

Helpful information for family physicians about Enhanced Care



ICBC is moving to a care-based insurance model

Effective May 1, 2021, Enhanced Care coverage will ensure that anyone injured in a crash has access to the care they need for as long as they need it.

What is changing through Enhanced Care?

New and Improved Benefits

Enhanced Care will provide anyone who has been injured in a crash with access to significantly better care and recovery benefits for as long as needed.

Registered Care Advisors (RCA)

Enhanced care will not include a provision for Registered Care Advisors. As such, advisors cannot accept new patient referrals for those with an accident date of May 1st, 2021 or afterwards ([read more here](#)).

Clinical Advisory Group

ICBC has established a [Clinical Advisory Group](#), the group will be made up of physicians and a variety of healthcare providers and their role is to provide claims representatives with objective, evidence-based insights. ICBC ran an request for proposal for this new resource through BC Bid earlier this year.

Comprehensive Medical Assessment

The [Comprehensive Medical Assessment](#) (CMA) consists of a core assessment conducted jointly by a physician and an allied health professional, with options to expand the assessment based on needs. The assessment information will be used to inform claims decision. A CMA referral is triggered by ICBC.

Increased collaboration

Claims Representatives will work with family physicians to ensure that their patients have access to the care they need for as long as needed. The telephone consult fee (A94569) can be used to compensate for time spent communicating with ICBC.

Return to work

Claims Representatives will take an active role in return to work planning working closely with providers and employers to manage return to work plans. This should decrease the administrative burden for physicians.

Treatment Plans

If a patient requires additional treatment (e.g. physiotherapy) beyond the early access period, Health Care providers will now submit a Treatment plan to ICBC to request additional treatment. These plans replace extension requests and do not require a family physician note.

What is not changing though Enhanced Care?

Fees

Regular standard office visits are billed via MSP-Teleplan with ICBC selected as the insurer and no report is required. When a patient attends an appointment and a Report is required (e.g. Initial visit), the report itself serves as the invoice and a standard office visit fee is included in the payment for the Report(s).

Initial Assessment Report

Required when your patient is not absent from work, studying or training activities. This process remains the same.

Extended Assessment Report

Required when your patient is absent from work, studying or training activities. This process remains the same.

Reassessment and report

Required when something has changed to outline "what's changed" and updating the care and treatment plan. This process remains the same.

Care Plan Meeting

Care Plan meetings provide a forum for health care providers to determine resolutions to issues that arise during a customers rehabilitation and, and gain alignment on the recovery goals. ICBC Claim representatives will be responsible for coordinating the meeting. The physician's role is to provide their expert opinion on the customers recovery trajectory and the telephone consult fee can be used to compensate for time spent communicating with ICBC.

Resources and more information:



For patient specific information contact the patient's claims representative directly



For fee guides, visit the Doctors of BC [Fee Guide](#) and/or the BC Family Doctors [Fee Guide](#).



For general queries contact the Health Care Inquiry unit on **604-587-7150** (Lower Mainland), **1-888-717-7150** (Toll-free) or email: HealthCareInquiry@icbc.com



For more information visit our [Health Services physician page](#)