Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Counselling practitioners. The HCPIR application is designed to streamline the invoice and report submission process.

In addition to HCPIR, a new tool called the Health Care Provider Portal has been introduced that allows users to view the status of submitted invoices and track and manage claims associated with ICBC. You can also use this portal to access HCPIR.

This how to guide will show you how to submit a report, submit an invoice, and submit a treatment plan in the HCPIR web application.

Overview

Topics Covered

Access HCPIR Through Health Care Provider Portal

Enter Log in Details

1. Enter the following on the *Log in* page:
    a. Enter your vendor number in the *Enter your vendor number* text box.
    b. Enter your Personal Identification Number (PIN) in the *Enter your PIN* text box.
    c. Select the check box to accept the terms and conditions, privacy statement, and health care business partner terms.
    d. Click the **Log In** button.

ICBC

Log in

Enter your vendor number   What is this?

5000684   1a

Enter your PIN   What is this?

......   1b

☑ I have read and agree to the terms and
conditions, privacy statement and   1c
health care business partner terms.

Log In   1d

Forgot your PIN?
Reset my PIN

📌 **Tip**: If you have lost your PIN, then you can click the **Reset my PIN** link to reset it.

Access the HCPIR Application

2. The Health Care Provider Portal landing screen is displayed. In the *What would you like to do?* section, click the **Submit invoices, reports or treatment plans through HCPIR** link to access the HCPIR application.

Validate Service Provider Information

3. Validate the auto populated information (for example *Business name, Business address, and Vendor number*).

   a. If the auto populated information is incorrect, click the **Help** icon next to the field to learn how to update the vendor information.

4. In the *Email address* field, enter a valid email address. If you request a final copy of the submission, it will be sent to the email address that you have entered.

Enter Customer Details

5. Scroll down to the *Customer / Patient* section and enter the required customer details.

   a. Enter the claim number in the *Claim number* field. Remember that each submission can only be made for one customer on one claim number.

   b. The *Date of accident* will be auto populated.

   c. In the *Select your patient from the list* section, select the radio button next to the applicable patient's name.

   d. Click the **Continue** button.

Customer / Patient

Claim number *	Date of accident *
BN31793-0	16-OCT-2020

Select your patient from the list *

Select	Name	Date of birth	Personal Health Number (PHN)
●	RICHARD KOTAKI	1994-04-02	XXXX XX1 464
○	Enter patient details	-	-

Continue

> **Tip**: If you cannot find your patient's details in the In the *Select your patient from the list* section, select the radio button next to the *Enter patient details* option to add details of a new patient.

6. The patient details are auto populated once the customer/patient's name is selected.

Customer / Patient

Claim number *	Date of accident *
BN31793-0	16-OCT-2020

Legal first name *	Legal last name *
RICHARD	KOTAKI

Date of birth *	Personal Health Number (PHN)
2 - APR - 1994	XXXX XX1 464

Next, refer to the *Begin the Submission Process* section of this how to guide to learn how to submit reports, invoices, and treatment plans for your customers.

Access HCPIR Through Business Partners Page

Access the Business Partners Page

1. On the *Business Partners* page, click the **Health services** tab.

> 📌 **Tip**: You can also click the **Health Services** tab from the bottom of the *Business Partners* page.

> 📌 **Tip**: If you access HCPIR directly from the *Business Partners* page, without logging in to the Health Care Provider Portal, you must manually enter your vendor number and customer details.

