

ICBC and the BCMA—Working together

In 2005, 78 000 British Columbians reported injuries from motor vehicle collisions to ICBC. Most people look to their family physician to assess their injury and guide their recovery. Because of this, ICBC would like to positively influence its relationships with physicians who treat ICBC customers. Recently I agreed to work for ICBC as a medical community liaison. In this capacity, I will act as an information resource to physicians and ICBC staff and be an ICBC representative on the BCMA/ICBC Liaison Committee.

This is the first in a series of articles to promote an improved understanding of injury care through increased communication between ICBC and BC's medical community. The articles will focus on specific treatment issues, barriers to recovery, and strategies for successful injury management and recovery. I will be available to medical practitioners throughout BC facing specific problems with injury management and will make every effort to resolve issues at the appropriate levels within ICBC.

Through my 20 years' experience as a primary care physician and as a

sports medicine consultant who treats injured ICBC patients, I strongly believe that recovery outcomes are more successful when the physician takes an active role in directing the care of the patient using evidence-based medicine and guidelines for best practices. Through early diagnosis, carefully planned rehabilitation, and return-to-work strategies, all parties will benefit—physicians will have success in directing the patient's recovery, patients will be healthy, and employers will be more efficient with fully functioning staff. When patients get better faster, costs related to wage loss, lost productivity, therapy, and litigation are significantly reduced.

Fees for services

Appropriate remuneration for physicians involved with ICBC patients is critical to enhancing communication between all parties. Recently I spoke with ICBC's Injury Services and BCMA staff about the common questions physicians have when treating ICBC patients.

An ICBC adjuster wants to talk to me by phone. Will I be paid for my



Dr Martin Ray is ICBC's new medical community liaison. He is a primary care physician in Delta, a diplomate of the Canadian Academy of Sports Medicine, and the chairman of the BCMA's WorkSafe Liaison Committee.

time? Should we meet in person?

Physicians are paid \$47.92 for 15 minutes, based on the BCMA fee code A00098. Create a plan with your MOA to handle ICBC calls. Try scheduling your call with the adjuster using e-mail (usual address is: first-name.lastname@icbc.com) or fax to ensure efficient use of your time. Face-to-face communication is encouraged. Consider having the adjuster come to your office at an arranged time.

Will I be paid the consult fee if I call the adjuster?

Adjusters welcome contact from physicians and will pay the consult fee for patient information.

A CL 19 Medical Report includes a bonus if completed within 15 days. What if the patient is away?

If for whatever reason you have a problem completing the form, e-mail, fax, or call the adjuster to discuss the best approach for the request. The adjuster may wait until the patient returns or may ask for a preliminary report based on the clinical records currently available.

ICBC fee codes

A00095	Clinical Records Request—\$77.90 (per 15 minutes or portion thereof)
A00096	Photocopying records—\$1.15 for first 10 pages, \$0.30 per additional page
A00098	ICBC Consult (meeting or telephone call)—\$47.92 (per 15 minutes or portion thereof)
A00278	CL19 Medical Report & Physical Exam—\$134.55 + \$30 bonus (if received within 15 days of request)

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How much does ICBC pay for the patient's clinical records?

Assuming you have a signed patient consent form, you may bill \$77.90 to compile and review the records. Check with the adjuster if the volume of paperwork requested will require more than 15 minutes of your time. Photocopying records may also be charged according to BCMA code A00096.

If you have further questions related to fees or other concerns specific to ICBC cases, please contact me at martin.ray@icbc.com, by fax at 604 943-8344, or by phone at 604 943-6999. Let me know what areas you would like to see covered in upcoming articles so that I may report back on these topics. I look forward to hearing your feedback as I work with ICBC in the coming months.

—Martin Ray, MD

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Continued from page 437

cursor to change in physician behavior and to more appropriate evidence-based management of injured workers. Participants had varied attitudes about the learning method they preferred, which suggests that education providers should continue to pursue multiple methods of delivery.

For more detailed results of this study, see the original article in the *Journal of Occupational Rehabilitation*¹ (this abridged article is reproduced courtesy of Springer).

—Don Graham, MD, CCFP
WorkSafeBC Chief Medical Officer

Reference

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Continued from page 436

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