



OCF-21B

Manual for Web Users

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# Chapter 1:


## Create an OCF-21B & Tab 1

The OCF-21 is used to invoice automobile Insurers for the medical and rehabilitation goods and services, assessments and examinations submitted under the OCF-18.

### To Create an OCF-21B:

- Login to HCAI at [www.hcai.ca](http://www.hcai.ca)
- In HCAI, there are two options for OCF-21B creation:
- Create an Invoice from a Plan.
  - This option can be used once your Facility submits the associated OCF-18 via HCAI.
- Create an Invoice from scratch.
  - This option is used when your Facility has not previously submitted an OCF-18 via HCAI.

### Create an OCF-21B from a Plan:

- Login to HCAI
- Locate the submitted Plan on the applicable Plans Tab and click on the magnifying glass to the left of the Plan.
- The Plan will open.
- Click  and you will be brought directly into an Invoice.
- Many of the fields on the Invoice will be populated from the submitted OCF-18; however you will still have the option to edit many of these fields.

Click on the "Create Invoice" button. A new screen opens to create the invoice.

The screenshot shows the 'Review OCF18' interface with a blue header and a green navigation bar. The 'CREATE INVOICE' button is highlighted with a green circle and a green arrow points to it from the left. The interface includes sections for Claim Identifier, Return this form to, Plan Identifier, Plan Details, and Message Log. The 'CREATE INVOICE' button is located at the bottom of the main content area.

Please note: According to FSRA's [HCAI Guideline](#), you may submit one invoice per plan in a calendar month. If you have already submitted an invoice for this plan in the same calendar month, clicking "Create Invoice" will generate a message asking if you wish to proceed.

- Click "Ok" to create a new invoice.
- Click "Cancel" to return to the OCF-18.
- You may still submit the invoice after receiving this message. The Insurer will see the same message upon receiving the invoice.
- Refer to the Billing Procedures section of FSRA's [HCAI Guideline](#) for more information.

The screenshot shows the 'Review OCF18' interface with a confirmation dialog box open. The dialog box has a blue header with a question mark icon and the text: "Are you sure you want to create a new invoice? There has already been an invoice submission for this plan within this calendar month. Please refer to the Billing Procedures section of the FSCO's HCAI Guideline." The dialog box has 'OK' and 'Cancel' buttons. The background interface is the same as the previous screenshot, but the 'CREATE INVOICE' button is not highlighted.

If you create an invoice from a plan that had an insurer branch which is no longer accepting new documents, you might receive a pop-up message stating “Either the insurer or the branch is deactivated or not accepting new documents. Please select another branch or insurer”.

- To continue, press ‘Ok’.
- In the OCF-21B, navigate to Part 2: Auto Insurer Information.
- Select a new branch or contact the Insurer to find out how to proceed

### Create an OCF-21B from Scratch

- Go to the Invoices tab and any sub-tab.
- Select OCF-21B from the dropdown list and click **CREATE NEW**. A blank OCF-21B will open.

Rehabilitation Health Maximus Incorporated, a divi... HCAI

PLANS INVOICES SEARCH MANAGE ? - User Manual

Search for Patient Last Name  in All Forms ☒ Exact Match GO Advanced LOGOUT

WORK IN PROGRESS ADJUSTER RESPONSE PENDING DRAFT Welcome, Nicole, to HCAI.

Invoice Management - Submitted

Filter by: All Invoices **OCF21B** OCF21C CREATE NEW 2016/01/22

**Submitted (1 of 1)**  
The following items have been submitted.

View: 10 items

OCF Type	Invoice #	Patient	Status	Date Submitted
OCF21B		Nikki	Submitted	2016/01/22
OCF21B		Nikki	Submitted	2016/01/08
OCF21C		Mahon	Review Required	2015/09/24

View: 10 items

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Use the drop-down menu to select OCF-21B and click on "Create New".

### OCF-21B TABS

The OCF-21B in HCAI is organized under five tabs. These tabs reflect the parts of the paper OCF-21B form and include similar sections. To navigate between the tabs, simply click on the number along the top or bottom of the screen, or use the **NEXT** button located beside the tabs.

Once you have begun working on your OCF-21B, you can click the **SAVE** button at any point to ensure your progress so far is saved. This will create a draft version of

the OCF-21B, which will appear on the Invoices global tab and the Draft sub-tab. Working off a recently created draft can save steps when creating new OCF-21Bs.



**Do not use draft OCFs older than one year to create a new plan or invoice.**

Old versions of OCF forms are not compatible with the HCAI system and using old drafts will cause submission errors. Be sure to delete drafts older than one year in HCAI.

#### **Tab 1**

- Claim Identifier
- Invoice Identifier
- Part 1 – Applicant/Patient Information
- Part 2 – Auto Insurer Information

#### **Tab 2**

- Part 3 – Invoice details
- Part 4 – Payee Information

#### **Tab 3**

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

#### **Tab 4**

- Other Insurer Information
- Totaling

#### **Tab 5**

- Additional Comments and/or Attachments

## **Tab 1 – Claim Identifier**

### **Invoice Created from Plan**

- Data will be populated from the information on the submitted OCF-18. No edits are possible.

