Health Claims for Auto Insurance

OCF-21B*:

CREATE INVOICE FROM PREVIOUSLY SUBMITTED OCF-18 PLAN

MANUAL FOR WEB USERS

**Comparable to OCF-21A*

June 2011

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When Do I Use an OCF 21B

An OCF 21B is used when invoicing for goods and services delivered to claimants with the exception of services delivered in the Minor Injury Guideline (MIG) for accidents on or after Sept 1, 2010 or the Pre-Approved Framework (PAF) for accidents PRIOR to Sept 1, 2010. For MIG or PAF invoicing, use the OCF 21 C. For all other invoicing, use the OCF 21 B.

What Is Included in This Manual?

This manual provides detailed instructions for the completion of an OCF-21B using the HCAI Web application. To view codes that may be used on the forms, please refer to the HCAI information website at http://www.hcaiinfo.ca/Health_Care_Facility_Provider/Coding.asp.

Where can I get more information?

This manual will be updated from time to time. The latest updates to the manual can be downloaded from the website www.hcaiinfo.ca.

Contact your professional association for any questions relating to coding of injuries, interventions, health care services and guidelines as they relate to your specific practice.

Examples of completed sections of the forms

The examples and fees used throughout this manual are entirely fictitious. They are designed to assist you in understanding how to use and complete the forms.

OCF-21B: CREATE INVOICE FROM PREVIOUSLY SUBMITTED PLAN (OCF-18) - Replaces OCF 21A

Introduction

In HCAI, the health care facility (HCF) has two options for OCF-21B creation. This manual covers the first scenario, where an invoice is generated from a plan that has previously been submitted to an insurer via HCAI:

1. Create an invoice from a plan.

- This option can be used only once an OCF-18 has been submitted via HCAI. It cannot be used in cases where the plan for which the invoice is created was submitted by fax/mail prior to the HCF starting to use HCAI.
  - *Example:* The OCF-18 is submitted via HCAI to the insurer and the plan is approved. The user can open the submitted OCF-18 (located in the PLANS global tab and ADJUSTER RESPONSE sub-tab) and click CREATE INVOICE.
  - An OCF-21B will be generated.
  - The OCF-21B will be pre-populated with:
    - applicant demographic and insurer information;
    - injury codes (for OCF-18);
    - goods and services can be populated automatically, requiring only the dates of treatment to be entered.

2. Create an invoice from scratch (see OCF User Manual for “OCF-21B: Create Invoice from Scratch”). This option is used:

- When an OCF-18 has not been submitted by your facility to the insurer via HCAI; or
- If the plan was submitted before your practice started to use HCAI.
  - *Example:* The assessment is conducted by a different HCF than the one that submitted the OCF-18.
  - *Example:* The HCF is initially activated for HCAI, and all prior forms have been submitted on paper. Even though the paper form was approved, the first invoice created in HCAI will have to be created from scratch (see OCF User Manual for “OCF-21B: Create Invoice from Scratch”).

Who completes this form to prepare it for submission to the insurer?

- OCF-21s that are being prepared on the HCAI Web application must be completed by the health care facility (HCF) that is seeking payment by the insurer.
- The applicant signature is not required.

What is the insurer's role?

- After the HCF completes and submits the OCF-21, it will appear in the INVOICES global tab and the WORK IN PROGRESS sub-tab. It will appear in the INVOICES > WORK IN PROGRESS worklist in the "Submitted" state, until an insurer user views the form.
  - If the facility has submitted a form in error, the form can be withdrawn up until an insurer user views the form.
- After the adjuster matches the form to their claimant, the form can be adjudicated. At that point, the form will continue to appear in the INVOICES > WORK IN PROGRESS worklist; however, it will appear in the "In Review" state.
- After the form is adjudicated, the adjudicated form will move from the INVOICES > WORK IN PROGRESS tab to the ADJUSTER RESPONSE tab, where it can be viewed online or printed.