2. The *Health services* page is displayed. Click the **Invoicing and reporting** tab from the left panel.
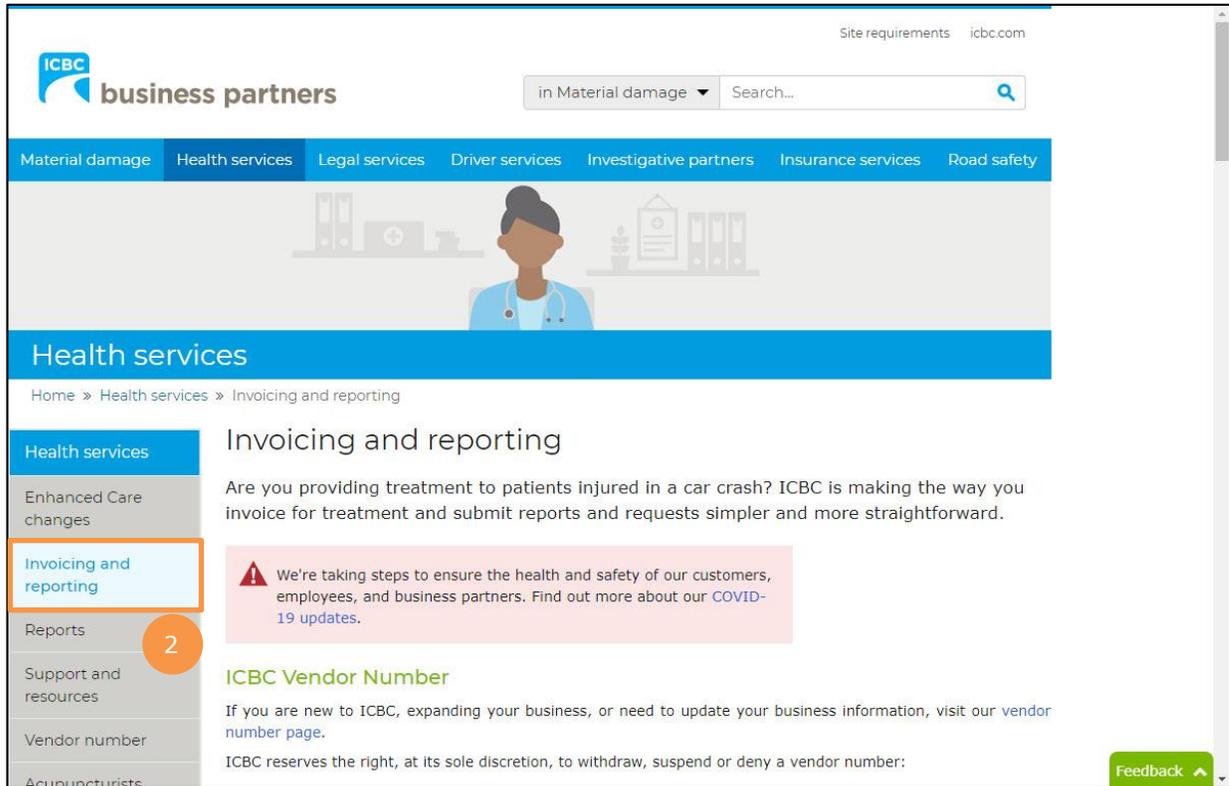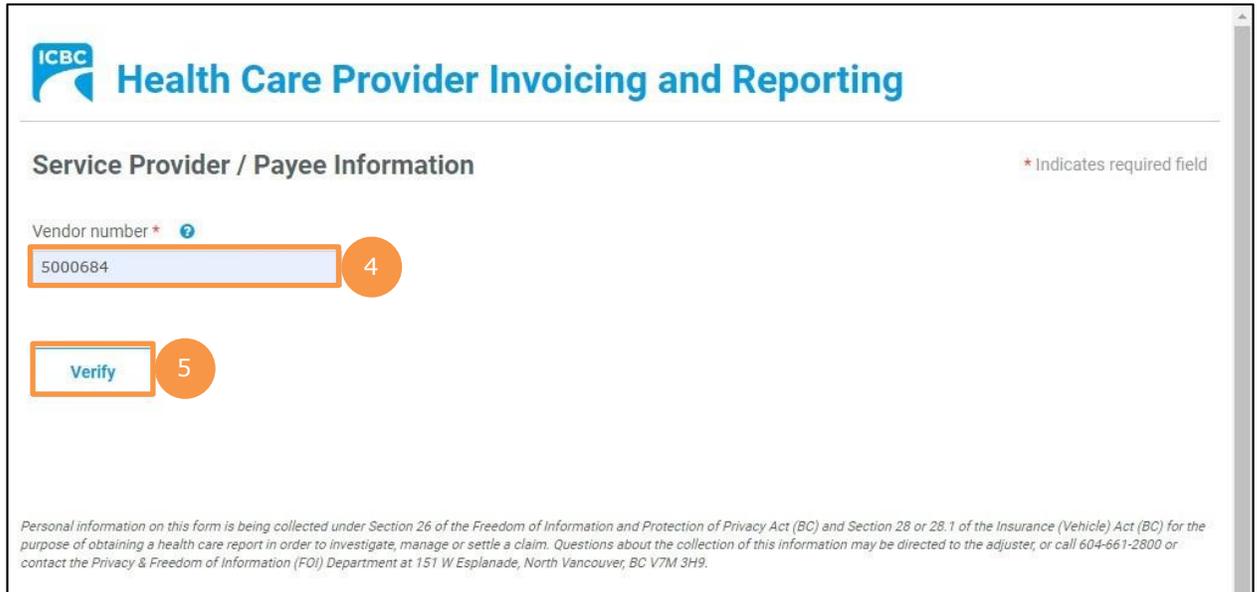

