

# **ICBC Occupational Health Treatment Plan Guide**

## **Obtaining Approval for Additional Treatment**

Treatment Plans are a means of documenting our customers' recovery progress to date and the functional outcomes that they will achieve with further treatment. This information enables ICBC claim representatives to make timely and informed benefit decisions.

Occupational Therapists are encouraged to proactively submit Treatment Plans as soon as they identify that the customer will require additional care beyond the current, approved treatment period. The Treatment Plan form must be sent with any initial assessment reports or progress reports.

Submit Treatment Plans using the Health Care Provider Portal (HCPP) or the Health Care Provider Invoicing and Reporting (HCPIR) application as outlined on the <u>Business Partners'</u> page. Once the practitioner has submitted a Treatment Plan, ICBC will respond with the funding decision upon consideration of the available information. If the Treatment Plan is partially approved or denied, reasons for the decision will be included in the response.

### **Tips for Completing a Treatment Plan**

- ICBC funds necessary treatment for accident related injuries that is provided by an
  authorized health care provider, using evidence-informed practice. Treatment Plans
  should therefore incorporate goals that focus on optimizing function including return to
  work and, that has a measureable and objective functional benefit to the customer.
- Treatment Plans that are not evidence-informed, do not demonstrate functional progress and are not focused on optimizing function may not be approved.
- Below is a list of the questions included in the Treatment Plan along with a description of the necessary information that Occupational Therapists should include. Please ensure all questions have been completed.



#### **Q1.** Recommended Treatment

- Include treatment amounts and frequency in the boxes provided for both treatment completed to date, as well as for the additional treatment that is being requested.
- How to complete this section:

### **Number of Treatment Hours (Completed to Date):**

 The amount entered in this box should include the total number of hours that have been provided by the Occupational Therapist.

### **Number of Approved Hours Remaining:**

 This amount is the number of hours that ICBC has approved minus the number of hours that have already been used.

#### **Number of Additional Treatment Hours (Requested):**

 The amount entered in this box should include only the total number of new hours that are being requested.

#### **Anticipated end date for recommended treatment:**

• The date entered in this box would be the estimated date the practitioner expects to discharge the customer from their care.