2025, regardless of the date of the crash that caused the injury.

6.1.2. Invoice Submission

Invoices must not be submitted until after a treatment or service has occurred. Pre-billing is not permitted. Where an ICBC Customer has multiple claims, a treatment or service can only be billed on one Claim and cannot be billed multiple times.

The Firm must submit invoices to ICBC within forty-five (45) calendar days from the date the service was provided. At ICBC's sole discretion, invoices submitted outside of the 45-day timeframe may not be paid.

All invoices submitted to ICBC must adhere to the instructions published on the Partners Page and in the Program Guide, and must be billed under the name of the Approved OT that provided the treatment.

All time spent must be billed rounded to the minute. The limits outlined below apply to all invoicing unless expressly authorized by ICBC.

The Approved OT or Firm is only eligible for direct billing privileges on or after the date on which they are accepted into the Recovery Network. Invoices for services rendered prior to that date are not eligible for direct billing. In any circumstances where a Claim-related service is not eligible for direct billing, the Approved OT or Firm must collect payment directly from the ICBC Customer when the service is provided. Direct payment will not be made or backdated for services that are ineligible for direct billing on the date that they are provided.

When submitting an invoice through HCPIR, Firms must enter the name and job title of the person submitting the invoice along with the appointment date and time, where applicable.

When a Firm or Approved OT's fees are less than the fee limits posted in the Program Guide, the Firm must invoice following the manual invoicing process outlined on the Invoicing and Reporting page on the Partners Page.

6.2. Billing Procedure

The following limits apply to all invoicing unless expressly authorized by ICBC.

6.2.1. Assessment and Treatment

Assessment & Treatment			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Initial File Review	Up to 45 minutes. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Initial File Review	One-time fee prior to initial assessment for the review of medical information/ file material which is relevant to the injury.
Assessment Time	Up to 3 hours of direct assessment time. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Assessment/ Treatment	Can include: • assessment/analysis of physical, cognitive, mental health functional abilities, or occupational performance and engagement. • workplace assessments; and/or • identifying proposed services, strategies, time frames and cost estimates related specifically to the achievement of the defined goals and objective(s). Includes organizing, categorizing, and processing assessment findings for the purposes of planning and reporting.

Assessment & Treatment			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Treatment Time	Limited to the time authorized by the ICBC Claims Contact.	Assessment/ Treatment	Treatment can include implementation of or education on: • adaptive equipment/assistive technology • environmental modifications; • personal adaptive aids; • pressure relieving equipment; • ergonomic equipment; • self-management training (pain management, joint protection, adapted strategies for self-care/work, anxiety management, etc.); • therapeutic daily activity to increase activity tolerance to support return to-work readiness or advanced rehab readiness; • progressive activation program; • return-to-work planning and support; • driving rehabilitation; and/or • hand therapy Includes e-mail or in-person case consultation or telephone calls made for the purpose of delivering a treatment, including communication or correspondence with a therapist assistant.

Assessment & Treatment			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Indirect Care	Limited to the time authorized by the ICBC Claims Contact.	Indirect Care	Includes time spent on a file that is not directly with the ICBC Customer but serves a clinical purpose, such as charting, reviewing of new medical documentation (excluding the initial file review) or communicating with an employer for the purpose of identifying work modifications that meets the functional status of the customer. Does not include: • initial file review time; • tasks that are administrative in nature which includes communication/ correspondent time incurred as part of establishing assessment/treatment sessions or purchase of supplies and equipment; • photocopying or scanning costs for report attachments; • file opening or administration fees; • supervision or staffing; • transferring a file to another clinician, or • User Fees.

6.2.2. Reporting Time

When available, reports must be completed on ICBC templates which are available on the Partners Page and are updated regularly. Please note that the most recently available templates must be used. Saving personal versions of the templates is discouraged. ICBC will not pay for incomplete or improperly completed reports. Only the reports below are chargeable to ICBC.