3. Scroll down to the *Health Care Provider Invoicing and Reporting (HCPIR)* section and click the **Launch the HCPIR application** button.
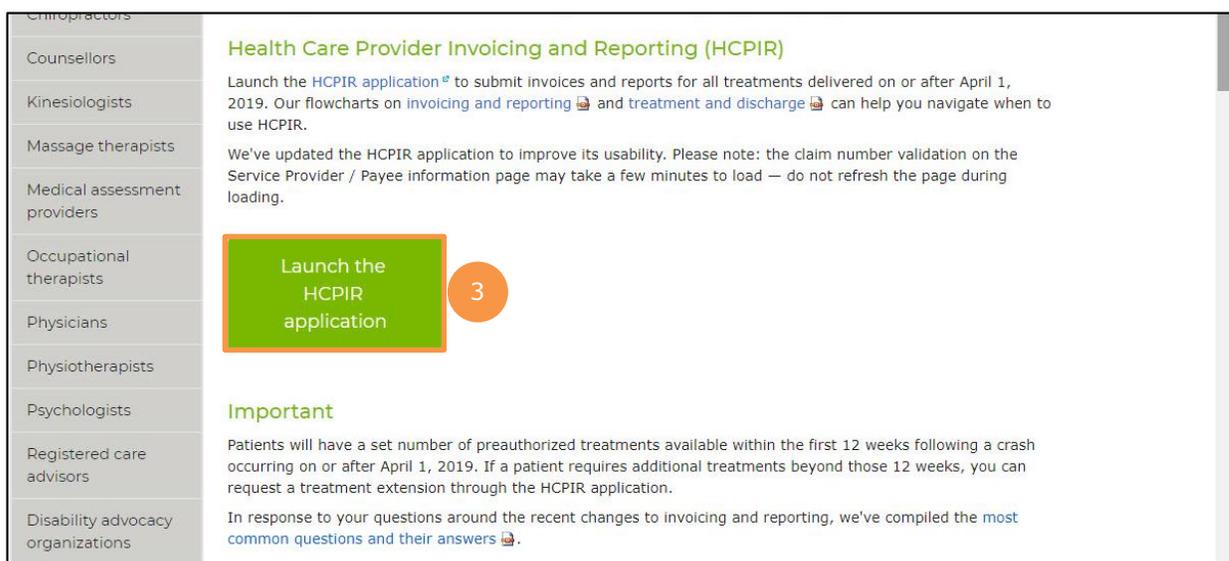
Enter Service Provider Information

4. The *Health Care Provider Invoicing and Reporting* landing page is displayed. Enter your vendor number in the **Vendor number** text box.
5. Click the **Verify** button.

6. Validate the auto populated information (for example, *Business name* and *Business address*).
    a. If the auto populated information is incorrect, click the **Help** icon next to the field to learn how to update vendor information.
7. Enter a valid email address in the *Email address* field. If you request a final copy of the submission, it will be sent to the email address that you have entered.

Enter Customer Details

8. Scroll down to the *Customer / Patient* section and enter customer details.
    a. Enter the claim number. Remember that each submission can only be made for one customer on one claim number.
    b. The *Date of accident* will auto populate.
    c. Enter the customer's legal first and last name. If a name other than the customer's legal name is used (for example, a nickname), this could cause delays in processing the submission and receiving payment.
    d. Enter the customer's date of birth.
    e. Enter the customer's personal health number. This is optional; however, it will assist pairing the submission to the correct customer in ICBC's claim system and ensure that the submission is reviewed by the ICBC representative.