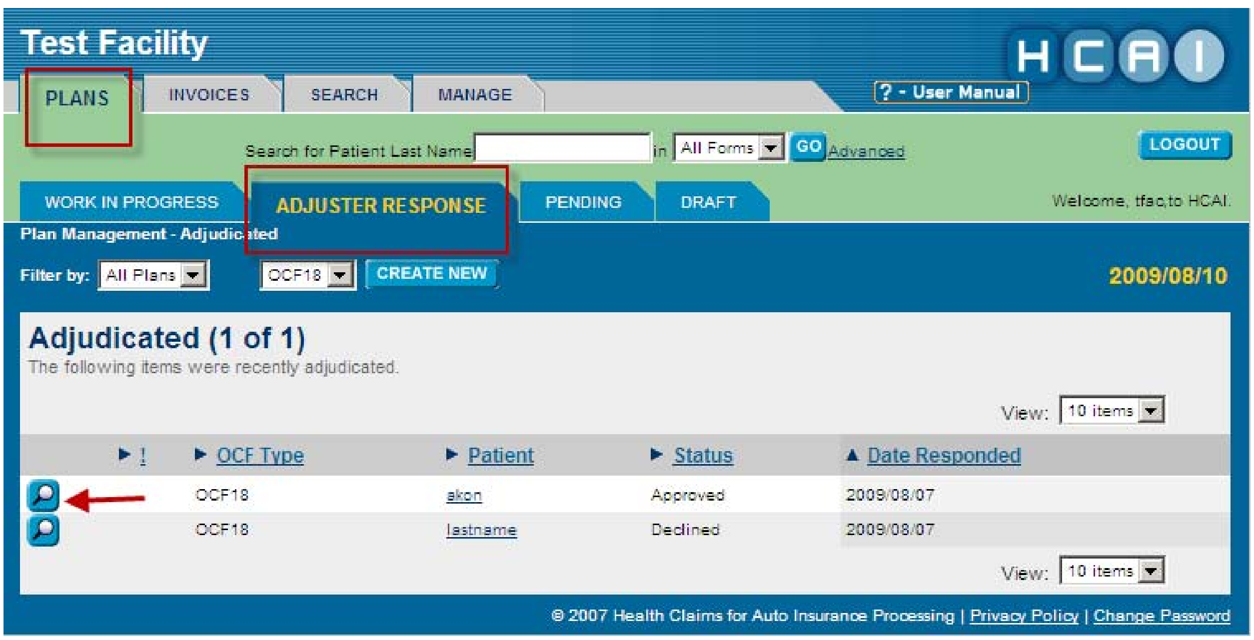
Fee

There is no fee payable for completion of the standard invoice for goods and services.

Create Invoice from Plan Submitted via HCAI

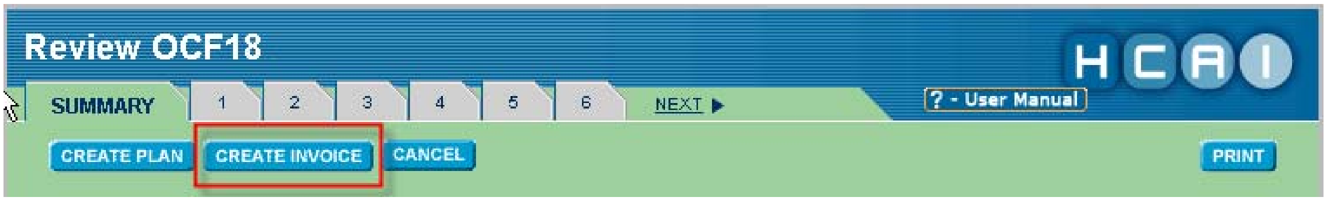
To create an OCF-21 from an OCF-18 that has been submitted and/or approved, do the following:

Figure 1: PLANS global tab and ADJUSTER RESPONSE sub-tab



- Go to the PLANS > ADJUSTER RESPONSE sub-tab (see Figure1).
- Locate the adjudicated plan and click on the blue icon to the left of the plan that has been approved (see Figure 1).
- The adjudicated plan will open. Click "CREATE INVOICE" (see Figure 2) and the plan will be converted into an OCF-21B (in HCAI, the OCF-21A does not exist).
- Many of the fields will be populated from the OCF-18 that was approved.

Figure 2: Create invoice from plan



OCF-21B TABS

The OCF-21B in HCAI appears organized under five tabs as seen in figure 2.

Tab 1

- Claim Identifier
- Invoice Identifier
- Part 1 – Applicant (Patient) Information (pre-populated)
- Part 2 – Auto Insurer Information (pre-populated)

Tab 2

- Part 3 – Invoice Details
- Part 4 – Payee Information (pre-populated)

Tab 3

- Injury and Sequelae Codes
- Reimbursable Goods and Services
- Totalling

Tab 4

- Other Insurer Information
- Totalling

Tab 5

- Additional Comments and/or Attachments

TAB 1

Claim Identifier

No edits are possible. This data will be populated from the data entered on the OCF-18.

Invoice Identifier

This is blank. The invoice number is populated in Tab 2.

Part 1 – Applicant Information

No edits are possible. This data will be populated from the data entered on the OCF-18.

Part 2 – Auto Insurer Information

No edits are possible. This data will be populated from the data entered on the OCF-18.

Documenting Errors or Changes to information in Tab 1

If there are changes or corrections required to the information in Tab 1, notify the insurer. The insurer can change the data in the HCAI system.

TAB 2

Part 3 – Invoice Details

Figure 3: Invoice Details

Part 3: Invoice Details

Please provide information on known previous plans related to this claimant to aid in the decision making process. Use the drop-down support tools where provided.

Provider Invoice Number:

* First Invoice: No Yes

* Last Invoice: No Yes

Previously Approved Goods and Services

For previously approved goods and services, please complete the following:

Type of Plan, PAF or MIG	Plan Number	Plan Date	Approved Amount	Previously Billed
Treatment and Assessment Plan		2010/06/09	545.66	

- Enter the **"**Provider Invoice Number." This is where you may record your internal invoice number.
  - This number will appear in the HCAI worklist and can assist you in locating an invoice after you have submitted it.
  - It is not a mandatory field and may be left blank.
- Check "Yes" for "First Invoice" if you are beginning to treat this applicant for injuries sustained in a new motor vehicle accident or in relation to a new treatment plan.
- Check "Yes" for "Last Invoice" if the applicant has been discharged.