Reporting Time			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Initial Report	Up to 3 hours of report completion time. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Initial Report	Requires a rehabilitation plan that sets out the goals, action plans, timeframes, contacts, names of service providers, and cost estimate, inclusive of estimated time to complete any subsequent reports required by ICBC (i.e. Progress or Discharge report). In addition to the above, assessment reports should also include the evaluation process and the methods used to arrive at the OT's conclusions and recommendations. Includes e-mail or in-person case consultation or telephone calls made for the purpose of completing the report.
Progress Report	Up to 2 hours of report completion time. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Progress Report	Includes e-mail or in-person case consultation or telephone calls made for the purpose of completing the report.

Reporting Time			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Discharge Report	Up to 2 hours of report completion time. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Final Report	Should include a report on the ICBC Customer's progress and rationale for discharge. Includes e-mail or in-person case consultation or telephone calls made for the purpose of completing the report.
Personal Care Assistance (PCA) Assessment Report	Up to 2 hours of report completion time. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Personal Care Assistance Report	This report may be requested as a standalone or together with an OT Initial or OT Progress report and must only be completed upon ICBC's request. The ICBC Claims Contact will inform the Approved OT or Firm when this report is required and whether it is a standalone PCA report or not. **Note:** PCA reports must only be completed for claims with a crash date of May 1, 2021 or later. Refer to the Partners Page to review the PCA Assessment Report Guide.

Reporting Time			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Range of Motion Report	$90/report Up to 30 minutes of assessment time for this report can be invoiced separately. Assessment time invoiced should reflect the complexity and circumstances of the ICBC customer, where less complex assessments are billed at shorter durations.	Range of Motion Report	ICBC will only fund these reports when they are requested by an ICBC Claims Contact. The ICBC Claims Contact will contact the Approved OT when the reports are required for the purposes of benefit administration. The report template can be found on the Partners Page.
Scarring Measurement Report	$45/report Up to 15 minutes of assessment time for these reports can be invoiced separately. Assessment time invoiced should reflect the complexity and circumstances of the ICBC customer, where less complex assessments are billed at shorter durations.	Scarring Measurement Report	

Reporting Time			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Miscellaneous Reports/Form Completion	Limited to the time authorized by the ICBC Claims Contact.	Form Completion	Applicable if the Approved OT is filling out other reports as part of a clinical service requested and authorized by ICBC (e.g. job demands analyses, ergonomic assessment reports) or nonstandard ICBC reports. Reports excluded from the "Miscellaneous Reports/Form Completion" category include: • initial report; • progress report; • discharge report; • Functional Capacity Evaluation • Functional Job Match Assessment; • PCA Assessment Report; • Range of motion report (CL737 series); and • Scarring measurement report (CL736).

6.2.3. Equipment Purchases

Equipment Purchases			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Obtaining Equipment	Limited to the fees authorized by the ICBC Claims Contact. If an OT has been provided with a CL702, up to 3 OT billable hours are pre-authorized only for the purpose of obtaining and securing appropriate equipment. Any time above the 3-hour period requires pre-authorization by ICBC.	Obtaining Equipment	Includes time spent selecting and obtaining medical equipment and educating on proper equipment use for an ICBC Customer as well as e-mail or in person case consultation or telephone calls made for the purpose of selecting and purchasing the equipment. See section 4.7 of this Program Guide for further details.
Supplies & Equipment	Limited to the fees authorized by the ICBC Claims Contact.	Supplies & Equipment	Includes invoices for the cost of the supplies/equipment such as rehabilitation equipment and ergonomic equipment. Proof of purchase, such as a receipt, is required. Equipment should be selected from an MSA provider, whenever possible. See section 4.7 of this Program Guide for further details.

