



Overview of April 1, 2026 Recovery Network Program Guide Updates

These amendments to the Recovery Network program guides are effective April 1, 2026. The amendments impact the following guides, as applicable:

- Acupuncture program guide
- Chiropractic program guide
- Counselling program guide
- Registered Massage Therapy program guide
- Kinesiology program guide
- Occupational Therapy program guide
- Personal Care Assistance Services program guide
- Physiotherapy program guide
- Psychology program guide

In this document, **green text** indicates language that will be added, and **red strikethrough text** indicates language that will be removed.

General Update to Program Guides

The Health care provider regulated rates are subject to an annual Consumer Price Index (CPI) adjustment on April 1. This year, the CPI increase is 2.1 percent, effective for health care services administered on or after April 1, 2026. These adjusted rates are reflected in the changes under section 6.2. Billing Procedure of the impacted program guides.

Updates to Acupuncture, Chiropractic, Counselling, Registered Massage Therapy, Kinesiology, Physiotherapy, Psychology Program Guides

Section 1.2 Key Terms

In this Program Guide:

- "Agreement" means the Health Care Direct Billing Terms, this Program Guide, all directions and instructions posted on ICBC's online Business Partners Page ("Partners Page"), ICBC's other online agreements setting out the legal terms for access and use of ICBC Systems and ICBC Data, any other terms related to direct billing (application or otherwise) and any ICBC Directive.
- "Claim" means any claim made by an ICBC Customer in connection with or in relation to an ICBC insurance policy.
- "College" means the College of Health and Care Professionals of British Columbia.
- "Direct Care" is one-on-one time spent between the Health Care Practitioner and the ICBC Customer. This does not include time when the ICBC Customer is left unsupervised.
- "Early Access Period" is the first 12 weeks (**84 days**) after the crash. [...]

For Counselling guide only

Section 2.3 Counsellor Qualification Requirements

To qualify for and maintain their status as an Approved Counsellor, and to be eligible for direct billing, the Counsellor must:

- a) Meet one of the following criteria:
1. hold a master's or doctorate degree and be a member that is in good standing, as acknowledged by ~~one of~~ the following Associations ~~or College~~, without any restrictions, conditions or limitations:
 - BC Association of Clinical Counsellors with a Registered Clinical Counsellor (RCC) or Registered Clinical Counsellor-Approved Clinical Supervisor (RCC-ACS) designation; ~~or~~
 - Canadian Counselling and Psychotherapy Association with a Canadian Certified Counsellor (CCC) or Canadian Certified Supervisor designation (CCS); ~~or~~
 - ~~British Columbia College of Social Workers.~~
 2. hold a master's or doctorate degree in psychology, psychiatry, social work, counselling, or clinical or counselling psychology and be a member that is in good standing, as acknowledged by one of the following Associations ~~or College~~, without any restrictions, conditions, or limitations:
 - Association of Cooperative Counselling Therapists of Canada; ~~or~~
 - Canadian Professional Counsellors Association; ~~or~~
 - ~~British Columbia College of Social Workers.~~

Section 2.3 [Health Care Practitioners] Qualification Requirements

[...] f) report ~~in writing~~ to the ICBC Claims Contact any perceived, potential, or actual conflict of interest as it arises with respect to the Approved [Health Care Practitioners] or Firm, the ICBC Customer, or any associated business or health care providers. If the conflict is not related to a specific Claim or ICBC Customer, the issue must be ~~submitted in writing by contacting ICBC Recovery Programs at~~ reported to RecoveryPrograms@icbc.com ~~and requesting that an escalation be raised~~; and [...]

Section 2.4 Firm Qualification Requirements

[...] k) when applicable, and upon request by ICBC, provide proof of a valid business license for any subcontractors, in accordance with the applicable local law; ~~and~~

l) ensure all of the Firm's Approved [Health Care Practitioners] meet and continue to meet Approved [Health Care Practitioners] qualification requirements (see Section 2 of this Program Guide); ~~and~~

m) report to the ICBC Claims Contact any perceived, potential, or actual conflict of interest as it arises with respect to the Approved [Health Care Practitioners] or Firm, the ICBC Customer, or any associated business or health care providers. If the conflict is not related to a specific Claim or ICBC Customer, the issue must be reported to RecoveryPrograms@icbc.com.

