



Health Claims for Auto Insurance

# **OCF-21C:**

**CREATE A MIG INVOICE FROM A  
SUBMITTED OCF 23**

**MANUAL FOR WEB USERS**

June 2011

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## **When Do I Use an OCF 21C**

An OCF 21C is used when invoicing for goods and services delivered in the Minor Injury Guideline (for accidents on or after Sept 1, 2010) or the Pre-Approved Framework (for accidents PRIOR to Sept 1, 2010). 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-21C using the HCAI Web application. To view the codes that may be used on the forms, please refer to HCAI information website (HCAIinfo) [http://www.hcaiinfo.ca/Health\\_Care\\_Facility\\_Provider/Coding.asp](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 HCAIinfo at [www.hcaiinfo.ca](http://www.hcaiinfo.ca).

Contact your health 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-21C: CREATE INVOICE FROM PREVIOUSLY SUBMITTED OCF-23

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## ***Introduction***

In HCAI, the health care facility (HCF) has two options for OCF-21C creation:

1. Create an OCF-21C from scratch (see OCF User Manual for “OCF-21C: Create an Invoice from Scratch”).
  - When an OCF-23 has *not* been submitted by your facility to the insurer through HCAI; or
  - If the OCF-23 was submitted before your practice started to use HCAI.
    - *Example:* The HCF is initially activated for HCAI, and all prior forms have been submitted by fax/mail. 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-21C: Create Invoice from Scratch”).
2. Create an OCF-21C from a plan that has previously been submitted and adjudicated via HCAI.
  - This option can be used once an OCF-23 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-23 is submitted via HCAI to the insurer and the plan is approved. The user can open the submitted OCF-23 and click .
    - An OCF-21C will be generated.
    - The OCF-21C will be pre-populated with the following data from the OCF-23:
      - applicant demographic and insurer information,
      - injury codes,
      - goods and services can be populated automatically, requiring only the dates of treatment to be entered.

This manual covers the **second** scenario, where an invoice is generated from an OCF-23 that has previously been submitted to an insurer via HCAI. (Note: This procedure will *not* work for OCF-23s that were submitted by fax or mail.)

## ***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 HCF that is seeking payment by the insurer.

## ***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 worklist in the “Submitted” state, until an insurer user views the form. If the facility has submitted the 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, they will be able to adjudicate the form. At that point, the form will continue to appear in the INVOICES 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.

## COMPLETION OF OCF-21C FOR GOODS AND SERVICES THAT HAVE BEEN APPROVED BY THE INSURER

To create an OCF-21C from an OCF-23 that has been submitted and/or approved, do the following:

- Go to the PLANS tab and the ADJUSTER RESPONSE sub-tab (see Figure 1).
- 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 create an OCF-21C.
- Many of the fields will be populated from the OCF-23 that was submitted.

Figure 1: Open plan for which invoice is being created

The screenshot shows the AVFacility web application interface. The top navigation bar includes tabs for PLANS, INVOICES, SEARCH, and MANAGE. The current view is 'ADJUSTER RESPONSE' under the 'WORK IN PROGRESS' section. A search bar is visible with filters for 'All Forms' and 'Exact Match'. The main content area displays 'Plan Management - Adjudicated' with a filter set to 'OCF23' and 'Last 30 Days'. A table titled 'Adjudicated (1 of 2)' lists the following items:

| OCF Type | Patient | Status    | Date Responded |
|----------|---------|-----------|----------------|
| OCF23    | ahmed   | Declined  | 2011/05/25     |
| OCF23    | 33      | Responded | 2011/05/25     |
| OCF23    | ahmed   | Responded | 2011/05/25     |
| OCF23    | sung    | Declined  | 2011/05/26     |
| OCF23    | sung    | Responded | 2011/05/26     |

A red arrow points to the blue icon next to the 'Declined' row for patient 'sung'.