Part 4 – Payee Information

- When the HCF is registered, the clinic will have chosen "Yes" or "No" to the question **"**Lock Payables?".
  - If the HCF selected "Yes," the field next to "Make Cheque Payable to" will be pre-populated.
  - If the HCF selected "No," the field next to "Make Cheque Payable to" must be completed

Figure 4: Payee Information

Part 4: Payee Information

Facility Name:	Sara_Code2
AISI Facility Number:	45444
Make Cheque Payable To:	Payment: 34 toronto street toronto ontario
Payee First Name:	Sara
Payee Last Name:	Miller
Payee Number:	
Address 1:	33 Toronto st. west
Address 2:	update facility
City:	Toronto
Province:	Ontario
Postal Code:	u7i3e4
Phone:	(416) 999-6666
Fax:	
E-mail:	smiller@ibc.ca

The authorized submitter certifies that the information provided is true and correct. He/she understand that it is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance. He/she further understand that it is an offence under the federal Criminal Code for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. This information will be used for processing payments of claims; identifying and analysing the nature, effects and costs of goods and services that are provided to automobile accident victims, by healthcare providers; and detecting and preventing fraud. Note: Authorized signatures obtained during registration.

TAB 3

Injury and Sequelae Information

Invoicing for goods and services proposed on an OCF-18

- The injuries identified in the OCF-18 will populate this field.
- If the injury or problem has changed since the plan was approved, it is possible to edit the codes or add additional codes.

Invoicing for assessment services

- If invoicing for assessment services, enter the injury/problem code(s) most appropriate for the claimant based on the assessment findings.
- If invoicing prior to the assessment having been completed and no impairment has yet been identified, code the problem that instigated the assessment.
  - *Example:* An OCF-18 assessment proposal was generated because there was a question about the degree of care provider dependency. The ICD-10-CA code would be Z74 (problems related to care provider dependency).
  - *Example:* An OCF-18 assessment proposal was generated due to an ongoing pain in the absence of abnormal physical findings. The ICD-10-CA code might be R52.9 (pain unspecified).

To learn how to search for injury codes, refer to the HCAI Web User Manual, which can be accessed on any HCAI web page by clicking the 

icon.

Questions about coding

Refer any questions regarding injury coding to your provider association or access the HCAI Information website at www.hcaiinfo.ca.

- ICD-10-CA codes may reflect a diagnosis, condition, problem or circumstance that is responsible for the services being proposed.
  - ICD-10-CA codes are not profession-specific.
  - The use of ICD-10-CA codes is intended to convey problems and is not necessarily the equivalent of communicating a diagnosis.
- List the injuries and sequelae that resulted from the automobile accident. The ICD-10-CA description of the injury will be inserted when you select the alphanumeric injury code (ICD-10-CA).
- Each injury (problem) code should be listed only once, regardless of how many health professionals will be engaged in the treatment.
- The first line item should reflect the problem that is most responsible for the services on the plan. In other words, it should reflect the primary reason you are proposing services, with the most significant injury first (i.e., the patient's most significant condition that is directly related to the automobile accident and that requires health care services).
  - *Example*
    - If psychological services are required after a brain injury, the first code listed should reflect the reason that psychological services are being proposed.
      1. F07.2 – Postconcussional syndrome.
      2. S06 – Concussion.
- In a case where multiple injuries may be classified as the most significant, list the injury requiring the most services first.

- If an injury has resolved (e.g., a healed fracture) or is no longer the condition most responsible for the services in the plan, list that problem/injury last. Alternatively, that problem can be relegated to Part 8 “Prior and Concurrent Conditions” (i.e., a resolved problem can be considered a prior problem).
    - *Example*
        - Original injury is S73 – Fractured femur. Surgeon reports that the fracture is healed.
        - The femoral fracture is resolved, but ongoing treatment is required to manage pain and gait re-education. In this case, the problems listed could be:
            - M79.6 – Pain in limb; and
            - R26 – Abnormalities of gait.

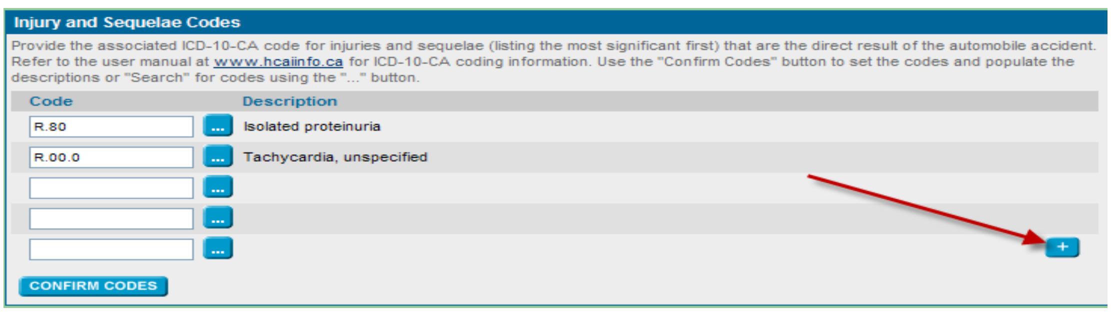
Common codes

- Single physical injury – refer to S codes.
- Multiple injuries and bilateral injuries – refer to T codes (do not list duplicate codes for bilateral injuries).
- Mental and behavioural disorders – refer to F codes.
- Symptoms, signs and abnormal clinical and lab findings, not elsewhere classified – refer to R codes.

