



ICBC Fee Guide for Health Care Providers

Updated: April 1, 2024





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Fee Information – General

In order to direct bill ICBC for treatment, health care practitioners must meet the requirements of the [Insurance \(Vehicle\) Act](#) and associated Regulations, and follow the guidelines set out in this document. ICBC is the first payer for acupuncture, chiropractic, counselling, kinesiology, massage therapy, physiotherapy, and psychology treatments administered on or after April 1, 2019. The BC Government set the fee limits with consultation from the health care provider associations who represent their professions, and they reflect fair market rates for a standard treatment session.

ICBC customers who choose to visit a health care provider that charges a higher rate than prescribed fee limits will not be able to recover the user fees from ICBC for claims with a crash date on or after April 1, 2019. The customer is responsible for paying the user fee portion, which they may submit to their private health insurer for consideration of coverage.

Initial (assessment) visit

Fee limits for initial assessment visits are outlined in the [Insurance \(Vehicle\) Regulation \(gov.bc.ca\)](#) and the [Enhanced Accident Benefits Regulation \(gov.bc.ca\)](#).

The initial assessment visit fee includes both the assessment and standard treatment provided that day. A standard treatment must not be charged separately for treatment provided on the date the initial visit took place.

Standard treatment

Fee limits for standard treatment sessions are outlined in the *Insurance (Vehicle) Regulation* and the *Enhanced Accident Benefit Regulation*.

- Fees are based on a standard treatment, not an hourly rate, with the exception of fees charged by Occupational Therapists.
- All sessions are expected to be delivered by the health care provider on a one-on-one basis with the customer. Discipline-specific minimum timeframes spent one-on-one with customers are outlined further in this document.
- Providers should also refer to Regulatory College and/or Association guidelines regarding the expectations of a standard treatment.
- ICBC does not fund multiple treatment sessions provided by the same practitioner-type on the same day.
- Treatment frequency is based on clinical recommendations and must reflect best practice.

Pre-authorized treatments during the Early Access Period

The number of pre-authorized treatments are outlined in the *Insurance (Vehicle) Regulation* and the *Enhanced Accident Benefit Regulation*. ICBC customers are entitled to ICBC funding for the pre-authorized number of treatment sessions within the first 12 weeks from the date of their crash without ICBC approval. The number of pre-authorized treatment sessions includes the initial assessment visit.





Pre-authorized treatments during the Early Access Period

Health Care Service	Pre-authorized Treatments
Acupuncture	12
Chiropractic	25
Counselling	12
Kinesiology	12
Massage therapy	12
Physiotherapy	25
Psychology	12

Pre-authorized treatments are limited to one treatment by the same practitioner-type per day, but there is no restriction to the combination of pre-authorized treatments. For example, a customer may attend a kinesiology treatment and a massage treatment on the same day, but not two kinesiology treatments on the same day.

Drop-in admissions

For customers only, ICBC will fund gym drop-in fees 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, customer name, facility used and form of payment.

ICBC does not pay admission fees for customer’s use of a facility owned or leased by, or that is otherwise affiliated with or controlled by the provider/firm or on their premises.

ICBC does not reimburse for health care providers’ drop-in fees. The only exception: ICBC will reimburse reasonable health care provider drop-in fees for hydrotherapy when the customer:

- has an injury or complicating health condition that prevents them from weight-bearing exercise as identified by a regulated health care professional, or
- is a minor and not permitted to access community gyms.

Pre-approval for health care provider drop-in fee reimbursement for hydrotherapy under the above conditions is required and should be time-limited until the customer is able to transition to land-based therapies. The health care provider must continue to meet all standard treatment expectations.

General information

- Fee limits outlined in the *Insurance (Vehicle) Regulation* and the *Enhanced Accident Benefit Regulation* are adjusted to the Consumer Price Index annually. This Fee Guide reflects fees for treatment provided in the current year.
- The fee table does not include taxes. The Health Care Provider Invoicing and Reporting (HCPIR) application applies tax when applicable.
- ICBC will not pay for no-show appointments or late cancellations. In the case of a no-show or late cancellation, the clinic's no-show and cancellation policies apply to the customer.
- If your standard session does not meet the minimum expectations as outlined in this Guide, your invoice may be rejected or pro-rated.
- When a health care provider’s fees are less than the fee limits posted in the ICBC Fee Guide for Health Care Providers, the health care provider must send ICBC invoices using the manual billing and document submission process outlined on the Invoicing and Reporting page.





- When direct billing ICBC, the treatment must be billed under the name of the practitioner that provided the treatment.
- Invoices should be submitted to ICBC for payment within 45 days of the treatment provided. At ICBC's sole discretion, invoices submitted after 45 days may not be paid.





Acupuncturists

Twelve (12) acupuncture sessions are pre-authorized for ICBC customers within the first 12 weeks from the date of their crash.

Fee table

Line item	Fee	Additional Information
Initial assessment visit	\$123/visit	<ul style="list-style-type: none"> This fee may be billed only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day The invoice/receipt for customer reimbursements should indicate an initial visit This rate applies for visits on or after April 1, 2024
Standard treatment	\$104/visit	<ul style="list-style-type: none"> This rate applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum of twenty (20) minutes one-on-one with the customer and Acupuncturist The standard treatment fee is inclusive of all modalities provided by the practitioner and administrative duties completed such as charting or session preparation

Telehealth

Telehealth is not approved for Acupuncturists and cannot be billed to ICBC.