6.2.4. Communication/Correspondence

Communication/Correspondence			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Communication/ Correspondence	Limited to the time authorized by the ICBC Claims Contact.	Communication/ Correspondence	Email or in-person case consultation or telephone calls made in circumstances where it is **not** for the purpose of: • assessment; • treatment; • Care Plan meeting; or • obtaining equipment. Telephone calls are billed as actual time spent on the phone, rounded to the nearest minute; a voice message is considered a successful phone call. ICBC does not fund communication/ correspondence for the purpose of seeking funding approval.
Care Plan Meeting	Limited to the time authorized by the ICBC Claims Contact.	Care Plan Meeting	Care plan meetings are initiated, approved, scheduled, and facilitated by an ICBC Claims Contact for the purpose of aligning goals, objectives, and overall medical case management of a shared ICBC Customer. • They cannot be used to invoice for time spent discussing a shared ICBC Customer or general correspondence, where the ICBC Claims Contact has not scheduled the call and is not present for the meeting. • Time spent by the Approved OT in preparation for the care plan meeting is not billable.

6.2.5. Rehabilitation Assistant

Rehabilitation Assistant			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Rehabilitation Assistant	$66.50/hour Limited to the time authorized by the ICBC Claims Contact for the ICBC Customer	Rehab Assistant 1:1 Direct Care	• Invoiced in 15-minute increments, rounded up, at $66.50 per hour. • Non-clinical administrative tasks including, but not limited to, scheduling appointments or appointment reminders are not billable. • Rehabilitation Assistant services must be invoiced by the overseeing regulated health care practitioner.
Rehabilitation Assistant Travel Time	$0.38/min Limited to the time authorized by the ICBC Claims Contact for the ICBC Customer	Rehab Assistant Travel Time	Travel and mileage must be allocated so that travel time and mileage to a location where multiple customers, ICBC or otherwise, are treated, the cost is shared across those clients/ claims in an equal manner. See Section 4.8 for an example of how to bill travel time.
Rehabilitation Assistant Mileage	$0.66/km Limited to fees authorized by the ICBC Claims Contact for the ICBC Customer	Rehab Assistant Mileage	
Rehabilitation Assistant Hydrotherapy Fee	Limited to fees authorized by the ICBC Claims Contact for the ICBC Customer	Rehab Assistant Hydrotherapy Fee	This cost will only be approved on an exception basis based on the requirements outlined in Section 4.9.2 of this Guide. A dated, claim-specific, detailed receipt with itemized service charges, facility used, cost and form of payment must be uploaded with the invoice via HCPP or HCPIR. Failure to upload this required supporting documentation may result in denial or recovery of payment.

6.2.6. Other Billable Items

Other Billable Items			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Clinical Records	Limited to amount authorized by the ICBC Claims Contact for the ICBC Customer	Clinical Records	Includes fulfilling request for non-ICBC medical report(s), patient records (such as chart notes), or consultation(s) for an ICBC Customer for the purpose of a funding decision. Billable only once ICBC's request for clinical records has been fulfilled.
Travel Time	Up to a maximum of 90 minutes per direct treatment session, unless otherwise authorized by ICBC.	Travel Time	The Approved OT may bill for actual travel time required for treatment related purposes, rounded to the next tenth of an hour. Travel time must be allocated and billed between different funders and customers, including those that are not ICBC Customers, to avoid duplicate billing. OT travel time is paid at the Approved OT hourly rate. There is no additional rate for mileage. When travel time is expected to exceed 90 minutes, the ICBC Claims Contact must be informed immediately. Travel time in excess of 90 minutes may not be paid unless it has been expressly pre-approved by ICBC.
ICBC Customer's Gym Fees	Limited to fees authorized by the ICBC Claims Contact for the ICBC Customer.	Customer Gym Fee	For assessment or treatment requiring access to a community/private fitness facility, the reasonable drop-in fee for the facility as it applies to the ICBC Customer can be expensed on the ICBC Customer's behalf. The ICBC Customer's incurred gym fee must be part of a program carried out by an Approved Physiotherapist or Rehabilitation Assistant/ Kinesiologist in a community setting. These costs must be invoiced via HCPP or HCPIR. A dated, claim-specific, detailed receipt with itemized service charges, facility used, cost and form of payment must be uploaded with the invoice. Failure to upload this required supporting documentation may result in denial or recovery of payment.