Adding additional lines for injury/sequelae codes

To add lines for additional injuries, simply click on the  button near the bottom of the Part 7 box.

Figure 5: Add additional injury/problem code line



Refer to Appendix A, which is the partial pick list of injury/problem codes available at www.hcaiinfo.ca or contact your health professional / provider association.

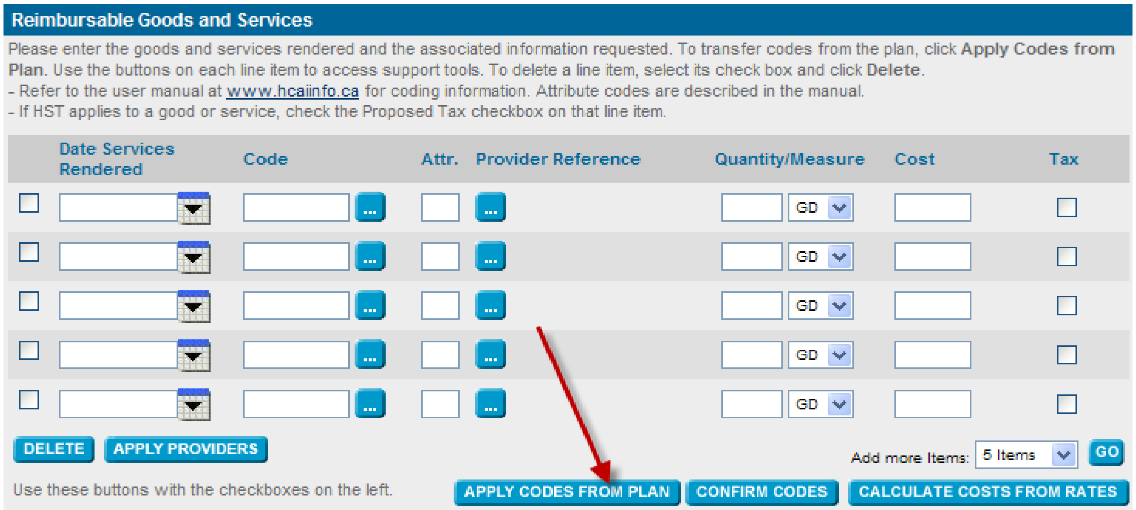
Reimbursable goods and services

When an invoice has been created from a plan, it is possible to populate this section with the goods and services listed on the plan that was used to create the invoice. To do this, follow these instructions:

1. Click the 

button.

Figure 6: Apply codes from plan



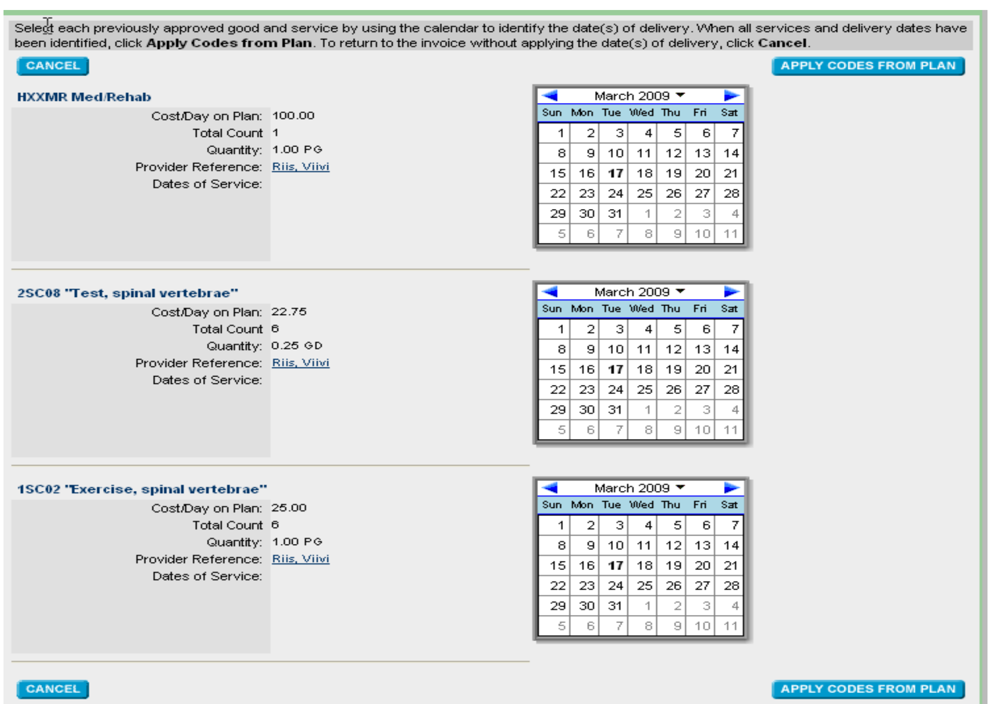
2. A screen will open that has a calendar to the right of each line of goods and services that were listed on the plan.