Telephone consultation

Funding for telephone consultations requires explicit pre-authorization from ICBC. **Telephone consultations will only be funded for customers with a date of crash on or after May 1, 2021.**

The telephone consultation fee has been established to support cooperation between health care providers and ICBC, or between treating health care providers where direct conversation is necessary to address functional limitations or recovery barriers.

The following will not be funded as telephone consultations:

- administrative or routine correspondence and communication;
- correspondence or communication pertaining to invoicing, reports, records, or treatment plan clarification or authorization;
- correspondence or communication regarding perceived or actual supplier performance issues;
- time spent leaving a voice message;
- correspondence or communication between providers located within the same facility engaging in regular business practices, such as rounds;
- any written correspondence;
- time spent by the health care provider in preparation for the telephone consultation; and correspondence or communication time for customers with a date of crash prior to May 1, 2021.





Fee table

Line item	Fee	Additional Information
Telephone consultation	\$15 flat fee	<ul style="list-style-type: none">• Explicit funding authorization must be obtained from ICBC prior to the telephone consultation• This is a flat fee for telephone consultations up to 15 minutes in duration• When using the HCPIR application or the Health Care Provider Portal, providers must input “15” into the “minutes” field• Telephone consultations in excess of 15 minutes will not be approved unless there are exceptional circumstances; the health care provider must engage the ICBC claim representative to discuss further funding approval

Note

- Acupuncturists do not submit reports.





Chiropractors

Twenty-five (25) chiropractic sessions are pre-authorized for ICBC customers within the first 12 weeks from the date of their crash.

Fee table for crashes on or after May 1st, 2021

Line item	Fee	Additional Information
Initial assessment visit	\$112/visit	<ul style="list-style-type: none"> This fee may be billed only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day The invoice/receipt for customer reimbursements should indicate an initial visit This fee applies for visits on or after April 1, 2024
Standard treatment	\$61/visit	<ul style="list-style-type: none"> This fee applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum of fifteen (15) minutes one-on-one with the customer and Chiropractor The standard treatment fee is inclusive of all modalities provided by the practitioner and administrative duties completed such as charting or session preparation
Progress report	\$104/report	<ul style="list-style-type: none"> Progress reports must only be completed upon ICBC's request This fee applies to the progress report template provided by ICBC A progress report must be completed in its entirety before it can be submitted and billed to ICBC

Fee table for crashes before May 1st, 2021

Line item	Fee	Additional Information
Initial assessment visit & report	\$234/visit & report	<ul style="list-style-type: none"> This fee may be billed only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day An initial assessment report must be completed in its entirety before it can be billed to ICBC The invoice/receipt for customer reimbursements should indicate an initial visit This fee applies for visits on or after April 1, 2024
Standard treatment	\$61/visit	<ul style="list-style-type: none"> This fee applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum of fifteen (15) minutes one-on-one with the customer and Chiropractor The standard treatment fee is inclusive of all modalities provided by the practitioner and administrative duties performed such as charting or session preparation
Progress report	\$104/report	<ul style="list-style-type: none"> Progress reports must only be completed upon ICBC's request





		<ul style="list-style-type: none"> • This fee applies to the progress report template provided by ICBC • A progress report must be completed in its entirety before it can be submitted and billed to ICBC
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Telehealth

- Pre-approval from a claims representative is required prior to provision of telehealth services.
- Practitioners are expected to adhere to the same in-person expectations of a standard treatment session.
- Practitioners must adhere to their college’s guidelines on telehealth services.
- ICBC’s expectation is that telehealth sessions must include both audio and video technology e.g. telephone only sessions cannot be billed to ICBC.

Care plan meetings

Care plan meetings must be initiated, approved, scheduled and facilitated by an ICBC claim representative, and have the purpose of aligning goals, objectives and overall case management of a shared client. This line item cannot be used to invoice for time spent discussing a shared client or general correspondence, where the ICBC claim representative has not scheduled the call and is not present for the meeting.

Fee table

Line item	Fee	Additional Information
Care plan meeting	\$15/5-minute increment	<ul style="list-style-type: none"> • Time spent by the health care provider in preparation for the care plan meeting is not billable

Telephone consultation

Funding for telephone consultations requires explicit pre-authorization from ICBC. **Telephone consultations will only be funded for customers with a date of crash on or after May 1, 2021.**

The telephone consultation fee has been established to support cooperation between health care providers and ICBC, or between treating health care providers where direct conversation is necessary to address functional limitations or recovery barriers.

The following will not be funded as telephone consultations:

- administrative or routine correspondence and communication;
- correspondence or communication pertaining to invoicing, reports, records, or treatment plan clarification or authorization;
- correspondence or communication regarding perceived or actual supplier performance issues;
- time spent leaving a voice message;
- correspondence or communication between providers located within the same facility engaging in regular business practices, such as rounds;
- any written correspondence;
- time spent by the health care provider in preparation for the telephone consultation; and correspondence or communication time for customers with a date of crash prior to May 1, 2021.





Fee table

Line item	Fee	Additional Information
Telephone consultation	\$30 flat fee	<ul style="list-style-type: none"> • Explicit funding authorization must be obtained from ICBC prior to the telephone consultation • This is a flat fee for telephone consultations up to 15 minutes in duration • When using the HCPIR application or the Health Care Provider Portal, providers must input “15” into the “minutes” field • Telephone consultations in excess of 15 minutes will not be approved unless there are exceptional circumstances; the health care provider must engage the ICBC claim representative to discuss further funding approval

X-ray fee schedule

Fees for X-rays can only be billed to ICBC when clinically necessary and following evidence-informed practice, for the purposes of diagnosis. ICBC may request copies of X-rays or X-ray reports.