Figure 2: Click on “Create Invoice”

**Review OCF23** HCAI

SUMMARY 1 2 3 4 NEXT ▶ ? - User Manual

CREATE PLAN **CREATE INVOICE** CANCEL PRINT

| Claim Identifier  | Return this form to:                        | Plan Identifier   |
|---|---|---|
| Applicant Name: Jones, Jason<br>Claim Number: 1234<br>Policy Number: 1234<br>Date of Accident: 2009/04/01 | ins_test<br>dfsdf<br>sdf, Ontario<br>m3m3m3 | Document Number: 09051100009<br>Plan Number: N/A<br>OCF Type: 23<br>Date Submitted: 2009/05/11<br>Source: Web<br>OCF Effective Date: 2006/03/01 |

**Plan Details**

Document Number: 09051100009  
Owner: ins\_user, ins\_user  
Status: Responded

**Message Log**

Here is a list of messaging associated with this document.  
There are no messages.

CREATE PLAN CREATE INVOICE CANCEL PRINT

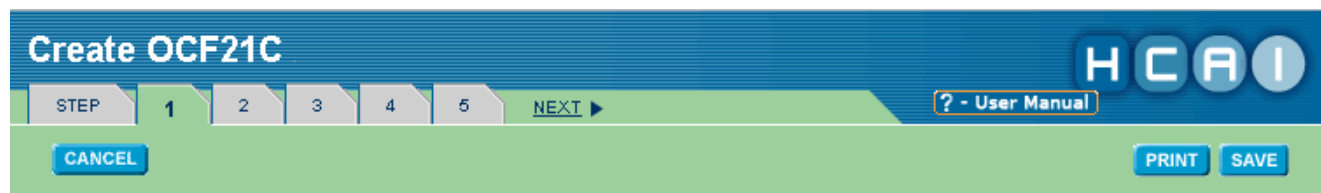
SUMMARY 1 2 3 4 NEXT ▶

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## OCF-21C Tabs

The OCF-21C in HCAI appears organized under five tabs.

Figure 3: OCF 21C tabs



### **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**

Part 5 – Injury and Sequelae Codes (pre-populated)

Part 6 – Goods and Services Rendered

### **Tab 4**

Part 7 – Reimbursable Fees within the PAF Guideline

Part 8 – Other Reimbursable Services Requiring Insurer Approval

Part 9 – Other Insurance Goods and Services (Services Charged to Other Sources)

Totalling

Additional Information

### **Tab 5**

Additional Comments (and/or Attachments)

## TAB 1

---

### ***Claim Identifier***

This data will be populated from the data entered on the OCF-23.

### ***Invoice Identifier***

Not editable

### ***Part 1 – Applicant Information***

No edits are possible. This data will be populated from the data entered on the OCF-23.

### ***Part 2 – Auto Insurer Information***

No edits are possible. This data will be populated from the data entered on the OCF-23.

### **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 4: 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 or PAF | Plan Date  | Approved Amount | Previously Invoiced |
|---------------------|------------|-----------------|---------------------|
| OCF23               | 2009/05/11 | 1892.36         |                     |

- 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.
- Indicate that this is a “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.
- Indicate “Yes” for “Last Invoice” if the applicant has been discharged.
- The plan date and approved amount will be populated and are not editable.

---

### Part 4 – Payee Information

- When the HCF is registered, the facility will have chosen “Yes” or “No” to the question “Lock Payables?”
  - If the HCF selected “Yes,” these fields will not be editable and the facility’s name and mailing address will be pre-populated.
  - If the HCF selected “No,” the field next to “Make Cheque Payable to” must be completed.

Figure 5: Payee Information

**Part 4: Payee Information**

Facility Name: Lee Facility

AISI Facility Number: 123

\* Make Cheque Payable To:

## TAB 3

### Part 5 – Injury and Sequelae Information

- When you create an OCF-21C from a previously submitted plan, the injuries on the plan will be carried over to the invoice.
- It is possible for you to change the injury codes used.
- Claimants treated in the Minor Injury Guideline (MIG) or in the Pre-approved Framework (PAF) generally have an injury or injuries consistent with the MIG or PAF Guideline.

To learn how to search for injury codes, refer to the HCAI Web User Manual that can be opened in any tab of the HCAI application (see figure 6)

Figure 6 – User Manual

The screenshot shows the 'Create OCF21C' interface. At the top, there's a blue header with the HCAI logo and a red arrow pointing to a '? - User Manual' link. Below the header is a progress bar with steps 1 through 5, and 'BACK' and 'NEXT' buttons. The main content area has three columns: 'Claim Identifier' with fields for Applicant Name, Claim Number, Policy Number, and Date of Accident; 'Return this form to:' with fields for name, address, and phone; and 'Invoice Identifier' with fields for Document Number, Invoice Number, OCF Type, Date, Source, and OCF Effective Date. There are 'CANCEL', 'PRINT', and 'SAVE' buttons.