Customer / Patient

Claim number * ⓧ   **8a**   Date of accident   **8b**

BN31793-0 ⊘   12-MAY-2020

Legal first name *   Legal last name *

Richard   Kotaki   **8c**

Date of birth *   **8d**   Personal Health Number (PHN)

02 - APR ▾ - 1994   **8e**

Next, refer to the *Begin the Submission Process* section of this how to guide to learn how to submit reports, invoices, and treatment plans for your customers.

Begin the Submission Process

Enter Submission Details

1. If the *Choose an option for your submission* section appears, select the radio button next to the appropriate option.
2. Select the appropriate option from the *What are you submitting today?* field.
   - "Invoice for patient care & related expenses"
   - "Report and supporting documentation"
   - "Treatment plan"
3. Read the statement in the *I certify that* section. Then, select the corresponding check box to acknowledge that you have read the statement and confirm that you have entered accurate customer details.
4. Click the **Next** button.

Choose an option for your submission. *
- ⦿ Counselling   **1**
- ◯ Medical Equipment Provider

What are you submitting today? *
- ☐ Invoice for patient care & related expenses
- ☐ Report and supporting documentation   **2**
- ☐ Treatment plan

Note: If you select the **Invoice** or **Report** option and move off the page, you will NOT be able to return and change your selection.
If you need to change your selection – select "Start Over" and start again.

3

☑ I certify that: *

- When submitting a treatment plan and/or medical report, all information is accurate and complete based on all available information, treatments, and assessments performed.
- When submitting an invoice, the goods and/or services were provided to and received by the customer as a result of accident-related injuries, were provided by qualified and accredited persons, and that the information provided for the claim payment is accurate and complete.

Providing false or misleading information may result in the cancellation of your vendor number, and ICBC may seek financial restitution and/or take legal action.

Personal information is collected under Section 26 of the Freedom of Information and Protection of Privacy Act (BC) and Section 28 or 28.1 of the Insurance (Vehicle) Act (BC) for the purposes of obtaining a health care report, managing or invoicing a claim. Questions about the collection of this information may be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information (FOI) Department at 151 W Esplanade, North Vancouver, BC V7M 3H9.

Start Over   **4** **Next >**

📌 **Tip**: If you select "Report and supporting documentation," then "Invoice for patient care & related expenses" will be automatically selected.

📌 **Tip**: If you select the **"Invoice"** or **"Report"** option and proceed to the next page, you will not be able to return and change your selection. To change your selection, click the **Start Over** button and start again.

Submit an Initial Report

Enter Details of the Initial Report

1. In the *Medical Report* section, enter the required details of the report you are submitting.
   a. Enter the date of the report being submitted in the *Date of report* field.
   b. Select "Counselling" from the drop down menu in the *Who is submitting?* field.
   c. Select "Initial Visit and Report" from the drop down menu in the *Which report are you submitting?* field.
   d. Enter the practitioner number. This is optional.
   e. Enter the practitioner first and last name.
2. Click the **Next** button to continue.

3. Enter details of the report you are submitting in the *Medical Report* section.

   a. Enter the date when the customer was assessed by the medical practitioner in the *Date of assessment* field.

   b. Select whether the customer is currently off work using the *Is the patient currently off work?* radio buttons.

4. Using the *Select One* radio buttons, select whether the customer's information is being shared with the customer's consent or due to a request from ICBC.

5. Click the **Next** button to continue.

ICBC Health Care Provider Invoicing and Reporting   COMPLETE CARE   [Log out]

| Customer: RICHARD KOTAKI | Claim number: BN31793-0 | Date of accident: 16-OCT-2020 | Submission date: 09-FEB-2021 |

Medical Report
Step 2/3

* Indicates required field

Date of assessment *

20-OCT-2020   **3a**

Is the patient currently off work? *

● Yes   ○ No   **3b**

4

Select one: *

● I have obtained consent from the patient/client to share all information related to the history, examination, assessment and management of the injury related to the motor vehicle accident with ICBC.