- Use the calendar function to select each date on which the specified service was delivered to the patient.

3. When all lines have been completed, click 

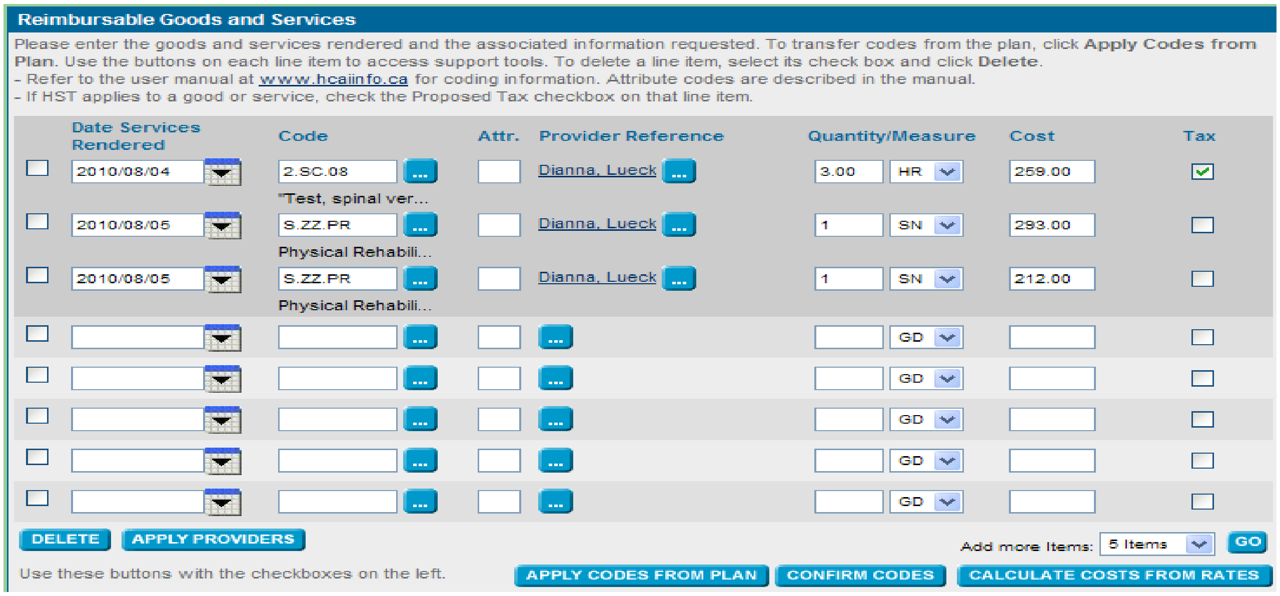
again.

Figure 7: Select dates on which service was delivered



4. All of the goods and services along with the provider reference, quantity, measure, and cost will populate the invoice (Figure 8).
   - Note: It is possible to edit the lines of goods and services, in case the treatment delivered or the provider changed during the course of the treatment plan. It is also possible to add goods or services that did not appear on the plan.

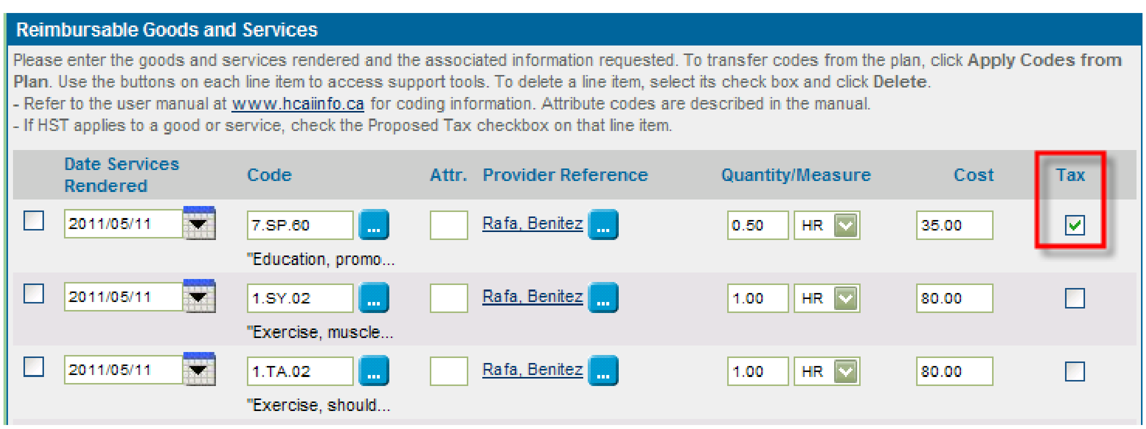
Figure 8: Invoice will populate itself with services proposed in plan



5. **Calculate Costs From Rates** is explained in Chapter 5 of the HCAI Web User Manual.
6. Once you are satisfied that the invoice represents the goods and services you wish to invoice for, click CALCULATE.
   - HCAI will complete the math for you.