### Questions about coding

Refer any questions regarding injury coding to your provider association or access the [HCAIinfo](http://www.hcaiinfo.ca) at [www.hcaiinfo.ca](http://www.hcaiinfo.ca).

### Adding Additional Lines for Injury/Sequelae Codes


To add lines for additional injuries, simply click the  sign near the bottom of the Part 5 box.

Figure 7: Injury and Sequelae codes

The screenshot shows the 'Part 5: Injury and Sequelae' section. It contains instructions to provide the associated ICD-10-CA code for injuries and sequelae. Below the instructions is a table with columns 'Code' and 'Description'. The table lists three codes: S.43.7 (Sprain and strain of other and unspecified parts of shoulder girdle), S.13.41 (Whiplash associated disorder [WAD2] with complaint of neck pain with musculoskeletal signs), and S.46.8 (Injury of other muscles and tendons at shoulder and upper arm level). There are empty rows for adding more codes, and a 'CONFIRM CODES' button at the bottom.

Refer to [Appendix A](#) for a partial pick list of injury and sequelae codes available at [www.hcaiinfo.ca](http://www.hcaiinfo.ca)

## Part 6 – Goods and Services Rendered

- This section should list all dates and details of the specific treatment interventions rendered during the course of treatment for which the HCF is seeking payment.
- **At this stage, payment information is NOT required.** Do NOT use the MIG (or PAF) block billing codes in this section.
- Provide details of specific interventions that were delivered; e.g., exercise, education, stimulation (TENS, laser, US, etc.).
- **Important:** MIG/PAF block billing codes and fees will be entered in Part 7 – do NOT enter them here.
- **Important:** PAF - Other Reimbursable Goods and Services (e.g. Home/Work/School Onsite Intervention) that required insurer approval, should be entered in Part 8.

Figure 8: Goods and services lines

**Part 6: Goods and Services Rendered**

Providers are required to declare the information requested below on every treatment, service and good delivered. Failure to provide this information may delay payment.

| Date Services Rendered              | Code                            | Attr                     | Provider Ref. | Quantity/Measure |
|-------------------------------------|---------------------------------|--------------------------|---------------|------------------|
| <input type="checkbox"/> 2009/04/29 | H.XX.MR<br>Med/Rehab            | <input type="checkbox"/> | Riis, Viivi   | 1.00 PR          |
| <input type="checkbox"/> 2009/04/29 | 1.SC.02<br>"Exercise, spinal... | <input type="checkbox"/> | Riis, Viivi   | 1.00 PR          |
| <input type="checkbox"/> 2009/05/29 | 7.SP.60<br>"Education, promp... | <input type="checkbox"/> | Riis, Viivi   | 1.00 PR          |

To enter treatment information, do the following:

### Date Services Rendered

- All dates on which the claimant attended for treatment should be listed.
- Dates should be formatted yyyy/mm/dd.
- The calendar utility may also be used or you may enter “T” and the field will be populated with today’s date.

### Code

- Enter the intervention by typing it directly into the field under “Code.” Or use the code search utility by clicking the blue ellipsis button (...) next to the “Code” field (see Figure 8).
- If using the search utility, select either “CCI” (Canadian Classification of Interventions) or “GAP”
  - CCI are international standard codes for health interventions. However, some services were not well represented in the CCI; therefore, GAP codes were developed specifically for the auto insurance sector in Ontario.

### Quantity / Measure

- Enter the quantity and unit measure of service that will be provided during a single treatment visit/session.
  - *Example*
    - 15 minutes = 0.25 HR
    - 1 procedure = 1 PR
    - 1 good (like a back support) = 1 GD
    - 10 km = 10 KM

- 1 session = 1 SN
- o It is important to use the correct unit measure that corresponds to the service described.
  - Most treatment interventions should use the PR (procedure) or HR (hour) measure.
  - All “goods” must use the GD (goods) measure.
  - Disbursements, such as parking, may be conveyed using “Other” (AXXOT) goods and the GD measure must be used.
  - Mileage expense must be conveyed using the KM (kilometre) measure.
  - Do not use GD for documentation review or preparation.