Section 3.1 Benefit Administration

In order to arrive at appropriate funding decisions, ICBC Claims Contacts gather available information from sources such as the ICBC Customer, their medical and/or health care team, and refer to the applicable internal resources available to them. ICBC does not direct care. To be considered for funding, the therapy or treatment must be:

- a) for injuries directly related to the crash; and
- ~~b) necessary or advisable; and~~
- e) b) evidence informed and clinically justified.

The ICBC Claims Contact will communicate the funding decision to the ICBC Customer and the Health Care Practitioner. Firms must only request funding for services that meet the above criteria and must only bill ICBC for services for which they have received funding approval.

Section 3.2 Scope of Responsibilities

Approved [Health Care Practitioners] and Firms must:

- provide objective clinical care;
- avoid involvement in ICBC's Claim management functions; and
- not provide advice on insurance or legal matters.

If an ICBC Customer has questions relating to Claim management or coverage decisions, they must be advised to contact ICBC directly.

Approved [Health Care Practitioners] and Firms must refrain from requesting or advocating for funding for an item or treatment that is clearly unrelated to a Claim. Approved [Health Care Practitioners] and Firms must disclose all clinically relevant information in their communications with ICBC, and must not leave out details that could impact ICBC's funding decisions, such as intervening events, new injuries, or other factors that may affect the customer's functional abilities, or treatment needs.

Section 4.1 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 Early Access Period without ICBC approval. The number of pre-authorized treatment sessions includes the ~~initial assessment visit~~ Initial Visit described below.

For Acupuncture, Chiropractic, Registered Massage Therapy, Kinesiology, and Physiotherapy guides only

Section 4.2 Initial ~~(Assessment)~~ Visit

An Initial ~~Assessment~~ Visit includes both the initial assessment of the ICBC Customer and a standard treatment session provided during the same appointment. The Initial ~~Assessment~~ Visit fee includes both the assessment and standard treatment. A standard treatment must not be charged separately for treatment provided on the date the Initial Visit took place. The Initial ~~Assessment~~ Visit fee must only be billed once per ICBC Customer, unless otherwise approved by ICBC.

For Counselling guide only

Section 4.2 Initial (Assessment) Visit and Report

An Initial ~~Assessment~~ Visit includes the initial assessment of the ICBC Customer, a standard treatment session provided during the same appointment and an Initial Report. The Initial ~~Assessment~~ Visit and report fee includes the assessment, standard treatment provided and report. A standard treatment must not be charged separately for treatment provided on the date the Initial ~~V~~ visit took place. The Initial ~~Assessment~~ Visit and report fee must only be billed once per ICBC Customer, unless otherwise approved by ICBC. The Initial Report must be completed in its entirety before it can be billed to ICBC.

For Psychology guide only

Section 4.2 Initial (Assessment) Visit and Report

The fee for an Initial ~~Assessment~~ Visit and Report includes an initial assessment, one standard treatment provided during the initial visit, and an Initial Report. A standard treatment must not be charged separately for treatment provided on the date the Initial ~~V~~ visit took place. While an initial assessment may take up to four sessions to complete, the Initial ~~Assessment~~ Visit and report fee must be billed once per ICBC Customer, unless otherwise approved by ICBC. The Initial Report must be completed in its entirety before it can be billed to ICBC.

Section 4.3 Standard Treatment Sessions

[...] sessions (which includes the Initial ~~Assessment~~ Visit) are pre-authorized for ICBC Customers during the Early Access Period. The following applies to all standard treatment sessions: [...]

Section 4.7 Policy on Treating Family

Claim-related treatment of family members cannot be billed **directly** to ICBC unless there are no reasonably practicable alternatives and written Pre-approval from ICBC has been obtained.

For Physiotherapy guide only

Section 4.13 Rehabilitation Assistants

ICBC may fund Physiotherapy Assistants/Aides (i.e. "Rehabilitation Assistants"). All Rehabilitation Assistant services, including applicable travel and mileage, **require Pre-approval** from the ICBC Claims Contact.