Tax

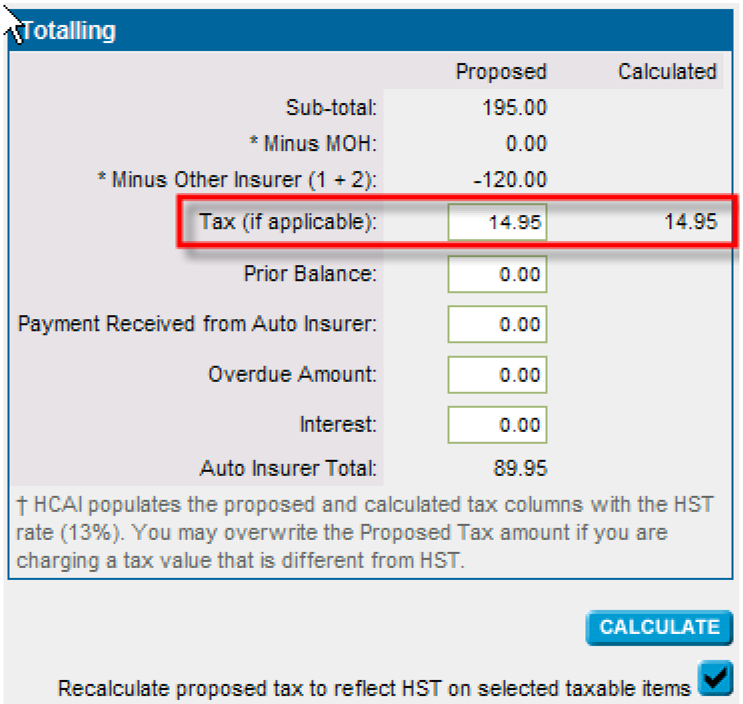
- Tick the box to the right of any line item to which you want to add tax.



- HCAI will automatically calculate the tax at the HST rate of 13%.

- It is possible to adjust the rate of taxation. Refer to the training tutorial on Applying Tax to Goods and Services available at www.hcaiinfo.ca

Figure 11: Totalling and Tax Amounts



Prior Balance, Overdue Amounts and Interest Charges

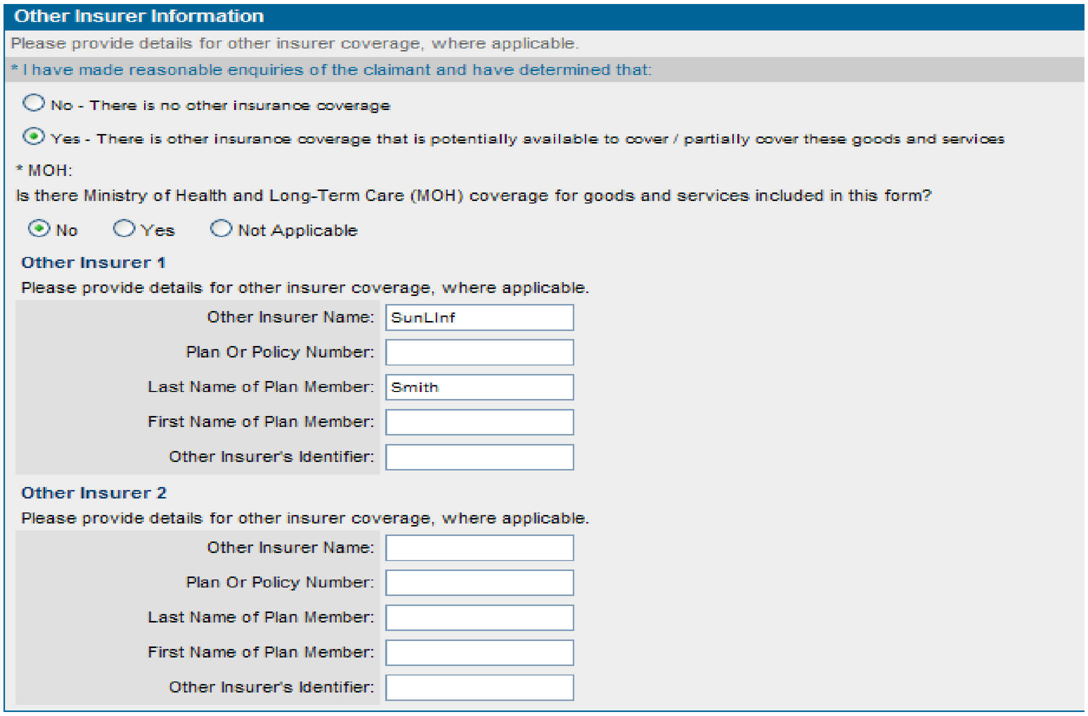
- If the facility has submitted an invoice prior to the current invoice, but it has not been fully paid, you may document the outstanding amount and associated interest on this invoice
- Insert the Prior Balance – which is the amount of the previous invoice
- Insert the amount of payment already received on the previous invoice
- Insert the overdue amount from the previous invoice
- Insert the tax as calculated on the overdue amount

IMPORTANT: The overdue amount will NOT be added to the Auto Insurer Total on this new invoice. Only the interest amount will be added to this invoice. The previous invoice is still effective and amounts from prior invoices should not be added to new invoices.