**Attribute**

In addition to the CCI code, healthcare services can be further specified with Attribute Codes. These codes are used to indicate how the service was delivered or, for example, the number of views in an X-ray study.

The absence of attribute codes means that a service was rendered directly (“in person”) to one individual by an individual provider, and required continuous attendance. Refer to [Appendix B](#) for more information about how attributes apply to specific interventions.

**Provider Reference**

- Use the dropdown list to select the health care provider who delivered care on the date entered on the invoice.

**Provider reference**

- Use the dropdown list to select the health care provider who delivered care on a given date.

**Insert One Provider for Multiple Line Items**

There is a shortcut to inserting one provider name in multiple line items:

1. Complete all fields *except* the “Provider Ref” fields.
2. Tick the box to the left of each completed line item.(see Figure 9).
3. Click **APPLY PROVIDERS**. Select the name of the provider from the dropdown list and that name will populate all lines under “Provider Ref” (see Figure 9).

Figure 9: Assign several line items to one provider



## Quantity / Measure

- Enter the quantity and unit measure of service that will be provided during a single treatment visit/session.
  - *Example*
    - 15 minutes = 0.25 HR
    - 1 procedure = 1 PR
    - 1 good (like a back support) = 1 GD
    - 10 km = 10 KM
    - 1 session = 1 SN
  - It is important to use the correct unit measure that corresponds to the service described.
    - Most treatment interventions should use the PR (procedure) or HR (hour) measure.
    - All “goods” must use the GD (goods) measure.
    - Disbursements, such as parking, may be conveyed using “Other” (AXXOT) goods and the GD measure must be used.
    - Mileage expense must be conveyed using the KM (kilometre) measure.
    - Do not use GD for documentation review or preparation.

## Attribute

In addition to the CCI code, healthcare services can be further specified with Attribute Codes. These codes are used to indicate how the service was delivered or, for example, the number of views in an X-ray study.

The absence of attribute codes means that a service was rendered directly (“in person”) to one individual by an individual provider, and required continuous attendance. Refer to [Appendix B](#) for more information about how attributes apply to specific interventions.

## TAB 4

### **Part 7 – Reimbursable Block Fees within the MIG Guideline (PAF only apply if date of accident was PRIOR to Sept 1, 2010)**

Figure 10 – Search for MIG Codes

**Search Goods and Services Codes**

The *Canadian Classification of Health Interventions*, referred to as CCI, are developed by the *Canadian Institute for Health Information* (CIHI). It is a comprehensive list of codes for diagnostic, therapeutic, and support interventions. For the purposes of the *Automobile Insurance Industry*, a number of non-CCI codes were developed in consultation with CIHI to complement the existing set of CCI codes. These codes are noted with an asterisk (\*) and are not part of CCI.

GAP codes are developed by Insurance Bureau of Canada in conjunction with automobile insurers and health care providers to cover those items billed to automobile insurers by providers that are not covered by CCI. Items that fall outside of the realm of a medical procedure, intervention, or service, are coded by using GAP codes. These include goods, supplies, assistive devices, mileage, travel time, and independent medical examinations.

Click either “CCI” or “GAP” codes. To begin the search select the “Section” that is appropriate for your clinical situation. To narrow down the search results, select an “Intervention” and a “Group” prior to clicking the “Search” button.

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**Code Domain**

CCI  GAP (including PAF Codes)

**Section**

.....

**Intervention**

.....

**Group**

.....

**CANCEL**

- If you search for codes for Part 7, make sure you select “GAP” (see Figure 10).
- Include only MIG codes and fees here.
- **Note:** if date of accident was PRIOR to Sept 1, 2010 and claimant treated in PAF- Do NOT include Home/worksite/school visit and intervention here.

- Pre-approved MIG Blocks are listed in Appendix B of the [Minor Injury Guideline](#).
- Pre-approved PAF Blocks are listed in Appendix B of the [PAF Guideline](#).
- The codes for pre-approved services are all GAP codes.
- The maximum fees payable by insurers for pre-approved services are listed in the [MIG Guideline](#).
- To learn which services are pre-approved, read the MIG Guideline published by the Financial Services Commission of Ontario and available on the FSCO website ([www.fSCO.gov.on.ca](http://www.fSCO.gov.on.ca)).