Rehabilitation Assistant services cannot be invoiced via HCPIR or HCPP. For instructions, refer to the manual invoicing and document submission section of the [invoicing and reporting page](#) of the [Partners Page](#). Rehabilitation Assistant services must be invoiced by the overseeing ~~regulated health care practitioner~~ **Approved Physiotherapist**. Non-clinical administrative tasks including, but not limited to, scheduling appointments or appointment reminders are not billable.

ICBC funds **only one-on-one Direct Care** provided by a Rehabilitation Assistant that is under the direction of an **Approved Physiotherapist**. Group therapy delivered by a Rehabilitation Assistant is not eligible for funding.

Section 5. Treatment Plans

[...] To maintain the continuity of care and prevent account receivable issues, Treatment Plans should be submitted 1–2 weeks prior to the expiry of the approved number of treatments or approved end date. Treatment Plans must be submitted through HCPIR or HCPP.

Services provided by an Approved [Health Care Practitioners] outside of the approval period are not eligible for direct billing. A new treatment plan must be submitted and approved before any services outside of the approval period will be funded. Direct payment will not be made or backdated for services that are ineligible for direct billing on the date that they are provided. [...]

Section 6.1 Invoice Submission

[...] The Approved [Health Care Practitioners] or Firm is only eligible for direct billing privileges on or after the date on which they are accepted into the Recovery Network. Invoices for services rendered prior to that date are not eligible for direct billing. In any circumstances where a Claim-related service is not eligible for direct billing, the Approved [Health Care Practitioners] or Firm must collect payment directly from the ICBC Customer when the service is provided. Direct payment will not be made or backdated for services that are ineligible for direct billing on the date that they are provided.

For Acupuncture, Chiropractic, Registered Massage Therapy, Kinesiology, and Physiotherapy guides only

Section 6.2.1 Assessment and Treatment

Service Type	Fee	HCPIR Drop-down Selection	Details
Initial Visit/Assessment	[Updated rates according to each discipline]	Initial Visit	The Initial Assessment Visit fee includes both the assessment and standard treatment provided. The Initial Assessment Visit fee must only be billed once per ICBC Customer, unless otherwise approved by ICBC.
Standard Treatment	[Updated rates according to each discipline]	Standard Visit — 1:1 Direct Care	A [...] standard treatment includes a minimum of [...] minutes one-on-one Direct Care with the ICBC Customer and Approved [Health Care Practitioners]. When invoicing, the appointment date must be entered into the designated fields in HCPIR/HCPP. [...]

For Counselling and Psychology guides only

Section 6.2.1 Assessment and Treatment

Service Type	Fee	HCPIR Drop-down Selection	Details
Initial Visit/Assessment and Report	[Updated rates according to each discipline]	Initial Visit & Report	The Initial Assessment Visit fee includes the assessment, standard treatment provided and Initial Report. The Initial Assessment Visit and report fee must only be billed once per ICBC Customer, unless otherwise approved by ICBC. The invoice must indicate that it is for an Initial Visit and Report.
Standard Treatment	[Updated rates according to each discipline]	Standard Visit — 1:1 Direct Care	A [...] standard treatment includes a minimum of [...] minutes one-on-one Direct Care with the ICBC Customer and Approved [Health Care Practitioners]. When invoicing, the appointment date must be entered into the designated fields in HCPIR/HCPP. [...]
Virtual Treatment	[Updated rates according to each discipline]	Standard Visit — Virtual 1:1 Direct Care	A [...] virtual treatment includes a minimum of [...] minutes one-on-one Direct Care with the ICBC Customer and Approved [Health Care Practitioners]. When invoicing, the appointment date must be entered into the designated fields in HCPIR/HCPP. [...]

For Physiotherapy guide only

Section 6.2.5 Other Billable Items

Service Type	Fee	HCPIR Drop-down Selection	Details
Rehabilitation Assistant	\$66.50/hour Limited to the time authorized by the ICBC Claims Contact for the ICBC Customer	N/A	Invoiced in 15-minute increments, rounded up. This service must be manually invoiced following the process outlined on the Invoicing and Reporting page on the Partners Page .
Rehabilitation Assistant Travel Time	\$0.38/min Limited to the time authorized by the ICBC Claims Contact for the ICBC Customer.	N/A	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.