Line item	Fee
Cervical spine – 4 views or less	\$72.10
Cervical spine – Davis series	\$98.20
Thoracic spine – 4 views or less	\$72.10
Lumbar spine – 4 views or less	\$72.10
Additional films – any one film, any area in addition to the four or less series (does not apply to combined series)	\$13.20
Any combined series	\$144.10
Extremities	\$72.10
Reading fee – any one area (when film is provided by outside source)	\$24.80
Reading fee – two or more areas (when film is provided by outside source)	\$40.80
Reading fee – three or more views (when film is provided by outside source)	\$52.50
Reading fee – Extremities, minimum two views (extremities are articulations other than the spine, such as knees, elbows, and shoulders)	\$40.00





Counsellors

Twelve (12) counselling sessions are pre-authorized for ICBC customers within the first 12 weeks from the date of their crash.

Fee table

Line item	Fee	Additional Information
Initial assessment visit & report	\$245/visit & report	<ul style="list-style-type: none"> This fee may be billed only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day An initial assessment report must be completed in its entirety before it can be submitted and billed to ICBC The invoice/receipt for customer reimbursements should indicate an initial visit This fee applies for visits on or after April 1, 2024
Standard treatment	\$140/visit	<ul style="list-style-type: none"> This fee applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum fifty (50) minute session one-on-one with the customer and Counsellor The standard treatment fee is inclusive of administrative duties performed such as charting or session preparation
Progress report	\$135/report	<ul style="list-style-type: none"> Progress reports must only be completed upon ICBC's request This fee applies to the progress report template provided by ICBC A progress report must be completed in its entirety before it can be submitted and billed to ICBC

Telehealth

- No pre-approval from a claims representative is required prior to initiation of telehealth services.
- Practitioners are expected to adhere to the same in-person expectations of a standard treatment session.
- Practitioners must adhere to their associations' guidelines on telehealth services.
- ICBC recommends that telehealth sessions include both audio and video technology.

Care plan meetings

Care plan meetings must be initiated, approved, scheduled and facilitated by an ICBC claim representative and have the purpose of aligning goals, objectives and overall case management of a shared client. This line item cannot be used to invoice for time spent discussing a shared client or general correspondence, where the ICBC claim representative has not scheduled the call and is not present for the meeting.





Fee table

Line item	Fee	Additional Information
Care plan meeting	\$10/5-minute increment	<ul style="list-style-type: none"> Time spent by the health care provider in preparation for the care plan meeting is not billable

Telephone consultation

Funding for telephone consultations requires explicit pre-authorization from ICBC. **Telephone consultations will only be funded for customers with a date of crash on or after May 1, 2021.**

The telephone consultation fee has been established to support cooperation between health care providers and ICBC, or between treating health care providers where direct conversation is necessary to address functional limitations or recovery barriers.

The following will not be funded as telephone consultations:

- administrative or routine correspondence and communication;
- correspondence or communication pertaining to invoicing, reports, records, or treatment plan clarification or authorization;
- correspondence or communication regarding perceived or actual supplier performance issues;
- time involved with leaving a voice message;
- correspondence or communication between providers located within the same facility engaging in regular business practices, such as rounds;
- any written correspondence;
- time spent by the health care provider in preparation for the telephone consultation; and correspondence or communication time for customers with a date of crash prior to May 1, 2021.

Fee table

Line item	Fee	Additional Information
Telephone consultation	\$15 flat fee	<ul style="list-style-type: none"> Explicit funding authorization must be obtained from ICBC prior to the telephone consultation This is a flat fee for telephone consultations up to 15 minutes in duration When using the HCPIR application or the Health Care Provider Portal, providers must input "15" into the "minutes" field Telephone consultations in excess of 15 minutes will not be approved unless there are exceptional circumstances; the health care provider must engage the ICBC claim representative to discuss further funding approval

Travel & mileage fees

ICBC does not pay travel or mileage fees for providers who provide treatment out of a facility or office owned or leased by, or that is otherwise affiliated with or controlled by the provider/firm or on their premises. Travel time and mileage requires pre-authorization from ICBC.

A counsellor submitting approved travel/mileage invoices for exposure-based therapy may submit their invoices through HCPIR or HCPP. Where travel/mileage has been approved due to





exceptional circumstances, the invoice must be submitted to invoices@icbc.com, in adherence with the [manual billing process](#).

When a practitioner has to travel to an appointment that is taking place at an ICBC customer’s residence, or other mutually agreed upon location, mileage and travel time is to be calculated between the treatment location and the closest of: the provider's primary residence OR the nearest clinic location (whether the primary location or a satellite location).

Fee table

Line item	Fee	Additional Information
Travel time	\$1.00/min	<ul style="list-style-type: none"> One unit = 60 minutes of travel time using the HCPIR/HCPP Actual travel time for treatment purposes must be billed by the decimal hour (for example: twelve minutes of travel time is $12/60 = .20$. Enter .20 into HCPIR/HCPP for \$12 of 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 to avoid duplicate billing
Mileage	\$0.47/km	

Mileage and travel time example: travel time of 20 minutes to and 22 minutes from the treatment location and a total of 24 km. Two clients are seen at the same location. In this case, half of the travel time and half of the mileage is billable to either client. For example, total travel time of 42 minutes = .7 of an hour: bill .35 per client. Total mileage of 24 km: bill 12 km per client. If the second client is not an ICBC customer, the cost sharing must still be applied.