Figure 11: Minor Injury Guideline block billing

**Part 7: Reimbursable Fees within the Minor Injury Guideline or Pre-approved Framework**

Guideline to which this invoice applies: Minor Injury

|                          | Code    | Description                      | Attr.                    | Cost   |
|--------------------------|---------|----------------------------------|--------------------------|--------|
| <input type="checkbox"/> | M.IG.00 | Initial visit (1 Session)        | <input type="checkbox"/> | 215.00 |
| <input type="checkbox"/> | M.IG.01 | Block 1 (weeks 1 to 4)           | <input type="checkbox"/> | 775.00 |
| <input type="checkbox"/> | M.IG.02 | Block 2 (weeks 5 to 8)           | <input type="checkbox"/> | 500.00 |
| <input type="checkbox"/> | M.IG.SG | Supplementary goods and services | <input type="checkbox"/> | 120.00 |
| <input type="checkbox"/> |         |                                  | <input type="checkbox"/> |        |

**DELETE**

Use this button with the checkboxes on the left.

Add more Items: 5 Items **GO**

**CONFIRM CODES**

Estimated MIG or PAF Sub-total: 1,610.00

**CALCULATE**

- When you are satisfied that you have included the minor injury blocks and fees, click **CALCULATE**. The system will complete the math for you.

**Part 8 – Other Reimbursable Services Requiring Insurer Approval (only for dates of loss PRIOR to Sept 1, 2010)**

**Part 8 should ONLY be completed if the client’s date of accident was PRIOR to Sept 1, 2010.**

- This section should be completed only if the insurer approved services in Part 11 of the OCF-23.
- The services that may be billed in this section are limited to those specified in the [PAF Guideline](#) (see Table 1 below) in Appendix B “Additional PAF Interventions.”
- The codes for these are all GAP codes.
- The maximum fees payable by insurers for pre-approved services are listed in the [PAF Guideline](#).
- Refer to the [PAF Guideline](#) that is published by the Financial Services Commission of Ontario and available on the FSCO website ([www.fSCO.gov.on.ca](http://www.fSCO.gov.on.ca)).

**Table 1: Other PAF Services Requiring Insurer Approval**

| Service   | Code    | Unit Measure                    | Maximum Fee Payable by Insurer                 |
|---|---------|---------------------------------|--|
| Onsite work/home/school review and intervention | P.WW.OR | HR (hour); or<br>PR (procedure) | See PAF Guideline                              |
| Travel time                                     | A.XX.TT | HR                              | Negotiated between health facility and insurer |
| Mileage   | A.XX.KM | KM                              | Negotiated between health facility and insurer |
| Post-PAF phase extension                        | P.WW.EV | HR; or<br>PR                    | See PAF Guideline                              |
| Transfer  | P.WW.TR | PR                              | See PAF Guideline                              |

There are two ways to populate this section:

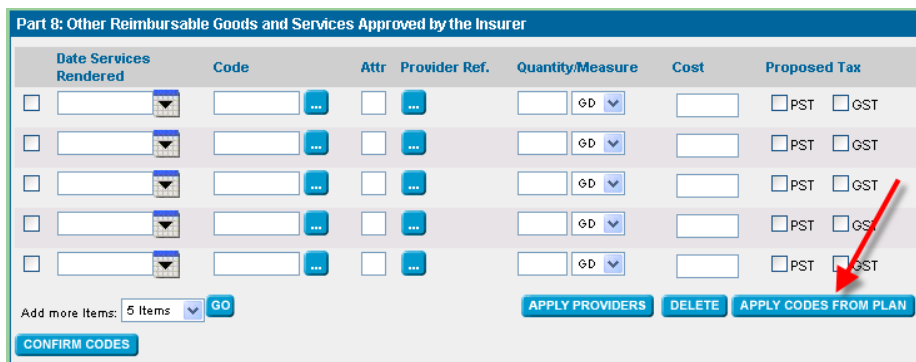
1. Complete each line of goods and services manually (similar to Part 6).
2. Apply the codes from the OCF-23 that was originally submitted.