Rehabilitation Assistant Mileage	\$0.66/km Limited to fees authorized by the ICBC Claims Contact for the ICBC Customer.	N/A	See Section 4.10 for an example of how to bill travel time. This service must be manually invoiced following the process outlined on the Invoicing and Reporting page on the Partners Page .
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Section 6.3 Prohibited Disbursements

[...] Prohibited expenses/disbursements may not be charged to ICBC Customers for ICBC Claims.

In addition, Firms may not bill ICBC for:

- a) claim-related treatment or services provided after a Claim is closed; or
- b) claim-related treatment or services provided without or prior to ICBC’s funding authorization.

If ICBC has rejected a funding request, the item or treatment must not be requested again unless there has been a material change in circumstances or the reason for the rejection has been addressed.

User fees and no-show fees for Claim-related services may be charged to an ICBC Customer, provided that the Health Care Practitioners and/or Firms advises the ICBC Customers in advance. ICBC Customers must be advised that the fees will not be reimbursed by ICBC. No-show appointments do not impact the ICBC Customer's approved treatment count. Under no circumstances can ICBC Customers be billed for unpaid or recovered fees relating to a breach of the Agreement.

Section 7.1 Locator Eligibility

To be eligible to be featured on ICBC’s Health Care Provider Locator, the Firm must:

- a) be an active member of ICBC’s Recovery Network;
- b) offer services provided by at least one of the seven Early Access Period pre-approved Health Care Practitioners (Acupuncturist, Chiropractor, Counsellor, Kinesiologist, Registered Massage Therapist, Physiotherapist, Psychologist);
- c) exclusively invoice ICBC for all services through HCPIR or HCPP unless otherwise specified in Section 6 of this Program Guide;
- d) for all brick-and-mortar clinics, display signage at their physical location, visible to the public, which is consistent with their Firm’s legal name or registered Doing Business As (DBA) name; and
- e) provide consent for information provided for the Locator to be displayed; and
- f) must not have been removed from the Locator for any reason within the previous forty-five (45) days or such other period as may be advised by ICBC.

[...]

Approval to be displayed on the Locator is at ICBC’s sole discretion. Prior to a Firm being approved for display on the Locator, all applications will be reviewed and ICBC will provide a confirmation message detailing the information that will be available for display on the Locator. Once approved, practitioner types added to a Recovery Network account will automatically be updated on the Locator. Firm information can be reviewed and updated in the Additional Information section of [HCVA \(Existing Account\)](#). For comments or to share feedback about the locator application process, please contact RecoveryPrograms@icbc.com.

Section 8 Recovery Network Logo

Firms wanting to use the digital ICBC Recovery Network logos or to otherwise promote the Recovery Network are required to contact ICBC's Supplier Programs & Administration department at biproviderapp@icbc.com for copies of the digital files. Digital ICBC Recovery Network logos are available for use by Firms and Approved Practitioners who are active members of ICBC's Recovery Network in accordance with the Agreement.

Use of the ICBC Recovery Network logo must comply with the Logo Usage Standards for the ICBC Recovery Network, ~~published on the Partners Page~~. Firms and Approved Practitioners must not use any ICBC logos or refer to the ICBC Recovery Network in advertisements that promote value-added services or products.

Important: Approved Firms and Practitioners must only use logos provided directly by ICBC's Supplier Programs & Administration department (biproviderapp@icbc.com). Logos must not be copied from any other sources.

For more information, Approved Firms and Practitioners may refer to the Agreement, or talk to a Supplier Programs Coordinator (biproviderapp@icbc.com).

Section 9.1.3 Audit Consequences

If audit or performance review results indicate that the Approved [Health Care Practitioners] or Firm is not meeting the service expectations or requirements outlined in the Agreement, they may be subject to the corrective actions outlined in the Agreement.

Updates to Occupational Therapy Program Guide

Section 2.3 OT Qualification Requirements

[...] f) report ~~in writing~~ to the ICBC Claims Contact any perceived, potential, or actual conflict of interest as it arises with respect to the Approved OT or Firm, the ICBC Customer, or any associated business or health care providers. If the conflict is not related to a specific Claim or ICBC Customer, the issue must be ~~submitted in writing by contacting ICBC Recovery Programs at~~ reported to RecoveryPrograms@icbc.com ~~and requesting that an escalation be raised~~; and [...]