○ This report is being provided pursuant to a request by ICBC under Section 28 or Section 28.1 of the *Insurance (Vehicle) Act*.

5

[< Previous]   [Next >]

📌 **Note**: The date provided in the *Date of assessment* field will populate in the *Invoice* section as the date for the *Visit for Initial Report* fee.

6. In the *Medical Report* section, click the **Browse** button to select a file from your system to upload.

> 📌 **Tip**: Blank copies of various PDF reports can be downloaded from the *Business Partners* web page. Once populated, upload them on the *Medical Report* screen.

7. Click the **Attach** button to upload the file.

> 📌 **Tip**: You can upload up to three documents in this screen by repeating steps 6 and 7.

8. To remove a file, click the **Trash** icon to delete the uploaded file.

9. To preview your submission, click the **Preview** button.

10. Click the **Next** button to proceed to the *Invoice* screen. Based on your submission, selected fields in the *Invoice* screen will be auto populated. Refer to the *Submit an Invoice for Patient Care and Related Expenses* section of this how to guide for more information.

Select a document to attach to this medical report and click Attach. You can attach **up to three** files per report.*

Accepted file types:

Documents (pdf, doc, docx, txt, xls,
- xlsx)
- Emails (msg, eml)
- Images (jpg, png)

File

| | Browse... | **Attach** |

24.8MB remaining / 25MB limit

File name	Size (MB)	Document title	
Initial Visit Report.docx	0.2	Counselling - Initial	🗑️ (8)

1 records

(9)

Preview

| **< Previous** | **Next >** |

(10)

Practitioner / Therapist 1

(10)

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Counselling		Candice	Levine

Submit a Progress Report

Enter Details of the Progress Report

1. In the *Medical Report* section, enter the required details of the report you are submitting.

    a. Enter the date of the report being submitted in the *Date of report* field.

    b. Select "Counselling" from the drop down menu in the *Who is submitting?* field.

    c. Select "Progress Report" from the drop down menu in the *Which report are you submitting?* field.

    d. Enter the practitioner number. This is optional.

    e. Enter the practitioner first and last name.

2. Click the **Next** button to continue.

3. Enter the details of the report you are submitting in the *Medical Report* section.

   a. Enter the date when the customer was assessed by the medical practitioner in the *Date of assessment* field.

   b. Select whether the customer is currently off work using the *Is the patient currently off work?* radio buttons.