Note:

- Clinical services provided by Social Workers are GST exempt. Social Workers must submit invoices manually. For detailed instructions on the manual invoice and document submission, please see the Invoicing and Reporting page.





Kinesiologists

Twelve (12) kinesiology sessions are pre-authorized for ICBC customers within the first 12 weeks from the date of their crash.

Fee table for crashes on or after May 1st, 2021

Line item	Fee	Additional Information
Initial assessment visit	\$114/visit	<ul style="list-style-type: none"> This fee may be billed only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day The invoice/receipt for customer reimbursements should indicate an initial visit This fee applies for initial assessment visits on or after April 1, 2024
Standard treatment	\$92/visit	<ul style="list-style-type: none"> This fee applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum forty-five (45) minute session one-on-one with the customer and Kinesiologist The standard treatment fee is inclusive of administrative duties performed such as charting or session preparation
Progress report	\$84/report	<ul style="list-style-type: none"> Progress reports must only be completed upon ICBC's request This fee applies to the progress report template provided by ICBC A progress report must be completed in its entirety before it can be submitted and billed to ICBC

Fee table for crashes before May 1st, 2021

Line item	Fee	Additional Information
Initial assessment visit & report	\$158/visit & report	<ul style="list-style-type: none"> This fee may be billed only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day An initial assessment report must be completed in its entirety before it can be billed to ICBC The invoice/receipt for customer reimbursements should indicate an initial visit This fee applies for visits on or after April 1, 2024
Standard treatment	\$92/visit	<ul style="list-style-type: none"> This fee applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum forty-five (45) minute session one-on-one with the customer and Kinesiologist The standard treatment fee is inclusive of administrative duties performed such as charting or session preparation
Progress report	\$84/report	<ul style="list-style-type: none"> Progress reports must only be completed upon ICBC's request





		<ul style="list-style-type: none"> • This fee applies to the progress report template provided by ICBC • A progress report must be completed in its entirety before it can be submitted and billed to ICBC
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Telehealth

- Pre-approval from a claims representative is required prior to initiation of telehealth services
- Practitioners are expected to adhere to the same in-person expectations of a standard treatment session.
- Practitioners must adhere to their association’s guidelines on telehealth services.
- ICBC’s expectation is that telehealth sessions must include both audio and video technology e.g. telephone only sessions cannot be billed to ICBC.

Care plan meetings

Care plan meetings must be initiated, approved, scheduled and facilitated by an ICBC claim representative, and have the purpose of aligning goals, objectives and overall case management of a shared client. This line item cannot be used to invoice for time spent discussing a shared client or general correspondence, where the ICBC claim representative has not scheduled the call and is not present for the meeting.

Fee table

Line item	Fee	Additional Information
Care plan meeting	\$5/5-minute increment	<ul style="list-style-type: none"> • Time spent by the health care provider in preparation for the care plan meeting is not billable

Rehabilitation assistance services provided by Kinesiologists

Kinesiologists providing rehabilitation assistance or life skills services must adhere to the rehabilitation assistant rates outlined in the [Rehabilitation Assistant](#) section of this fee guide.

Telephone consultation

Funding for telephone consultations requires explicit pre-authorization from ICBC. **Telephone consultations will only be funded for customers with a date of crash on or after May 1, 2021.**

The telephone consultation fee has been established to support cooperation between health care providers and ICBC, or between treating health care providers where direct conversation is necessary to address functional limitations or recovery barriers.

The following will not be funded as telephone consultations:

- administrative or routine correspondence and communication;
- correspondence or communication pertaining to invoicing, reports, records, or treatment plan clarification or authorization;
- correspondence or communication regarding perceived or actual supplier performance issues;
- time involved with leaving a voice message;
- correspondence or communication between providers located within the same facility engaging in regular business practices, such as rounds;
- any written correspondence;





- time spent by the health care provider in preparation for the telephone consultation; and correspondence or communication time for customers with a date of crash prior to May 1, 2021.

Fee table

Line item	Fee	Additional Information
Telephone consultation	\$15 flat fee	<ul style="list-style-type: none"> Explicit funding authorization must be obtained from ICBC prior to the telephone consultation This is a flat fee for telephone consultations up to 15 minutes in duration When using the HCPIR application or the Health Care Provider Portal, the provider must input "15" into the "minutes" field Telephone consultations in excess of 15 minutes will not be approved unless there are exceptional circumstances; the health care provider must engage the ICBC claim representative to discuss further funding approval

Travel & mileage fees

ICBC does not pay travel or mileage fees for providers who provide treatment out of a facility owned or leased by, or that is otherwise affiliated with or controlled by the provider/firm or on their premises.

When a provider has to travel to an appointment that is taking place at an outside facility, such as a community/recreational centre, mileage and travel time is to be calculated between the facility and the closer of: the provider's primary residence OR the nearest clinic location (whether the primary location or a satellite location).

Fee table

Line item	Fee	Additional Information
Travel time	\$0.65/min	<ul style="list-style-type: none"> One unit = 60 minutes of travel time using the HCPIR/HCPP Actual travel time for treatment purposes must be billed by the decimal hour (for example: twelve minutes of travel time is 12/60 = .20. Enter .20 into HCPIR/HCPP for \$7.80 of travel time) up to a maximum of 60 minutes total per treatment session
Mileage	\$0.47/km	<ul style="list-style-type: none"> 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

Mileage and travel time example: travel time of 20 minutes to and 22 minutes from the treatment location and a total of 24 km. Two clients are seen at the same location. In this case, half of the travel time and half of the mileage is billable to either client. For example, total travel time of 42 minutes = .7 of an hour: bill .35 per client. Total mileage of 24 km: bill 12 km per client. If the second client is not an ICBC customer, the cost sharing must still be applied.





