



May updates

New treatment plan templates

We heard your feedback and where significant change was needed, we've been working closely with your Association to redesign the treatment plan template! There are three new templates – one for physical modalities, one for mental health and one for occupational therapists. The new templates include drop-down menus, check boxes and pop-up boxes, reducing the need for open text boxes and the amount of time required to complete.

The new templates will be available on the [Business Partner](#) page on **June 10**. If you have any copies of the old templates saved and submit manually, please replace, as the old templates will no longer be accepted after June 23. If you use the HCPIR or HCPP to submit, you'll see the new templates when you log in. The old template cannot be submitted using the HCPIR or HCPP and must be sent manually up to June 23.

There's also a "How to" guide for each template which will walk you through each section and explain what information we're looking for.

Thanks to all the Associations for your input and feedback to make this improvement happen!

Changes to invoice processing

In our December newsletter, we mentioned we would be making some changes to how we process invoices. We noticed some health care providers were submitting invoices for treatment that fell outside the approved number of treatments or after the approval end date.

Since January 14, a warning message has been displayed if one or more treatments on the invoice did not fit within the approved volume of treatments or treatment end date. While you could still proceed with the submission, we advised this would not be the case at a later date.

Starting **June 10**, you will no longer be able to continue with the invoice submission unless a treatment plan is also attached. If you recently submitted an updated treatment plan but haven't received approval yet, you will be able to continue with the submission. Please remember it is expected as a rule that approval is obtained **prior** to initiating treatment (if outside the early access period) or continuing treatment via an approved treatment plan.

If you have any questions, please contact the [Health Care Inquiry Unit](#).

WorkSafeBC and ICBC

If a client was injured in a motor vehicle crash while they were working, this is considered a WorkSafeBC claim and their injury claim should be [reported to WorkSafeBC](#) as soon as possible. Health care providers should invoice WorkSafeBC and follow their procedures first.



In these cases, ICBC is the second payer and may fund treatment as a top-up to Regulated rates or in addition to WorkSafeBC. For example, WorkSafeBC does not fund kinesiology but ICBC does so kinesiologists should follow ICBC procedures for treatment and invoicing.

Multiple claims

When customers have more than one motor vehicle crash, each claim will have a specific claim number and perhaps a different claim representative. The claim representative will work with health care providers to determine if there are new injuries resulting from the most recent crash, or if the new crash exacerbated injuries from previous crash(es).

If there are new injuries, ask the claim representative which claim number to use for invoicing and reporting, as different benefits may apply based on the date of the original crash.