4. Using the *Select One* radio buttons, select whether the customer's information is being shared with the customer's consent or due to a request from ICBC.
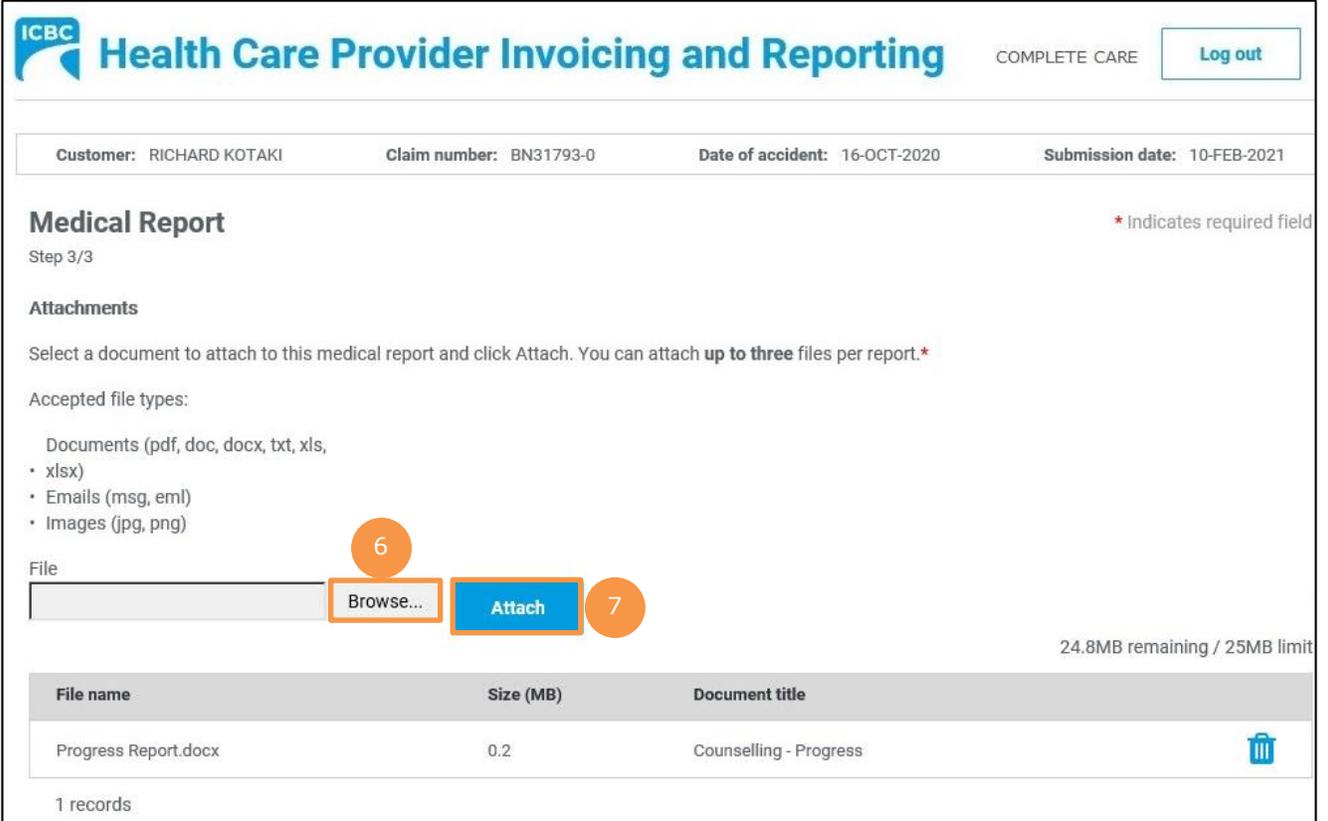
5. Click the **Next** button to continue.

6. In the *Medical Report* section, click the **Browse** button to select a file from your system to upload.

> 📌 **Tip**: Blank copies of various PDF reports can be downloaded from the *Business Partners* web page. Once populated, upload them on the *Medical Report* screen.

7. Click the **Attach** button to upload the file.

> 📌 **Tip**: You can upload up to three documents in this screen by repeating steps 6 and 7.

8. To remove a file, click the **Trash** icon to delete the uploaded file.

9. To preview your submission, click the **Preview** button.

10. Click the **Next** button to proceed to the *Invoice* screen. Based on your submission, selected fields in the *Invoice* screen will be auto populated. Refer to the *Submit an Invoice for Patient Care and Related Expenses* section of this how to guide for more information.

Select a document to attach to this medical report and click Attach. You can attach **up to three** files per report.*

Accepted file types:

- Documents (pdf, doc, docx, txt, xls, xlsx)
- Emails (msg, eml)
- Images (jpg, png)

File

| | Browse... | **Attach** |

24.8MB remaining / 25MB limit

File name	Size (MB)	Document title	
Progress Report.docx	0.2	Counselling - Progress	🗑

1 records

Preview

< Previous   **Next >**

Practitioner / Therapist 1

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Counselling		Candice	Levine

Submit Clinical Records

Enter Details of the Clinical Records

1. In the *Medical Report* section, enter the required details of the report you are submitting.

    a. Enter the date of the report being submitted in the *Date of report* field.

    b. Select "Counselling" from the drop down menu in the *Who is submitting?* field.

    c. Select "Clinical Records" from the drop down menu in the *Which report are you submitting?* field.

    d. Enter the date range of the customer's clinical records in the *Clinical records from* and *Clinical records to* fields.

    e. Enter the practitioner number. This is optional.

    f. Enter the practitioner first and last name.

2. Click the **Next** button to continue.

3. In the *Medical Report* section, click the **Browse** button to select a file from your system to upload.

4. Click the **Attach** button to upload the file.

> 📌 **Tip**: You can upload up to three documents in this screen by repeating steps 3 and 4.