Massage Therapists

Twelve (12) massage therapy sessions provided by a Registered Massage Therapist are pre-authorized for ICBC customers within the first 12 weeks from the date of their crash.

Fee table

Line item	Fee	Additional Information
Initial assessment visit	\$125/visit	<ul style="list-style-type: none"> This fee may be billed only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day An initial assessment visit includes a minimum of sixty (60) minutes one-on-one with the customer and Registered Massage Therapist. This includes an assessment, hands-on therapy or instruction on stretches. This does not include charting, admin or room set-up/take down, even if the customer is present during this time The invoice/receipt for customer reimbursements should indicate an initial visit This fee applies for visits on or after April 1, 2024
Standard treatment	\$94/visit	<ul style="list-style-type: none"> This rate applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum of forty-five (45) minutes one-on-one with the customer and Registered Massage Therapist. This includes hands-on therapy or instruction on stretches. This does not include charting, admin or room set-up/take down even if the customer is present during this time The standard treatment fee is inclusive of administrative duties performed such as charting or session preparation and does not include GST

Telehealth

Telehealth is not approved for Registered Massage Therapists and cannot be billed to ICBC.

Telephone consultation

Funding for telephone consultations requires explicit pre-authorization from ICBC. **Telephone consultations will only be funded for customers with a date of crash on or after May 1, 2021.**

The telephone consultation fee has been established to support cooperation between health care providers and ICBC, or between treating health care providers where direct conversation is necessary to address functional limitations or recovery barriers.

The following will not be funded as telephone consultations:

- administrative or routine correspondence and communication;
- correspondence or communication pertaining to invoicing, reports, records, or treatment plan clarification or authorization;
- correspondence or communication regarding perceived or actual supplier performance issues;
- time involved with leaving a voice message;





- correspondence or communication between providers located within the same facility engaging in regular business practices, such as rounds;
- any written correspondence;
- time spent by the health care provider in preparation for the telephone consultation; and correspondence or communication time for customers with a date of crash prior to May 1, 2021.

Fee table

Line item	Fee	Additional Information
Telephone consultation	\$15 flat fee	<ul style="list-style-type: none">• Explicit funding authorization must be obtained from ICBC prior to the telephone consultation• This is a flat fee for telephone consultations up to 15 minutes in duration• When using the HCPIR application or the Health Care Provider Portal, providers must input “15” into the “minutes” field• Telephone consultations in excess of 15 minutes will not be approved unless there are exceptional circumstances; the health care provider must engage the ICBC claim representative to discuss further funding approval

Note

- Massage therapists do not submit reports.





Registered Nurses and Licensed Practical Nurses

ICBC is second payer, or secondary to any other health coverage plan inclusive of MSP, for treatment provided by nurses. With pre-authorization, in some circumstances ICBC may fund nursing services.

Fee table

Health care service	Hourly rate	Additional Information
Licensed Practical Nurses (LPNs)	Up to \$52	These rates apply for nursing services only and do not apply for nurses providing services such as homemaking or attendant care. Where an RN is providing services that can be completed by an LPN, the LPN rate must be billed.
Registered Nurses (RNs)	Up to \$71	

Nurse Practitioners

ICBC may request a Nurse Practitioner Report (CL489R) report. Nurse Practitioners who complete a report requested by ICBC must also include an invoice in order to receive payment. It is recommended that reports be submitted to ICBC no later than 4 to 6 weeks from the date of assessment in order to provide information that is clinically relevant to the care of the patient.

Fee table

Line item	Fee	Additional Information
Nurse Practitioner Report	\$158.26/report	<ul style="list-style-type: none"> • Reports must only be completed upon ICBC's request • This fee applies to the report template provided by ICBC on the Business Partners Page • A report must be completed in its entirety before it can be submitted to ICBC

Invoices and reports can be submitted manually, following the guidelines on the [invoicing and reporting](#) page. Please ensure your invoice format adheres to ICBC guidelines, or, use our [Health service provider invoice](#).

Please mail or fax the report and invoice to:

By fax: 1-877-686-4222

By mail:

Return to ICBC
PO BOX 2121, STATION TERMINAL
VANCOUVER, B.C.
V6B 0L6





Occupational Therapists

Occupational therapists billing ICBC directly are governed by the Occupational Therapy program guide for approved OTs. Please visit the [Occupational therapist](#) page on the Health Services site for information on our expectations, report templates, and resources for working with ICBC customers.





Physiotherapists

Twenty-five (25) physiotherapy sessions are pre-authorized for ICBC customers within the first 12 weeks from the date of their crash.