Section 2.4 Firm Qualification Requirements

[...] l) ensure all of the Firm's Approved OTs meet and continue to meet Approved OT qualification requirements (see Section 2 of this Program Guide);

m) submit a complete and accurate OT Declaration as found on the Partners Page; ~~and~~

n) accurately declare to ICBC the locations served by their OTs; ~~and~~

o) ~~report to the ICBC Claims Contact any perceived, potential, or actual conflict of interest as it arises with respect to the Approved OT or Firm, the ICBC Customer, or any associated business or health care providers. If the conflict is not related to a specific Claim or ICBC Customer, the issue must be reported to RecoveryPrograms@icbc.com.~~

Section 3.1 Benefit Administration

In order to arrive at appropriate funding decisions, ICBC Claims Contacts gather available information from sources such as the ICBC Customer, their medical and/or health care team, and refer to the applicable internal resources available to them. ICBC does not direct care. To be considered for funding, the therapy or treatment must be:

a) for injuries directly related to the crash; ~~and~~

~~b) necessary or advisable;~~

~~c) contribute to the customer's rehabilitation, lessen their disability, or facilitate their recovery from the crash, and~~

~~d) be goal-oriented;~~ b) evidence informed and clinically justified.

The ICBC Claims Contact will communicate the funding decision to the ICBC Customer and the Health Care Practitioner. Firms must only request funding for services that meet the above criteria and must only bill ICBC for services for which they have received funding approval.

Section 3.2 Scope of Responsibilities

Approved OTs and Firms must:

- provide objective clinical care;
- avoid involvement in ICBC's Claim management functions; and
- not provide advice on insurance or legal matters.

If an ICBC Customer has questions relating to Claim management or coverage decisions, they must be advised to contact ICBC directly.

Approved OTs and Firms must refrain from requesting or advocating for funding for an item or treatment that is clearly unrelated to a Claim. Approved OTs and Firms must disclose all clinically relevant information in their communications with ICBC, and must not leave out details that could impact ICBC's funding decisions, such as intervening events, new injuries, or other factors that may affect the customer's functional abilities, or treatment needs.

Section ~~3.2~~ 3.3 Accepting ICBC Customers

~~3.2.1~~ 3.3.1 Referral from third parties or health professionals

The Approved OT and Firm must consult the ICBC Claims Contact prior to accepting assignments or instructions to provide services to an ICBC Customer directly from legal counsel or other third parties, including health professionals. The ICBC Claims Contact will determine whether funding is authorized and the work is eligible for direct payment by ICBC. The ICBC Claims Contact will liaise with the referring third party to gather additional information in order to make an informed funding decision. The referring third party or referring health professional must:

- ensure they have a clear understanding of the customer's condition;
- ensure that recommendations directly relate to the crash-related injury; and
- explain how an assessment can help the ICBC Customer with meeting their functional goal(s).

If approved, it is the responsibility of the OT to assess the ICBC Customer and provide recommendations to assist the ICBC Customer meet their functional goals.

Services that are provided without authorization from ICBC may not be paid for by ICBC, either in whole or in part.

~~3.2.2~~ 3.3.2 Clarify engagement purpose

Each Approved OT or Firm in receipt of a request to provide services to an ICBC Customer must confirm with the ICBC Claims Contact the specific purpose of the engagement and any timelines or restrictions placed on the authorization for funding. See Appendix A of this Program Guide for examples.

Services that are provided without confirmation from ICBC or outside of the scope of the assignment may not be paid for by ICBC, either in whole or in part.

Failure to confirm all details of the request for services as outlined above may result in the termination of the engagement or other corrective actions, as outlined in the Health Care Direct Billing Terms.

~~3.2.3~~ 3.3.3 Authorizations

An engagement authorized by ICBC provides authorization to the Approved OT to undertake an initial assessment of the ICBC Customer, up to and including the development and submission of a rehabilitation plan/initial report, or as otherwise specified by the ICBC Claims Contact, such as a Single Service referral.

The Approved OT or Firm must not make commitments to the ICBC Customer relating to ICBC funding until authorization from ICBC has been received. Neither the Approved OT nor Firm has authority to create any obligation on behalf of or to bind ICBC in any manner.