**Apply Codes From the Adjudicated OCF-23**

NB: This feature is only available IF accident date is PRIOR to Sept 1, 2010 and if insurer-approved services in Part 11 of OCF 23:

Click .

Figure 12: Apply codes from submitted plan




1. 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 (see Figure 12) to select each date on which the specified service was delivered to the patient.
  - When all lines have been completed, click  again.

Figure 13: Select dates on which service was delivered

**Create OCF21C** H C A I

Select each previously approved good and service by using the calendar to identify the date(s) of delivery. When all services and delivery dates have been identified, click **Apply Codes from Plan**. To return to the invoice without applying the date(s) of delivery, click **Cancel**.

**CANCEL** **APPLY CODES FROM PLAN**

**PWWOR Onsite work/home/school based review and intervention**  
 Cost/Day on Plan: 416.98  
 Total Count  
 Provider Reference: [Davis, Wendy](#)  
 Dates of Service:

March 2009  
 Sun Mon Tue Wed Thu Fri Sat  
 1 2 3 4 5 6 7  
 8 9 10 11 12 13 14  
 15 16 17 18 19 20 21  
 22 23 24 25 26 27 28  
 29 30 31 1 2 3 4  
 5 6 7 8 9 10 11

**AXXKM Mileage (Provider)**  
 Cost/Day on Plan: 26.00  
 Total Count  
 Provider Reference: [Davis, Wendy](#)  
 Dates of Service:

March 2009  
 Sun Mon Tue Wed Thu Fri Sat  
 1 2 3 4 5 6 7  
 8 9 10 11 12 13 14  
 15 16 17 18 19 20 21  
 22 23 24 25 26 27 28  
 29 30 31 1 2 3 4  
 5 6 7 8 9 10 11

**CANCEL** **APPLY CODES FROM PLAN**

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2. All of the goods and services along with the provider reference, quantity, measure and cost will populate the invoice.
  - 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 additional lines of goods/services.
3. Once you are satisfied that the invoice represents the goods and services you wish to invoice for, click **CALCULATE**. The system will complete the math for you.

Figure 14: Part 8 Other Reimbursable Goods and Services Approved by the Insurer (only for PAF claimants)

| Part 8: Other Reimbursable Goods and Services Approved by the Insurer |                                 |                          |                              |                  |        |                              |                              |
|---|---------------------------------|--------------------------|------------------------------|------------------|--------|------------------------------|------------------------------|
| Date Services Rendered  | Code                            | Attr                     | Provider Ref.                | Quantity/Measure | Cost   | Proposed Tax                 |                              |
| <input type="checkbox"/> 2009/03/17                                   | A.XX.KM<br>Mileage (Provider)   | <input type="checkbox"/> | <a href="#">Davis, Wendy</a> | 65.00 KM         | 26.00  | <input type="checkbox"/> PST | <input type="checkbox"/> GST |
| <input type="checkbox"/> 2009/03/17                                   | P.WW.OR<br>Onsite work/home/... | <input type="checkbox"/> | <a href="#">Davis, Wendy</a> | 1.00 PR          | 416.98 | <input type="checkbox"/> PST | <input type="checkbox"/> GST |
| <input type="checkbox"/>  |                                 | <input type="checkbox"/> |                              | GD               |        | <input type="checkbox"/> PST | <input type="checkbox"/> GST |
| <input type="checkbox"/>  |                                 | <input type="checkbox"/> |                              | GD               |        | <input type="checkbox"/> PST | <input type="checkbox"/> GST |
| <input type="checkbox"/>  |                                 | <input type="checkbox"/> |                              | GD               |        | <input type="checkbox"/> PST | <input type="checkbox"/> GST |

Add more Items: 5 Items **GO**

**CONFIRM CODES** **APPLY PROVIDERS** **DELETE** **APPLY CODES FROM PLAN**

## Part 9 – Other Insurance Goods and Services (Services Charged to Other Sources)

Figure 15: Other insurance

**Part 9: Other Insurance Goods and Services**

Enter the total amounts received or estimated to be payable to you on this invoice for goods and services from other insurance sources (e.g., Ministry of Health and Long-Term Care and Extended Health Care plans to which the applicant is eligible). 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). Amounts may be signed (+/-) or unsigned. When you are indicating the amount payable or not payable from an Other Insurer: Use a negative sign (-) to indicate the amount you have received or will receive directly from the collateral source or applicant. This will allow collateral insurance payments to be subtracted from the sub-total to determine the amount owed by the automobile insurer.