TAB 4

Other Insurer Information

Figure 10: Other Insurer Information



Other Insurer Information

Please provide details for other insurer coverage, where applicable.

* I have made reasonable enquiries of the claimant and have determined that:

◯ No - There is no other insurance coverage

◉ Yes - There is other insurance coverage that is potentially available to cover / partially cover these goods and services

* MOH:

Is there Ministry of Health and Long-Term Care (MOH) coverage for goods and services included in this form?

◉ No ◯ Yes ◯ Not Applicable

Other Insurer 1

Please provide details for other insurer coverage, where applicable.

Other Insurer Name: SunLInf

Plan Or Policy Number:

Last Name of Plan Member: Smith

First Name of Plan Member:

Other Insurer's Identifier:

Other Insurer 2

Please provide details for other insurer coverage, where applicable.

Other Insurer Name:

Plan Or Policy Number:

Last Name of Plan Member:

First Name of Plan Member:

Other Insurer's Identifier:

- Select "Yes" or "No" to establish whether there is other insurance coverage.
- If yes:
  - Enter the information underneath Other Insurer 1 and, if applicable, Other Insurer 2
  - These fields are NOT mandatory if you do not have the information.

Charged services (services charged to other sources)

Note: Amounts for services that have been paid or are estimated to be payable by other insurance sources must be entered with a **negative sign.**

1. Categorize amounts by chiropractic, physiotherapy, massage therapy and other. When the category "Other" is used, specify the type of services covered (e.g., dental, psychological, optometric).
2. Amounts may be signed (+/-) or unsigned.
   a. If amounts are payable by another insurer, collateral source or the applicant, use a negative (-) sign. These amounts will be deducted from the amount owed by the auto insurer.
   b. For amounts previously identified for payment by another insurer but subsequently ruled ineligible, use a plus (+) sign or leave unsigned. These amounts will be added to the sub-total automatically.

Totalling

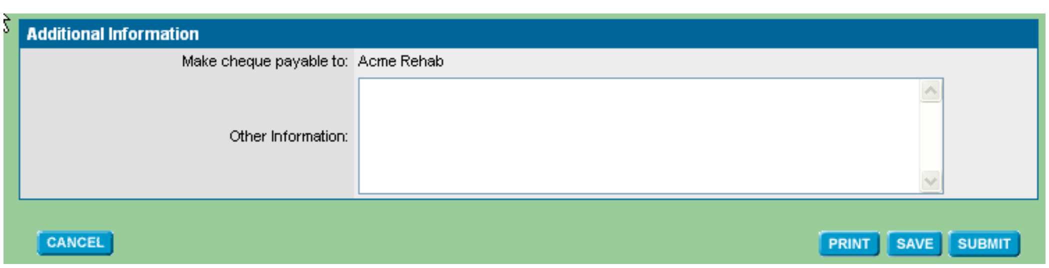
There are 9 lines in this section:

- Lines 1, 2 and 3 are populated by HCAI using the information entered.
  - Sub-total – sum of the cost of all goods and services included on all pages of this invoice.
  - Minus MOH – sum of all Ministry of Health and Long-Term Care amounts. This amount is taken from the "Charged Services" MOH line.
    - Amounts paid to you or expected to be paid to you are subtracted from the amount billed to the auto insurer. Amounts that you previously stated were available for you to receive but that you were unable to collect are added to the auto insurer's invoice.
  - Minus Other Insurer (1 + 2) – sum of all amounts received or payable to you from other insurers. This amount is taken from the "Charged Services" lines 2 and 3.
    - Amounts paid to you or expected to be paid to you are subtracted from the amount billed to the auto insurer. Amounts that you previously stated were available for you to receive but that you were unable to collect are added to the auto insurer's invoice.
- Line 4 represents Tax.
  - If you wish to charge Tax, you must copy the amount calculated and shown in the right-hand column and enter it into this field under the "Proposed" column.
- Lines 5, 6, 7 and 8 are used as the basis for interest charges that have accumulated. This amount is **not** calculated into the "Auto Insurer Total" amount.
  - While the interest amount is added to the total, the amount owing from prior invoices is not added to the total.
    - Enter Prior Balance (the "Auto Insurer Total" from your last invoice).
    - Subtract Payments Received since your last invoice to calculate Overdue Amount.
    - Enter the interest owing as a result of the Overdue Amount. The interest amount will be added to the "Auto Insurer Total".
- Line 9 is the "Auto Insurer Total" – the sum of all amounts in this section.