Section 4.6.4 ICBC OT Treatment Plan Form

The ICBC Treatment Plan — Occupational Therapy form allows for expedient funding decisions by ICBC. The ICBC Treatment Plan — Occupational Therapy form must be submitted through the HCPP or HCPIR, and must be submitted with any:

- Initial assessment reports; or
- Progress reports.

Total Approved OT hours (~~not~~ excluding time spent by Rehabilitation Assistants or /Kinesiologists) ~~are~~ must be documented on the ICBC Treatment Plan — Occupational Therapy form with a breakdown (e.g. treatment time, indirect care, travel time etc.) outlined in the associated report.

The Approved OT is required to complete all fields on the ICBC treatment plan form which is non-compensable.

Services provided by an Approved OT or Firm outside of the approval period are not eligible for direct billing. A new treatment plan and report must be submitted and approved before any services outside of the approval period will be funded. Direct payment will not be made or backdated for services that are ineligible for direct billing on the date that they are provided.

Section 4.8 Travel Time

[...] Only actual travel time for treatment purposes can be billed. Billing is by the decimal hour up to a maximum of 90 minutes total per treatment session for an Approved OT, and up to a maximum of 60 minutes total per treatment session for Rehabilitation Assistants.

Example: Twelve minutes of travel time is $12/60 = .20$

Enter .20 into HCPIR or HCPP

When travel time is being invoiced, Health Care Practitioners must maintain a legible log for each journey which contains the following information:

- the date of the session;
- the ICBC Customer's name;
- the ICBC Claim number;
- the starting address (including postal code);
- the ending address (including postal code); and
- the distance travelled, in kilometers.

Failure to produce such logs upon request by ICBC may result in denial or recovery of payment. Format of the logs is at the discretion of the Firm.

Travel time must be invoiced through the HCPIR or HCPP.

Whenever possible, travel must be allocated so that travel time to a location where multiple customers, ICBC or otherwise, are treated, the cost is shared across those clients/claims in an equal manner.

Note: Travel and mileage cannot be billed for Functional Job Match Assessments or Functional Capacity Evaluations.

Section 4.10 Rehabilitation Assistants

ICBC may fund Occupational Therapy Assistants/Aides (“Rehabilitation Assistants”). Rehabilitation Assistant services, including applicable travel and mileage, **require Pre-approval** from the ICBC Claims Contact. Approval for these services can be requested via an OT Initial Report (CL489L) or an OT Progress Report (CL489M), but must not be included in the Approved OT treatment plan.

Rehabilitation Assistant services must be invoiced via HCPIR or HCPP by the overseeing Approved OT.

Non-clinical administrative tasks including, but not limited to, scheduling appointments or appointment reminders are not billable.

ICBC funds only one-on-one Direct Care provided by a Rehabilitation Assistant that is under the direction of an Approved OT. Group therapy delivered by a Rehabilitation Assistant is not eligible for funding.

Section 6.1.2 Invoice Submission

[...] All invoices submitted to ICBC must adhere to the instructions published on the Partners Page and in the Program Guide, and must be billed under the name of the Approved OT that provided the treatment.

All time spent must be billed rounded to the minute. The limits outlined below apply to all invoicing unless expressly authorized by ICBC.

The Approved OT or Firm is only eligible for direct billing privileges on or after the date on which they are accepted into the Recovery Network. Invoices for services rendered prior to that date are not eligible for direct billing. **In any circumstances where a Claim-related service is not eligible for direct billing, the Approved OT or Firm must collect payment directly from the ICBC Customer when the service is provided. Direct payment will not be made or backdated for services that are ineligible for direct billing on the date that they are provided.**

When submitting an invoice through HCPIR, Firms must enter the name and job title of the person submitting the invoice along with the appointment date and time, where applicable. [...]