5. To remove a file, click the **Trash** icon to delete the uploaded file.

6. To preview your submission, click the **Preview** button.

7. Click the **Next** button to proceed to the *Invoice* screen. Based on your submission, selected fields in the *Invoice* screen will be auto populated. Refer to the *Submit an Invoice for Patient Care and Related Expenses* section of this how to guide for more information.

Select a document to attach to this medical report and click Attach. You can attach **up to three** files per report.*

Accepted file types:

Documents (pdf, doc, docx, txt, xls,
· xlsx)
· Emails (msg, eml)
· Images (jpg, png)

File

| | Browse... | **Attach** |

24.8MB remaining / 25MB limit

File name	Size (MB)	Document title	
Clinical Records.docx	0.2	Counselling - [26OCT2020-30OCT2020]	🗑

1 records

Preview

| < Previous | Next > |

Practitioner / Therapist 1

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Counselling		Candice	Levine

Submit an Invoice for Patient Care and Related Expenses

Enter Details of the Invoice

1. Validate the details of the service that the customer received.

   a. The *Invoice* section is displayed. In the *Your invoice number* text box, enter your unique invoice number (the one used for your records). This number will be printed on the PDF copy of your final submission and on the vendor statement when you receive payment from ICBC.

   b. If a report is part of your submission, the *Treatment / Service type*, *Practitioner number* (this is optional), *Practitioner first name*, and *Practitioner last name* fields will pre-populate. Validate the pre-populated fields.

   c. Validate the date of submission.

   d. Validate the report type.

2. Depending on the type of report that is being invoiced, a dollar value in the *Fee* field may auto populate. If a dollar value does not auto populate, enter the applicable fee in the *Fee* field.

Invoice

* Indicates required field

You may invoice a **maximum of 50** line items per submission. This includes a combination of **Sessions, Related Expenses,** and **Reports**.

Your invoice number * ?

| 123456 | **1a** |

Practitioner / Therapist 1   **1b**

Treatment / Service type *

| Counselling |

Practitioner number	Practitioner first name *	Practitioner last name *
	Candice	Levine

Report

Date * **1c**	Report type * **1d**
10-FEB-2021	Clinical Records

Fee *

2 | $ 20.00 | ✔ Taxable

Add a Session

3. If the customer has had multiple sessions with the same practitioner, click the **Add Session** button to add a session with the same practitioner.

   a. Enter the details related to the additional session, such as *Date of service*, *Session type*, and *Fee*.

4. To delete a session, click the **Trash** icon.

Session 1

Date of service * | Session type *
02-NOV-2020 | Standard Visit

Fee *
$ 120.00 ✔ Taxable

3a

4 🗑

Related expense for session

Currently no related expense added

Add related expense

3 **Add session**

Add a New Practitioner

5. If the customer has had a session with an additional practitioner or for a different treatment or service type, click the **Add new practitioner / therapist** button to add a session with a new practitioner.

    a. Enter the details related to the session with the additional practitioner, such as *Treatment / Service Type*, *Practitioner first name*, *Practitioner last name*, *Date of service*, *Session type*, and *Fee*.

6. To delete a practitioner, click the **Trash** icon.

> 📌 **Tip**: A vendor that offers multiple services (for example, physiotherapy and massage therapy) can bill those services under a single submission, provided the services are for the same customer under the same claim.

> 📌 **Tip**: To bill for a type of therapy that is missing from your drop down list, visit the *ICBC Business Partners* page to learn how to request that additional therapy types be added to your vendor number.

Add Related Expense

7. For any additional pre-approved expense related to the session (for example, exposure therapy mileage), click the **Add Related Expense** button to add the details in the *Related expense for report* section.

   Note: Expenses require prior approval from an ICBC claims representative.

   a. Select the expense type from the drop down menu in the *Expense type* field.

   b. Provide additional information related to the expense type in the *Description* field. This field can be used to describe what that expense is.

   c. Enter the total number of units in the *No. of units* field.

   d. The dollar value of the expense will be auto populated in the *Fee* field.

8. To add more than one related expense for a session, again click the **Add Related Expense** button and enter details related to the additional expense.