Other Billable Items			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
No-show/ late cancellation	Up to a maximum of one occurrence per OT Firm, per claim, billed as the lesser of one hour of treatment time or total productive time lost, plus any incurred travel time.	No-show/late cancellation	The Approved OT/Firm is expected to hold ICBC Customers accountable to their own no-show policies for additional occurrences unless exception authorization has been granted by ICBC.
Functional Job Match Assessment (FJMA)	Up to a maximum of 6 hours for an FJMA which includes up to 4 hours for the assessment and up to 2 hours for report writing. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Functional Job Match Assessment	The FJMA must be completed at a facility that has standardized functional assessment equipment and therefore no additional costs such as travel, mileage, or gym fees are funded for the provider. This report must only be completed upon ICBC's request. The report template can be found on the Partners Page.
Functional Capacity Evaluation (FCE)	Up to a maximum of 20 hours for an FCE. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Functional Capacity Evaluation	The 20 hours is inclusive of all aspects of the assessment process including, but not limited to, preparation, assessment, and report writing time. FCE's must be completed at a facility that has standardized functional assessment equipment and therefore no additional costs such as travel, mileage, or gym fees are funded for the provider. In order to conduct an FCE for ICBC the Approved OT must have 5 years experience conducting FCEs or hold a Certified Work Capacity Evaluator designation and must use a standardized testing protocol (i.e. Matheson).

Other Billable Items			
Service Type	**Maximum Limit**	**HCPIR Drop-down Selection**	**Details**
Class 5, 7 Functional Driver Evaluation (FDE) Initial File Setup	Up to a maximum of 1.5 hours for an FDE initial file set up. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Functional Driver Eval — File Set Up	Up to a maximum of 1.5 hours for initial file review and setup.
Class 5, 7 Functional Driver Evaluation (FDE)	Up to a maximum of 11 hours total for an FDE completed by an Occupational Therapist which includes up to 7 hours of direct time, clinical communication and on-road time and up to 4 hours for analysis and report writing time. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Functional Driver Evaluation	The report template can be found on the Partners Page.
Vehicle Adaptation or Acquisition request	Up to a maximum of 2 hours for completion of a Vehicle Adaptation or Acquisition report. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations. Assessment time can be invoiced separately.	Vehicle Adaptation/ Acquisition Request	The report template can be found on the Partners Page.
Driver Rehabilitation	Limited to fees authorized by the ICBC Claims Contact for the ICBC Customer.	N/A — See Details	Driving schools must invoice ICBC directly for their services.

6.3. Prohibited Disbursements

The following activities are considered by ICBC as included in the hourly rate, and will not be paid by ICBC as additional expenses/disbursements:

a) administration fees and time spent completing administrative based tasks that are not clinical in nature, such as appointment coordination or scheduling time
b) postage, courier, or copying fees for reports, including attachments, and records (other than clinical records) provided to ICBC;
c) supervision or staffing (e.g. administrative support, mentorship) required for normal business operations;
d) telecommunication and long distance charges;
e) parking fees;
f) transportation fees (e.g. bus passes, ferry fees) and mileage, excluding allowable travel expenses (see Section 6.2 of this Program Guide);
g) gym, community centre or other user or admission fees for use of facilities by the Approved OT or designate such as Rehabilitation Assistant/Kinesiologist;
h) interest or late fees;
i) credit card processing fees; and
j) communication/correspondence time for the purpose of seeking funding decisions.

Prohibited expenses/disbursements may not be charged to ICBC Customers for ICBC Claims.

In addition, Firms may not bill ICBC for:

a) claim-related treatment or services provided after a Claim is closed; or
b) claim-related treatment or services provided without or prior to ICBC's funding authorization.

If ICBC has rejected a funding request, the item or treatment must not be requested again unless there has been a material change in circumstances or the reason for the rejection has been addressed.

Health Care Practitioners and Firms must advise ICBC Customers in advance before charging customers a User Fee, late cancellation or no-show fee for Claim-related services. ICBC Customers must be advised that the fees will not be reimbursed by ICBC. Under no circumstances can ICBC Customers be billed for unpaid or recovered fees relating to a breach of the Agreement.