Section 6.2.5 Rehabilitation Assistant

Service Type	Maximum Limit	HCPIR Drop-down Selection	Details
Rehabilitation Assistant	<p>\$66.50/hour</p> <p>Limited to fees the time authorized by the ICBC Claims Contact for the ICBC Customer</p>	Rehab Assistant 1:1 Direct Care	<ul style="list-style-type: none"> • Invoiced in 15-minute increments, rounded up, at \$66.50 per hour. • Non-clinical administrative tasks including, but not limited to, scheduling appointments or appointment reminders are not billable. • Rehabilitation Assistant services must be invoiced by the overseeing regulated health care practitioner.
Rehabilitation Assistant Travel Time	<p>\$0.38/min</p> <p>Limited to the time authorized by the ICBC Claims Contact for the ICBC Customer.</p>	Rehabilitation Assistant Travel Time	<p>• Travel time is billable at \$0.38 per minute.</p> <p>• Mileage is billable at \$0.66 per kilometer.</p> <p>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.</p>
Rehabilitation Assistant Mileage	<p>\$0.66/km</p> <p>Limited to fees authorized by the ICBC Claims Contact for the ICBC Customer.</p>	Rehab Assistant Mileage	<p>See Section 4.8 for an example of how to bill travel time.</p>
Rehabilitation Assistant Hydrotherapy Fee	<p>Limited to fees authorized by the ICBC Claims Contact for the ICBC Customer.</p>	Rehab Assistant Hydrotherapy Fee	<p>This cost will only be approved on an exception basis based on the requirements outlined in Section 4.9.2 of this Guide.</p> <p>A dated, claim-specific, detailed receipt with itemized service charges, facility used, cost and form of payment must be uploaded with the invoice via HCPP or HCPIR. Failure to upload this required supporting documentation may result in denial or recovery of payment.</p>

Section 6.2.6 Other Billable Items

Service Type	Maximum Limit	HCPIR Drop-down Selection	Details
Functional Capacity Evaluation (FCE)	Up to a maximum of 20 hours for an FCE. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Functional Capacity Evaluation	<p>The 20 hours is inclusive of all aspects of the assessment process including, but not limited to, preparation, assessment, and report writing time. FCE's must</p> <p>be completed at a facility that has standardized functional assessment equipment and therefore no additional costs such as travel, mileage, or gym fees are funded for the provider.</p> <p>In order to conduct an FCE for ICBC the Approved OT must have 5 years experience conducting FCEs or hold a Certified Work Capacity Evaluator designation, and You must also use a standardized testing protocol (i.e. Matheson).</p>
Class 5, 7 Functional Driver Evaluation (FDE) Initial File Setup	Up to a maximum of 1.5 hours for an FDE initial file set up. Time should reflect the complexity and circumstances of the ICBC Customer, where less complex reports are billed at shorter durations.	Functional Driver Eval — File Set Up	Up to a maximum of 1.5 hours for initial file review and setup.

Section 6.3 Prohibited Disbursements

[...] **Prohibited expenses/disbursements may not be charged to ICBC Customers for ICBC Claims.**

In addition, Firms may not bill ICBC for:

- a) claim-related treatment or services provided after a Claim is closed; or
- b) claim-related treatment or services provided without or prior to ICBC's funding authorization.

If ICBC has rejected a funding request, the item or treatment must not be requested again unless there has been a material change in circumstances or the reason for the rejection has been addressed. [...]

Section 7 Recovery Network Logo

Firms wanting to use the digital ICBC Recovery Network logos or to otherwise promote the Recovery Network are required to contact ICBC's Supplier Programs & Administration department at biproviderapp@icbc.com for copies of the digital files. Digital ICBC Recovery Network logos are available for use by Firms and Approved Practitioners who are active members of ICBC's Recovery Network in accordance with the Agreement.

Use of the ICBC Recovery Network logo must comply with the Logo Usage Standards for the ICBC Recovery Network, ~~published on the Partners Page~~. Firms and Approved Practitioners must not use any ICBC logos or refer to the ICBC Recovery Network in advertisements that promote value-added services or products.

Important: Approved Firms and Practitioners must only use logos provided directly by ICBC's Supplier Programs & Administration department (biproviderapp@icbc.com). Logos must not be copied from any other sources.

For more information, Approved Firms and Practitioners may refer to the Agreement, or talk to a Supplier Programs Coordinator (biproviderapp@icbc.com).

Section 8.1.3 Audit Consequences

If audit or performance review results indicate that the Approved [Health Care Practitioners] or Firm is not meeting the service expectations **or requirements** outlined in the Agreement, they may be subject to the corrective actions outlined in the Agreement.