Fee table for crashes on or after May 1st, 2021

Line item	Fee	Additional Information
Initial assessment visit	\$147/visit	<ul style="list-style-type: none"> This fee may be billed one time only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day The invoice/receipt for customer reimbursements should indicate an initial visit This fee applies for visits on or after April 1, 2024
Standard treatment	\$93/visit	<ul style="list-style-type: none"> This fee applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum of twenty (20) minutes one-on-one with the customer and Physiotherapist (this does not include time spent with a Physiotherapist Aide/Rehabilitation Assistant) The standard treatment fee is inclusive of all modalities provided by the practitioner and administrative duties performed such as charting or session preparation
Progress report	\$128/report	<ul style="list-style-type: none"> Progress reports must only be completed upon ICBC's request This fee applies to the progress report template provided by ICBC A progress report must be completed in its entirety before it can be submitted and billed to ICBC
Range of Motion Report	\$90/report	<ul style="list-style-type: none"> Reports must only be completed upon ICBC's request. The ICBC claim representative will contact the physiotherapist when the reports are required for the purposes of benefit administration. The report template can be found on the Invoicing and reporting page The report fee can be invoiced together with a standard session if customer assessment is required
Scarring Measurement Report	\$45/report	





Fee table for crashes before May 1st, 2021

Line item	Fee	Additional Information
Initial assessment visit & report	\$292/visit & report	<ul style="list-style-type: none"> This fee may be billed only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day An initial assessment report must be completed in its entirety before it can be billed to ICBC The invoice/receipt for customer reimbursements should indicate an initial visit This fee applies for visits on or after April 1, 2024
Standard treatment	\$93/visit	<ul style="list-style-type: none"> This fee applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum of twenty (20) minutes one-on-one with the customer and Physiotherapist (this does not include time spent with a Physiotherapist Aide/Rehabilitation Assistant) The standard treatment fee is inclusive of all modalities provided by the practitioner and administrative duties performed such as charting or session preparation
Progress report	\$128/report	<ul style="list-style-type: none"> Progress reports must only be completed upon ICBC's request This fee applies to the progress report template provided by ICBC A progress report must be completed in its entirety before it can be submitted and billed to ICBC

Telehealth

- Pre-approval from an ICBC claim representative is required prior to initiation of telehealth services.
- Practitioners are expected to adhere to the same in-person expectations of a standard treatment session.
- Practitioners must adhere to their college's guidelines on telehealth services.
- ICBC's expectation is that telehealth sessions must include both audio and video technology e.g. telephone only sessions cannot be billed to ICBC.

Care plan meetings

Care plan meetings must be initiated, approved, scheduled and facilitated by an ICBC claim representative and are for the purpose of aligning goals, objectives and overall case management of a shared client. This line item cannot be used to invoice for time spent discussing a shared client or general correspondence, where the ICBC claim representative has not scheduled the call and is not present for the meeting.

Fee table

Line item	Fee	Additional Information
Care plan meeting	\$15/5-minute increment	<ul style="list-style-type: none"> Time spent by the health care provider in preparation for the care plan meeting is not billable





Non-standard physiotherapy fees

Funding for non-standard physiotherapy sessions requires explicit authorization from ICBC. **Non-standard physiotherapy sessions may only be funded for assessments and treatments administered on or after May 1, 2021.**

Non-standard physiotherapy fees compensate physiotherapists for prolonged sessions of at least 45 minutes of direct one-to-one patient care. The customer must require this care for effective treatment of crash-related injuries and must meet all qualifying criteria outlined in the fee table below. Direct customer care does not include the time spent with a Physiotherapy Assistant/Aide or unsupervised time.

A Physiotherapy Non-Standard Treatment Application form ([CL752](#)) must be completed when requesting approval to initiate non-standard physiotherapy services and with each subsequent treatment extension request. Approval must be confirmed with the ICBC claim representative with each submission. Please email the CL752 to physiotherapists@icbc.com. A Treatment Plan ([CL751](#)) should also be submitted together with the CL752 when indicated (for example, when requesting approval for treatment outside of the 12-week early access period).

If both a non-standard physiotherapy session and a standard physiotherapy session occur on the same day, physiotherapists should clarify the invoicing process with the ICBC claim representative as one of the sessions must be invoiced manually to ICBC to prevent a payment rejection. Refer to the manual invoicing and document submission section of the [Invoicing and reporting page](#) of the Health Services site.

Fee table

Line item	Fee	Criteria
In-home or in-community	\$145/session	<ul style="list-style-type: none"> Hospital discharge or post-surgical client, or Client unable to drive or use other available transit options, or Client unable to leave their residence due to mobility or safety concerns, and Prolonged sessions are required to carry out treatment plan (>45 minutes direct time)
Concussion, vestibular, or brain injury	\$145/session	<ul style="list-style-type: none"> Diagnosed concussion, vestibular or brain injury, or Symptoms suggestive of concussion/vestibular pathology, and Screening tests and objective measures support diagnosis, and Prolonged sessions are required to carry out treatment plan (>45 minutes direct time)
Spinal cord injury	\$145/session	<ul style="list-style-type: none"> Diagnosed spinal cord injury, and Prolonged sessions are required to carry out treatment plan (>45 minutes direct time)
Complex orthopedic/ musculoskeletal injury	\$145/session	<ul style="list-style-type: none"> Diagnosed with qualifying injury (see definition below*), and Treatment complicated by number/types of injuries or comorbidities, and Prolonged sessions are required to carry out treatment plan (>45 minutes direct time)



Rural and remote	\$145/session	<ul style="list-style-type: none"> Client access to physiotherapist is impacted by rural/remote setting and distance from physiotherapist, and Prolonged sessions will be provided (>45 minutes direct time)
Hand therapy	\$145/session	<ul style="list-style-type: none"> Diagnosed hand or upper extremity injury, and Therapy provided by a Certified Hand Therapist

***Complex orthopedic/musculoskeletal injury:** For example, multiple or comminuted fractures, muscle/tendon/ligament rupture, joint dislocation, amputation or complex care required post-operatively.