6.4. Accuracy

It is the Approved OT and Firm's responsibility to ensure that the invoices accurately represent services completed.

7. Recovery Network Logo

Firms wanting to use the digital ICBC Recovery Network logos or to otherwise promote the Recovery Network are required to contact ICBC's Supplier Programs & Administration department at biproviderapp@icbc.com for copies of the digital files. Digital ICBC Recovery Network logos are available for use by Firms and Approved Practitioners who are active members of ICBC's Recovery Network in accordance with the Agreement.

Use of the ICBC Recovery Network logo must comply with the Logo Usage Standards for the ICBC Recovery Network. Firms and Approved Practitioners must not use any ICBC logos or refer to the ICBC Recovery Network in advertisements that promote value-added services or products.

Important: Approved Firms and Practitioners must only use logos provided directly by ICBC's Supplier Programs & Administration department (biproviderapp@icbc.com). Logos must not be copied from any other sources.

For more information, Approved Firms and Practitioners may refer to the Agreement, or talk to a Supplier Programs Coordinator (biproviderapp@icbc.com).

8. Performance Management and Audits

ICBC may conduct performance and compliance reviews, including audits, to ensure compliance with this Agreement.

8.1. Audits

The purpose of an ICBC audit is to:

a) determine whether the Approved OT or Firm is complying with ICBC's policies, rates and standards as stated in the Health Care Direct Billing Terms, this Program Guide and all relevant instructions posted on the Partners Page;

b) provide information for use in future file reviews and audits; and/or

c) support Performance Management and/or KPI assessments.

ICBC may request files and other supporting documents from the Approved OT and Firm to support the audit process and purpose.

8.1.1. Audit Frequency

ICBC may initiate an audit of the Approved OT or Firm at its discretion or based on:

a) results from past file reviews — variance/compliance concerns may be serious enough to warrant further investigation to determine whether the issues are isolated or systemic, or related to poor business practices/file management;

b) customer complaints or tips;

c) employee complaints or tips;

d) regularly scheduled or ad hoc audits; or

e) regulatory College, Other College or association disciplinary actions

8.1.2. Audit Outcomes

ICBC will document audit results and retain these results for review when the Approved OT or Firm's performance is assessed. On request, audit results will be made available to the Approved OT or Firm that is the subject of the audit and will not be shared with other Practitioners or Firms. ICBC will use the results from an Approved OT or Firm's audit to facilitate any required follow-up in the form of future audits.

Where appropriate, as determined by ICBC, the results may also be communicated to the OT regulatory authority in the Canadian province where the Approved OT practices.

8.1.3. Audit Consequences

If audit or performance review results indicate that the Approved OT or Firm is not meeting the service expectations or requirements outlined in the Agreement, they may be subject to the corrective actions outlined in the Agreement.

8.2. Documentation and Record Keeping Standards

The Approved OT and their Firm shall provide ICBC with access to all relevant records and premises during regular business hours for the purpose of conducting an audit upon receiving an initial five (5) business days' notice. Additional requests for information must be fulfilled within the time frame specified in the request.

The Approved OT and Firm must maintain accurate and up-to-date billing records and logs, authorization letters, and receipts, including all related documents, materials, and accounting records, in whatever form any of these may be kept, regarding the frequency of treatments and the fees charged for the treatments (the “Records”). Records must be retained for the duration specified by the College or applicable Other College, or seven (7) years, whichever is longer.

Clinical records must be logged within ten (10) business days of the appointment and must contain the following information:

- the date and time of the appointment;
- the date the record was documented; and
- the Health Care Practitioner’s name, Practitioner number and signature.

Records submitted to ICBC must be legible and in English. Translated copies are accepted but ICBC does not fund the cost for translating the records.