Updates to Personal Care Assistance Services Program Guide

Section 5.1 Invoice Submission

Invoices must not be submitted until after services have been provided. Pre-billing is not permitted. Where an ICBC Customer has multiple Claims, services can only be billed on one Claim and cannot be billed multiple times. The Approved PCA Service Provider must submit invoices to ICBC within forty-five (45) calendar days from the date the service was provided. At ICBC's sole discretion, invoices submitted outside of the 45-day timeframe may not be paid.

All invoices submitted to ICBC must adhere to the instructions published on the [Partners Page](#) and in this Program Guide, and must be billed under the name of the Approved PCA Service Provider.

The Approved PCA Service Provider is only eligible for direct billing privileges on or after the date on which they are accepted into the Recovery Network. Invoices for services rendered prior to that date are not eligible for direct billing.

In any circumstances where a Claim-related service is not eligible for direct billing, the Approved PCA Service Provider must collect payment directly from the ICBC Customer when the service is provided. Direct payment will not be made or backdated for services that are ineligible for direct billing on the date that they are provided.

When submitting an invoice through HCPIR, Approved PCA Service Providers must enter the name and job title of the person submitting the invoice along with the appointment date and time, where applicable.

~~ICBC pays for service time spent completing the HM or AC. Invoices are billed in increments of 15 minutes.~~ Subject to the minimum billable hours below, ICBC pays only for actual time spent delivering HM or AC services.

Section 5.2 Billing Procedure

The following limits apply to all invoicing unless expressly authorized by ICBC.

5.2.1 Homemaking and Attendant Care Services

Service Type	Fee	HCPIR Drop-down Selection	Minimum Billable Hours Details
Homemaking	\$39.00 per hour	Homemaking	See section 5.2.2 Billed in increments of fifteen (15) minutes. Approved PCA Service Providers may charge a minimum one (1) hour per visit for HM services.
Attendant Care	\$43.00 per hour	Attendant Care	See section 5.2.2 Billed in increments of fifteen (15) minutes. Approved PCA Service Providers may charge a minimum two (2) hours per visit for AC services.

Note: If HM and AC services are provided during a single customer visit, the minimum billable hours is a cumulative total of two (2) hours.

5.2.2 Minimum Billable Hours

~~**HM services:** Billed in increments of fifteen (15) minutes. When an ICBC Customer is not being provided with any other services, such as AC, Approved PCA Service Providers may charge a minimum one (1) hours per visit for HM services.~~

~~**AC services:** Billed in increments of fifteen (15) minutes. When an ICBC Customer is not being provided with any other services, such as HM, Approved PCA Service Providers may charge a minimum two (2) hours per visit for AC services.~~

~~**Combined HM and AC services:** Billed in increments of fifteen (15) minutes. Approved PCA Service Providers may charge a minimum two (2) hours per visit for a combination of AC and HM services provided during a single customer visit~~

Section 7 Recovery Network Logo

PCA Service Providers wanting to use the digital ICBC Recovery Network logos or to otherwise promote the Recovery Network are required to contact ICBC's Supplier Programs & Administration department at biproviderapp@icbc.com for copies of the digital files. Digital ICBC Recovery Network logos are available for use by Approved PCA Service Providers who are active members of the Recovery Network in accordance with the Agreement.

Use of the ICBC Recovery Network logo must comply with the Logo Usage Standards for the ICBC Recovery Network, ~~published on the Partners Page~~. Approved PCA Service Providers must not use any ICBC logos or refer to the ICBC Recovery Network in advertisements that promote value-added services or products. Important: Approved PCA Service Providers must only use logos provided directly by ICBC's Supplier Programs & Administration department (biproviderapp@icbc.com). Logos must not be copied from any other sources.

For more information, Approved PCA Service Providers may refer to the Agreement, or talk to a Supplier Programs Coordinator (biproviderapp@icbc.com).

Section 8.1.3 Audit Consequences

If audit or performance review results indicate that the Approved PCA Service Provider is not meeting the service expectations **or requirements** outlined in the Agreement, they may be subject to the corrective actions outlined in the Agreement.