



# BILLING OVERVIEW

**The report itself serves as the invoice and includes the visit fee.**

Because the visit fee is included in the payment for the report, do not bill a separate visit to ICBC either through MSP via Teleplan or directly to ICBC. The invoice/reference number on the report is for your clinic filing information only.

Item	Billing Code	Amount
GP Assessment and Standard Report (CL489)	<b>A94564</b>	\$123
GP Assessment and Extended Report (CL489A)	<b>A94565</b>	\$333
GP Reassessment, Registered Care Advisor (RCA) Referral and Reassessment Report (CL489B)	<b>A94566</b>	\$215
Regular Follow-Up Appointment (i.e. without Reassessment Report)	<b>Usual MSP code and EMR designation to indicate ICBC as third party insurer</b>	various
If consent not given, initial appointment charged as regular appointment	<b>Usual MSP code and EMR designation to indicate ICBC as third party insurer</b>	various
If consent not given, extra time to complete and send report after ICBC request for report	<b>Standard or Extended Report as needed</b>	various
If Standard Report sent but Extended Report needed, time for conversation with ICBC to obtain extra details	<b>A94569 for physician conference fee</b>	\$60
If Walk-In Clinic, initial appointment for care given after crash, but no report filled out	<b>Usual MSP code and EMR designation to indicate ICBC as third party insurer</b>	various
If Walk-In Clinic needs second appointment to complete initial Report if no family physician	<b>Standard or Extended Report as needed</b>	various
Physician Conference Fee (for calls between MRP, RCA, ICBC and others on care team – per 15 minutes or portion thereof up to a maximum of 45 minutes per day)	<b>A94569</b>	\$60
Physician Telephone Management Fee (for calls between physician and patient)	<b>A94571</b>	\$25

*Once ICBC claim closed all appointments billed as usual to MSP.  
See Doctors of BC or Society of General Practitioners for more fee guide information.*