ICBC or its authorized representatives may, at any time inspect, audit and/or make copies of the Records relating to services provided to ICBC Customers. The Approved OT and Firm shall make such Records available during normal business hours their place of business, or they may provide copies directly to ICBC. The Approved OT and Firm shall not charge any fee for the cost of reproduction of records required for the purposes of an audit.

Failure to provide supporting documentation for billed services may result in denial or recovery of payment.

9. Governance

9.1. Conduct and Corrective Actions

The following conduct is prohibited and may result in corrective actions or contract termination under the Health Care Direct Billing Terms. For greater clarity, this is a non-exclusive list that expands on the Health Care Direct Billing Terms:

a) a failure to abide by the terms of the Agreement;

b) an Approved OT's failure to maintain registration in good standing of the College or applicable Other College, with a 'Practicing Full', 'Provisional' or 'Provisional Re-Entry' registration status, and without current limitations/restrictions, or equivalent;

c) a failure to advise ICBC of a material change in a Practitioner's practice status including, but not limited to, a change in registration or membership status with the College or applicable Other College;

d) unprofessional conduct, as determined by ICBC;

e) a breach of ICBC's Code of Ethics;

f) aggressive, inappropriate and/or abusive behavior or communication towards an ICBC employee or Customer;

g) actions or omissions that adversely affect or that are harmful, detrimental, or disrespectful to the public image, reputation, or goodwill of ICBC, ICBC Customers, or the ICBC proprietary marks;

h) a failure to cooperate with ICBC;

i) a failure to provide minimum reasonable service standards;

j) a failure to adhere to invoicing requirements as set out in the Agreement;

k) invoicing ICBC beyond authorized number of service hours or authorized services;

l) charging or collecting fees from an ICBC Customer for services in excess of the regulated rate payable by ICBC;

m) misrepresentation to ICBC, an ICBC Customer, or otherwise, including providing misleading information, misrepresenting services or providing false or altered documentation;

n) unacceptable audit or performance review results, as determined by ICBC at its sole discretion;

o) other reasons related to the performance of services outlined in the Agreement, as determined by ICBC;

p) invoicing for sessions that did not occur; or

q) recovery or attempted recovery of Claim-related disputed fees from the ICBC Customer in contravention of the Agreement.

10. General

10.1. Email Notifications

The Approved OT and Firm agree to receive updates by email and notifications relating to policy, process, fees, and any other information deemed by ICBC to be appropriate for distribution and related to the Agreement.

10.2. Notification of Amendments

ICBC may, at its sole discretion, amend the Health Care Direct Billing Terms, this Program Guide or the Partners Page, in the manner outlined in the Health Care Direct Billing Terms. The Approved OT and Firm are responsible for regularly reviewing the Partners Page and being up to date with any amendments. The provision of services covered by the Agreement after any amendments becomes effective constitutes agreement to be bound by the amendments without limitation or qualification.

The Approved OT and Firm are responsible for notifying ICBC of any contact information changes in a timely manner (see Section 2.2 of this Program Guide). ICBC is not responsible for any communication that was not received for any reason. The amendment(s) will apply regardless of whether the Approved OT and Firm had received the communication or had knowledge of the amendment(s).

The Approved OT and Firm are responsible for contacting the ICBC Claims Contact if they have any questions or need clarification with respect to any amendment.

Appendix A: Examples of specific engagements

Example One: HDP referral including transition home and necessary immediate supports and services upon return home. Once services are in place, the referred service is considered rendered, and any further services provided to the ICBC Customer must be approved by the ICBC Claims Contact.

Example Two: Continued services involving treatment for the purposes of reintegrating the ICBC Customer's activities of daily living. The duration of the treatment and necessary monitoring period must be approved by the ICBC Claims Contact. At the end of the treatment period, the referred service is considered rendered, and any further services provided to the ICBC Customer must be approved by the ICBC Claims Contact.

Example Three: Single Service for a job demands analysis (JDA) to provide clarity on the critical job demands of an ICBC Customer. Once the JDA has been completed, and the JDA report has been submitted to ICBC, the service is considered rendered, and any further services provided to the ICBC Customer must be approved by the ICBC Claims Contact.