Additional information

- In Tab 4 near the bottom of the HCAI page, there is space that permits comments if there is a need to provide the insurer additional explanations/clarifications.
- Only 500 characters are allowed here. If more space is needed, use Tab 5.

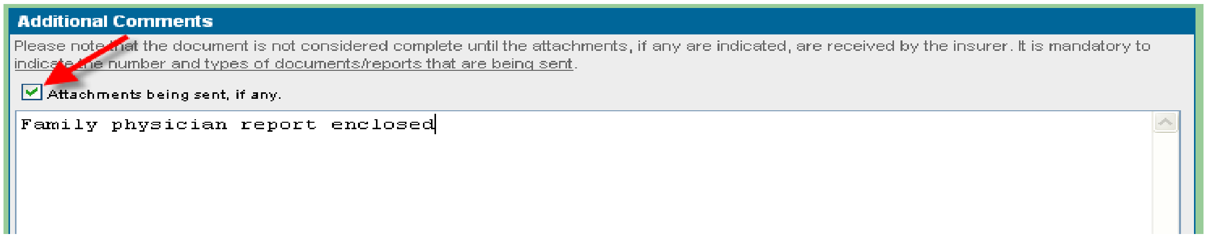
Figure 11: Additional Information



TAB 5

Additional Comments (& Attachments)

Figure 12: Additional Comments and attachments



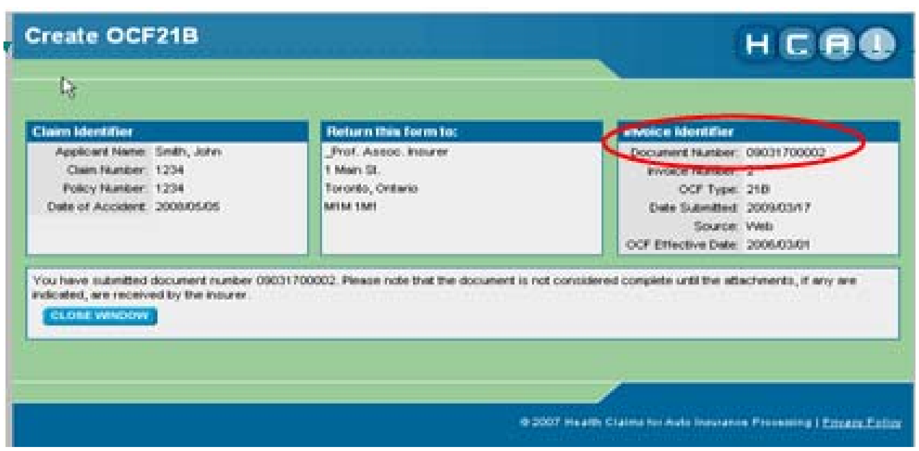
- HCAI enables HCFs to:
  - Offer more information to adjusters by using the space provided in Tab 5.
  - Advise adjusters that additional documentation (attachments) is being sent which the insurer requires to adjudicate the form.
    - Attachments cannot be sent electronically via HCAI.
    - Attachments must be faxed/mailed to the adjuster
    - To indicate that an attachment is being sent to the adjuster, tick the box beside "Attachments being sent, if any." If this box is ticked, the HCF *must* use the space below to describe the attachment being sent.

How do I know if my form has been submitted?

When your form is complete, you may save it and a version will remain in the DRAFT tab for future use for this or another patient.

When you are ready to submit the form, click the SUBMIT button at the top or bottom of Tabs 4 or 5.

Figure 13: Successful form submission notice

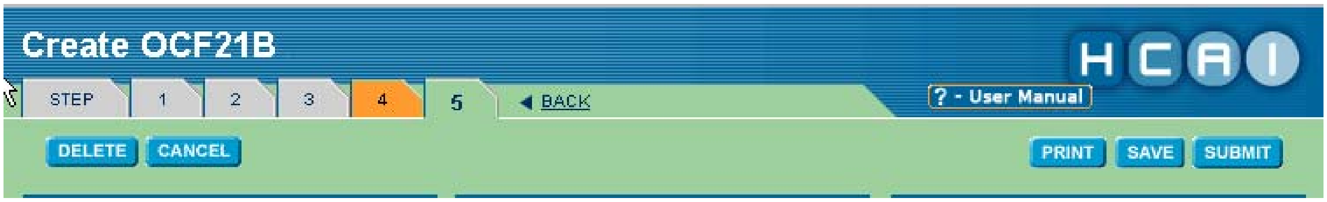


- Figure 13 (above) is an example of what you will see if your form has been successfully submitted to the insurer.
- Each form is assigned a unique document number by HCAI that can be used to track the form and distinguish it from others submitted for the same patient.

What if HCAI won't submit the form?

- Look for the error message in orange
  - HCAI validates data entered in the application as you move through the first four tabs.
  - Errors will be flagged by an orange tab (see Figure 14) or through error messages in yellow (see Figure 15).

Figure 14: Error notice [orange tab]



When you select a tab with an error, an exclamation mark will appear next to the field with the error and a description of the error at the top of the section (see Figure 15 below).

Figure 15: Error explanation