|           | Chiropractic                         | Physiotherapy        | Massage Therapy      | **Other Services                    | Total    |
|-----------|--------------------------------------|----------------------|----------------------|-------------------------------------|----------|
| MOH       | <input type="text"/>                 | <input type="text"/> | <input type="text"/> | <input type="text"/>                | 0.00     |
| Insurer 1 | <input type="text" value="-250.00"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="-50.00"/> | (300.00) |
| Insurer 2 | <input type="text"/>                 | <input type="text"/> | <input type="text"/> | <input type="text"/>                | 0.00     |

\*\*Other Service Type Specified:

**CALCULATE**

**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.
3. Click **CALCULATE**.

### Totalling

There are 11 lines in this section. Note that the field also compares the amount proposed on the treatment plan to the actual amount being invoiced. It is possible to invoice for amounts greater than or less than those proposed on a plan, but the insurer may request an explanation.

**Totalling**

|                                     | Proposed                          | Calculated |
|-------------------------------------|-----------------------------------|------------|
| Pre-approved Sub-total:             | 0.00                              |            |
| Other Goods and Services:           | 30.00                             |            |
| * Minus MOH:                        | 0.00                              |            |
| * Minus Other Insurer (1 + 2):      | 0.00                              |            |
| Tax (if applicable):                | <input type="text" value="0.00"/> | 0.00       |
| Prior Balance:                      | <input type="text" value="0.00"/> |            |
| Payment Received from Auto Insurer: | <input type="text" value="0.00"/> |            |
| Overdue Amount:                     | <input type="text" value="0.00"/> |            |
| Interest:                           | <input type="text" value="0.00"/> |            |
| Auto Insurer Total:                 | 30.00                             |            |

† HCAI populates the proposed and calculated tax columns with the HST rate (13%). You may overwrite the Proposed Tax amount if you are charging a tax value that is different from HST.

**CALCULATE**

Recalculate proposed tax to reflect HST on selected taxable items

- Lines 1, 2, 3 and 4 are populated by HCAI using the information entered.
    - *Pre-approved Sub-total* – sum of the cost of all pre-approved services documented in Part 7.
    - *Other Goods and Services* – sum of the cost of other goods and services as described in Part 8.
    - *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 5 represents Tax.
  - Lines 6, 7, 8 and 9 are used as the basis for interest charges that have accumulated and will be calculated into the total for this invoice.
    - NB: Only the interest charges will be calculated into the total payable by the auto insurer.
    - 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*.
- Line 10 is the *Auto Insurer Total* – the sum of all amounts in this section.

## **Tax**

Taxes are included in the MIG block billing fees.

The OCF 21C only permits taxes to be selected for line items in Part 8. NOTE: Part 8 should NOT be used for MIG patients. It only applies to PAF patients whose accident date is PRIOR to Sept 1, 2010.

## **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.

### **Additional Information**

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

Figure 16: Additional information

The screenshot shows a web form titled "Additional Information". At the top, it says "Make cheque payable to: Acme Rehab". Below this is a large, empty text input field with a vertical scrollbar on the right side, labeled "Other Information:". At the bottom of the form, there are four buttons: "CANCEL", "PRINT", "SAVE", and "SUBMIT".

## TAB 5

---

### **Additional Comments & Attachments**

Figure 17: Additional comments and attachments

**Additional Comments**

Please note that the document is not considered complete until the attachments, if any are indicated, are received by the insurer. It is mandatory to indicate the number and types of documents/reports that are being sent.

Attachments being sent, if any.

Family physician report enclosed

HCAI enables HCFs to:

- offer more information to adjusters by using the space provided in Tab 5, and
- advise adjusters that additional documentation (attachments) is being sent which the insurer requires to adjudicate the form.