Physiotherapist-administered active rehabilitation

If physiotherapy sessions and physiotherapist-administered active rehabilitation sessions are being provided on the same day, the active rehabilitation sessions must be invoiced at the regulated kinesiology rate and adhere to applicable policies for kinesiologists. These sessions are to be delivered by the physiotherapist on a direct one-on-one basis with the customer. Direct customer care does not include the time spent with a Physiotherapy Assistant/Aide or unsupervised time. It is expected that the minimum time requirements of a session for both disciplines are provided. For example, a minimum of 20 minutes is required for a standard physiotherapy session, in addition to a minimum of 45 minutes during physiotherapist-administered active rehabilitation, for a minimum total session duration of 65 minutes of direct customer care. Refer to the [Kinesiologists](#) section of this Guide for applicable fees and standard session requirements.

Physiotherapist-administered active rehabilitation sessions billed as a standard kinesiology session cannot be invoiced via the Health Care Provider Invoicing and Reporting (HCPIR) application or the Health Care Provider Portal (HCPP). Invoices must be manually submitted to invoices@icbc.com. In addition, when requesting approval for physiotherapist-administered active rehabilitation sessions outside of the 12-week early access period, a separate kinesiology Treatment Plan ([CL751](#)) must be manually submitted to ICBC. Email the Treatment Plan to kinesiologists@icbc.com. Refer to the manual invoicing and document submission section of the [Invoicing and reporting page](#) page of the Health Services site.

Telephone consultation

Funding for telephone consultations requires explicit pre-authorization from ICBC. **Telephone consultations will only be funded for customers with a date of crash on or after May 1, 2021.**

The telephone consultation fee has been established to support cooperation between health care providers and ICBC, or between treating health care providers where direct conversation is necessary to address functional limitations or recovery barriers.

The following will not be funded as telephone consultations:

- administrative or routine correspondence and communication;
- correspondence or communication pertaining to invoicing, reports, records, or treatment plan clarification or authorization;
- correspondence or communication regarding perceived or actual supplier performance issues;





- time involved with leaving a voice message;
- correspondence or communication between providers located within the same facility engaging in regular business practices, such as rounds;
- any written correspondence;
- time spent by the health care provider in preparation for the telephone consultation; and correspondence or communication time for customers with a date of crash prior to May 1, 2021.

Fee table

Line item	Fee	Additional Information
Telephone consultation	\$30 flat fee	<ul style="list-style-type: none"> • Explicit funding authorization must be obtained from ICBC prior to the telephone consultation • This is a flat fee for telephone consultations up to 15 minutes in duration • When using the HCPIR application or the Health Care Provider Portal, providers must input "15" into the "minutes" field • Telephone consultations in excess of 15 minutes will not be approved unless there are exceptional circumstances; the health care provider must engage the ICBC claim representative to discuss further funding approval

Travel & mileage fees

ICBC does not pay travel or mileage fees for providers who operate out of a facility owned or leased by, or that is otherwise affiliated with or controlled by the provider/firm or on their premises.

When a provider has to travel to an appointment that is taking place at an outside facility, such as a community/recreational centre, mileage and travel time is to be calculated between the facility and the closer of: the provider's primary residence OR the nearest clinic location (whether the primary location or a satellite location).

Fee table

Line item	Fee	Additional Information
Travel time	\$0.71/min	<ul style="list-style-type: none"> • One unit = 60 minutes of travel time using the HCPIR/HCPP • Actual travel time for treatment purposes must be billed by the decimal hour (for example: twelve minutes of travel time is 12/60 = .20. Enter .20 into HCPIR/HCPP for \$8.52 of travel time) up to a maximum of 60 minutes total per treatment session • 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
Mileage	\$0.47/km	

Mileage and travel time example: travel time of 20 minutes to and 22 minutes from the treatment location and a total of 24 km. Two clients are seen at the same location. In this case, half of the travel time and half of the mileage is billable to either client. For example, total travel time of 42 minutes = .7 of an hour: bill .35 per client. Total mileage of 24 km: bill 12 km per client. If the second client is not an ICBC customer, the cost sharing must still be applied.





Psychologists

Twelve (12) psychology sessions are pre-authorized for ICBC customers within the first 12 weeks from the date of their crash.

Fee table

Line item	Fee	Additional Information
Initial assessment visit & report	\$398/visit & report	<ul style="list-style-type: none"> This fee may be billed only once per customer, unless otherwise approved by ICBC This fee includes the assessment and any treatment provided that day An initial assessment report must be completed in its entirety before it can be billed to ICBC The invoice/receipt for customer reimbursements should indicate an initial visit This fee applies for visits on or after April 1, 2024
Standard treatment	\$228/visit	<ul style="list-style-type: none"> This rate applies for treatments administered on or after April 1, 2024 A standard treatment includes a minimum fifty (50) minute session one-on-one with the customer and the Psychologist The standard treatment fee is inclusive of all administrative duties performed such as charting or session preparation
Progress report	\$219/report	<ul style="list-style-type: none"> Progress reports must only be completed upon ICBC's request This fee applies to the progress report template provided by ICBC A progress report must be completed in its entirety before it can be submitted and billed to ICBC

Telehealth

- No pre-approval is required from a claims representative prior to initiation of telehealth services.
- Practitioners are expected to adhere to the same in-person expectations of a standard treatment session.
- Practitioners must adhere to their college's guidelines on telehealth services.
- ICBC recommends that telehealth sessions include both audio and video technology.

Care plan meetings

Care plan meetings must be initiated, approved, scheduled and facilitated by an ICBC claim representative and are for the purpose of aligning goals, objectives and overall case management of a shared client. This line item cannot be used to invoice for time spent discussing a shared client or general correspondence, where the ICBC claim representative has not scheduled the call and is not present for the meeting.