9. To delete a related expense, click the **Trash** icon.

Attach / Remove documents

10. Where applicable, attach documents supporting the related expenses (for example, a receipt for exposure therapy mileage). Click the **Attach / Remove Documents** button to attach supporting documents.

Attachment(s)

25MB remaining / 25MB limit

File name	Size (MB)	Document title
No file attachments to show...		

0 records

10

Attach / Remove documents

11. In the new screen that is displayed, select the treatment type and related expense type.

12. Click the **Browse** button to select the document that you wish to upload.

13. Click the **Attach** button to upload the file.

> 📌 **Tip**: You can upload additional documents, if needed by repeating steps 11-13.

14. To remove an incorrect document, select the checkbox next to the attached document and click the **Delete selected** button.

15. To return to the previous screen, click the **Save and return to Invoice** button.

Preview and Submit the Invoice

16. To preview the PDF format of the invoice submission, click the **Preview** button.

17. The *Preview* section of the invoice is displayed. To make a change to the submission, click the **Previous** button to return to the section of the submission you wish to modify.

   a. To submit in the *Preview* section, click the **Submit** button.

   b. To submit from the *Invoice* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button in the *Invoice* section.

18. Click the **Submit** button to submit the invoice.

19. The *Message from webpage* pop up box appears. Click the **OK** button to make the submission.

Subtotal $ 163.50

PST $ 0.00

Message from webpage   ×

? Are you sure you want to make this submission?

OK   Cancel

19

Preview

< Previous   **Submit**

18

20. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the vendor statement.

21. If you wish to receive a PDF copy of your invoice submission, click the **Request PDF Copy** button.

22. Click the **Make another submission** button to submit another invoice.

ICBC Health Care Provider Invoicing and Reporting   COMPLETE CARE   Log out

Thank you for your submission.

20

Your reference number for this submission is 21-00000202.
Please record this number as it will be required for future communications regarding your submission.

If you wish to receive a PDF copy of your submission, click "Request PDF Copy". An email containing the PDF will be sent within 24 hours to the email address you provided during your submission.

21   **22**

Request PDF Copy   Make another submission

Submit a Treatment Plan

Enter Details of the Treatment Plan

1. In the *Treatment Plan* section, enter details of the plan.

   a. Validate the pre-populated information in the *Practitioner/therapist type*, *Practitioner number*, *Practitioner first name*, and *Practitioner last name* fields. If the required fields are not pre-populated, add the required information manually.

   b. Enter details about the functional and symptom improvement in the customer.

   c. Enter details about the functional limitations of the customer.

      d.   Enter details about the progress anticipated due to additional treatment.

      e.   Enter details about the intended outcome of the treatment.

      f.   Enter details about the barriers that are delaying recovery of the customer.

2. Using the *Is the customer currently missing work/school?* radio buttons, indicate whether the customer is currently off work.

What further progress is anticipated with the proposed additional treatment? * ❷

No additional treatment required

1d
32 / 750 character limit

What is the intended outcome or functional goal? * ❷

Reduced anxiety to return to work

1e
34 / 750 character limit

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

No

1f
2 / 750 character limit

Is the customer currently missing work/school? * ❷
◉ Yes   ○ No   **2**

---

3. Enter the number of new treatments you will provide to the customer in the *Number of new recommended treatments to discharge* field.

4. Enter the anticipated discharge date.

5. Select how you wish the ICBC representative to contact you using the *Contact preference* radio buttons. You must provide one contact method. This can be either phone or email.

    a. Enter your contact details to ensure that the ICBC representative can contact you while processing the submission.

Preview and Submit the Treatment Plan

6. To preview the PDF format of the treatment plan, click the **Preview** button.

7. The *Preview* section of the treatment plan is displayed. To make a change to the submission, click the **Previous** button to return to the section of the submission you wish to modify.

   a. To submit in the *Preview* section, click the **Submit** button.
   b. To submit from the *Treatment Plan* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button in the *Treatment Plan* section.

8. Click the **Submit** button to submit the treatment plan.
9. The *Message from webpage* pop up box appears. Click the **OK** button to make the submission.

10. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the final vendor statement.
11. If you wish to receive a PDF copy of your submission, click the **Request PDF Copy** button.
12. Click the **Make another submission** button to submit another treatment plan.