#### **Where Should Attachments Be Sent?**

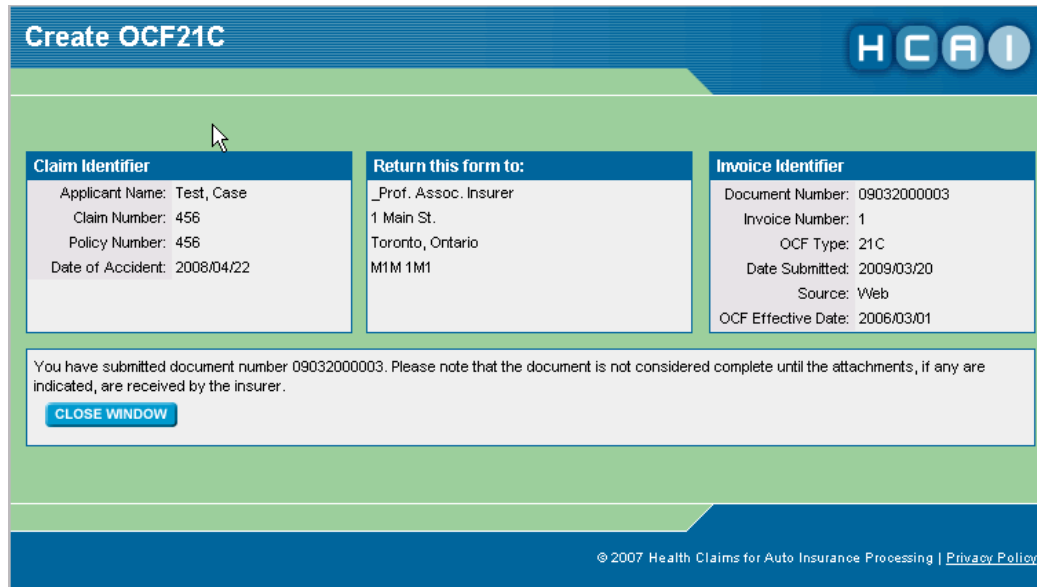
- Attachments must be faxed/mailed directly to the insurance adjuster
- Attachments cannot be sent electronically via HCAI and should not be sent to HCAI
- To indicate that an attachment is being sent to the adjuster, tick the box beside “Attachments being sent, if any.” If this box is ticked, the health facility *must* use the space below to describe the attachment being sent.

## HOW DO I KNOW MY FORM HAS BEEN SUBMITTED?

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

When you are ready to submit the form, click on the  button at the top or bottom of tabs 4 and 5.

Figure 18: Successful submission notice



| Claim Identifier  | Return this form to:   | Invoice Identifier  |
|---|--|---|
| Applicant Name: Test, Case<br>Claim Number: 456<br>Policy Number: 456<br>Date of Accident: 2008/04/22 | _Prof. Assoc. Insurer<br>1 Main St.<br>Toronto, Ontario<br>M1M 1M1 | Document Number: 09032000003<br>Invoice Number: 1<br>OCF Type: 21C<br>Date Submitted: 2009/03/20<br>Source: Web<br>OCF Effective Date: 2006/03/01 |

You have submitted document number 09032000003. Please note that the document is not considered complete until the attachments, if any are indicated, are received by the insurer.

[CLOSE WINDOW](#)

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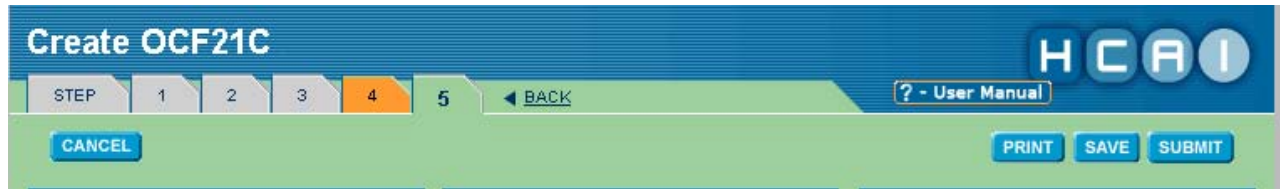
Figure 18 is an example of what you will see if your form has been successfully submitted to the insurer.

- 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 19) or through error messages in orange (see Figure 20)

Figure 19: Error notice [orange tab]



When you select a tab with an error, a description will appear next to the field with the error (see Figure 20).

Figure 20: Error explanation