Fee table

Line item	Fee	Additional Information
Care plan meeting	\$15/5-minute increment	<ul style="list-style-type: none"> Time spent by the health care provider in preparation for the care plan meeting is not billable

Telephone consultation

Funding for telephone consultations requires explicit pre-authorization from ICBC. **Telephone consultations will only be funded for customers with a date of crash on or after May 1, 2021.**

The telephone consultation fee has been established to support cooperation between health care providers and ICBC, or between treating health care providers where direct conversation is necessary to address functional limitations or recovery barriers.

The following will not be funded as telephone consultations:

- administrative or routine correspondence and communication;
- correspondence or communication pertaining to invoicing, reports, records, or treatment plan clarification or authorization;
- correspondence or communication regarding perceived or actual supplier performance issues;
- time involved with leaving a voice message;
- correspondence or communication between providers located within the same facility engaging in regular business practices, such as rounds;
- any written correspondence;
- time spent by the health care provider in preparation for the telephone consultation; and correspondence or communication time for customers with a date of crash prior to May 1, 2021.

Fee table

Line item	Fee	Additional Information
Telephone consultation	\$30 flat fee	<ul style="list-style-type: none"> Explicit funding authorization must be obtained from ICBC prior to the telephone consultation This is a flat fee for telephone consultations up to 15 minutes in duration When using the HCPIR application or the Health Care Provider Portal, providers must input "15" into the "minutes" field Telephone consultations in excess of 15 minutes will not be approved unless there are exceptional circumstances; the health care provider must engage the ICBC claim representative to discuss further funding approval

Travel & mileage fees

ICBC does not pay travel or mileage fees for providers who operate out of a facility owned or leased by, or that is otherwise affiliated with or controlled by the provider/firm or on their premises. Travel time and mileage requires pre-authorization from ICBC.

Psychologists submitting approved travel/mileage invoices for exposure-based therapy may submit their invoices through HCPIR or HCPP. Where travel/mileage has been approved due to





exceptional circumstances, the invoice must be submitted to invoices@icbc.com, in adherence with the [manual billing process](#).

When a provider has to travel to an appointment that is taking place at an ICBC customer’s residence, or other mutually agreed upon location, mileage and travel time is to be calculated between the treatment location and the closer of: the provider's primary residence OR the nearest clinic location (whether the primary location or a satellite location).

Fee table

Line item	Fee	Additional Information
Travel time	\$1.63/min	<ul style="list-style-type: none"> One unit = 60 minutes of travel time using the HCPIR/HCPP Actual travel time for treatment purposes must be billed by the decimal hour (for example: twelve minutes of travel time is 12/60 = .20. Enter .20 into HCPIR/HCPP for \$19.56 of 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
Mileage	\$0.47/km	

Mileage and travel time example: travel time of 20 minutes to and 22 minutes from the treatment location and a total of 24 km. Two clients are seen at the same location. In this case, half of the travel time and half of the mileage is billable to either client. For example, total travel time of 42 minutes = .7 of an hour: bill .35 per client. Total mileage of 24 km: bill 12 km per client. If the second client is not an ICBC customer, the cost sharing must still be applied.





Rehabilitation Assistants

ICBC may fund Rehabilitation Assistants which can include Physiotherapy Assistants/Aides and Occupational Therapy Assistant services. All Rehabilitation Assistant services, including applicable travel and mileage, requires pre-authorization.

- Rehabilitation Assistant services cannot be invoiced via the HCPIR application or the Health Care Provider Portal at this time. For instructions, refer to the manual invoicing and document submission section of the [invoicing and reporting](#) page of the Health Services site.

The following fees are applicable for Rehabilitation Assistance services.

Fee table

Line item	Fee	Additional Information
Rehabilitation Assistant services	\$45/hr	<ul style="list-style-type: none"> • Billed in 15 min increments, rounded up. • Non-clinical administrative tasks including, but not limited to, scheduling appointments or appointment reminders are not billable
Travel time	\$0.38/min	<ul style="list-style-type: none"> • One unit = 60 minutes of travel time using the HCPIR/HCPP • Actual travel time for treatment purposes must be billed by the decimal hour (for example: twelve minutes of travel time is $12/60 = .20$. Enter .20 into HCPIR/HCPP for \$4.56 of travel time) up to a maximum of 60 minutes total per treatment session • 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
Mileage	\$0.47/km	

Travel and mileage

ICBC does not pay travel or mileage fees for providers who operate out of a facility owned or leased by, or that is otherwise affiliated with or controlled by the provider/firm or on their premises.

When a provider has to travel to an appointment that is taking place at an outside facility, such as a community/recreational centre, mileage and travel time is to be calculated between the facility and the closer of: the provider's primary residence OR the nearest clinic location (whether the primary location or a satellite location).

Mileage and travel time example: travel time of 20 minutes to and 22 minutes from the treatment location and a total of 24 km. Two clients are seen at the same location. In this case, half of the travel time and half of the mileage is billable to either client. For example, total travel time of 42 minutes = .7 of an hour: bill .35 per client. Total mileage of 24 km: bill 12 km per client. If the second client is not an ICBC customer, the cost sharing must still be applied.





Telehealth

- Pre-approval from a claims representative is required prior to initiation of telehealth services.
- Rehabilitation Assistants are expected to adhere to the same in-person expectations of a standard treatment session.
- Rehabilitation Assistants must adhere to their supervising practitioner's college's guidelines on telehealth services.
- ICBC's expectation is that telehealth sessions must include both audio and video technology e.g. telephone only sessions will not be paid by ICBC.