### **Invoice Created from Scratch**

- Enter Claim Number and/or Policy Number
  - The Applicant/Patient must provide the Claim Number (if known) and their Policy Number.
  - The Claim Number and Policy Number can be obtained from the insurance Adjuster.
  - The Policy Number is also available on the Motor Vehicle Liability Insurance Card (pink slip).
  - The Claim Number and Policy Number may be the same.
- Enter the date of the accident, using the drop-down calendar or by typing in the year, month and date (YYYY/MM/DD).
  - If the Applicant/Patient has overlapping injuries from more than one accident, use the date of the accident that is most relevant to the injuries being treated.

## **Invoice Identifier**

- This information will be populated when the Invoice is submitted. No action is required.

## **Part 1 – Applicant Information**

### **Invoice Created from Plan**

- Data will be populated from the information entered on the OCF-18. No edits to the Applicant/Patient fields are possible.
  - If the Applicant/Patient's information has changed since the OCF-18 was completed – for example, their address has changed – you will need to create the new invoice from scratch in order to update the required Applicant/Patient fields.

### **Invoice Created from Scratch**

- The Applicant/Patient or substitute decision-maker should provide this information to the Facility.



- Enter the date of birth of the Applicant/Patient using the drop-down calendar.
- Select the gender of the Applicant/Patient using the radio buttons.
- Enter the Last Name, then the First Name of the Applicant/Patient.
- Input the Applicant/Patient's address.

The Claim Number, Policy Number and Applicant/Patient First and Last Name must be completed before you can navigate to other tabs on the OCF-21B.

## Part 2 – Auto Insurer Information

### Invoice Created from Plan

- These fields are populated for you when creating the OCF-21B from a Plan.

### Invoice Created from Scratch

- The Applicant/Patient or substitute decision-maker should provide this information to the Facility, including:
  - The Insurance Company Name and Branch Name, both of which can be selected from the drop-down list.
  - The Adjuster name and contact details, if available.



### What about independent adjusting companies and independent Adjusters?

Independent adjusting companies may be hired by Insurers to adjudicate Claims, but the HCAI application does not list independent adjusting companies.

To direct OCFs appropriately, you should ask the Applicant/Patient or the independent Adjuster the name of the licensed Insurer that insures the Applicant/Patient. Some insurance companies may list independent adjusting companies as a "Branch".

### Policy Holder Details

- If the injured person seeking treatment is the Policy Holder, select "Yes" to the question "Is the Policy Holder the same as the Applicant?"
- If the injured person is not the Policy Holder, select "No".
- Two new fields appear.
- Enter the last name of the Policy Holder. The name of the Policy Holder can be obtained from the pink slip or the proof of insurance form.

Use the drop-down menu to select the Insurance Company and Branch.

**Part 2: Auto Insurer Information**  
Please provide the applicant's automotive insurer details

\* Company Name:   
\* Branch:   
Adjuster Last Name:   
Adjuster First Name:   
Phone:   
Fax:

**Policy Holder Details**  
Is the Policy Holder the same as the Applicant? ☐ No ☐ Yes

STEP 1 2 3 4 5

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# Chapter 2: Tab 2

## Part 3 – Invoice Details

- If your Facility uses an internal Invoice numbering system, you may enter it in the “Provider Invoice Number” Field.
  - This number will appear in the HCAI worklist and will help you locate an Invoice after you have submitted it.
  - It is not a mandatory field and may be left blank.
- Click “Yes” for “First Invoice” if your Facility has not previously invoiced the Insurer for the associated Plan.
- Click “Yes” for “Last Invoice” if this is the last Invoice to be submitted for the associated Plan.

## Previously Approved Goods and Services

### Invoice Created from Plan

- When creating your Invoice from an OCF-18, the Plan’s Document Number will be auto-populated and will not be editable. It will also link to the associated OCF-18 so the insurer can easily identify the plan that the invoice relates to.

### Invoice Created from Scratch

- Click “Yes” if the goods and services being invoiced are approved in the associated Plan and enter the Plan’s Document Number, which can be found on the summary tab of the opened plan, under “Plan Identifier” in the top right corner.
  - If you do not have the Document Number, select “Yes” and type “exempt” (all lowercase) into the Document Number field.

- FSRA's [HCAI Guideline](#) explains when it is appropriate to request an exemption.
- If your Invoice includes goods and services that are not included in an approved Plan, select "No". This indicates you have selected an exemption from providing a Document Number.

**Please note:** According to FSRA's [HCAI Guideline](#), you may submit one invoice per plan in a calendar month. If you enter a Plan's Document Number here for which you have already submitted an invoice in the same calendar month, attempting to "Submit" the invoice will generate a pop-up message asking if you wish to proceed.

- Upon receiving this pop-up message, you may click "Ok" to submit the invoice or click "Cancel" to return to the OCF-21C.
- You may still submit the invoice after receiving this message. The Insurer will see the same message.
- Refer to the Billing Procedures section of FSRA's [HCAI Guideline](#) for more information.

**Part 3: Invoice Details**

To aid in the decision-making process, please identify the plan for this claimant that is associated with this invoice and whether or not this is the first or last invoice under this plan.

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:

Is this invoice for goods and services approved on an OCF-18 in HCAI? ☐ No ☒ Yes

Please enter the HCAI Document Number of the Treatment and Assessment Plan (OCF-18) to which this invoice corresponds. This is the eleven-digit "Document Number" in the Plan Identifier section in the top-right-hand corner of the OCF-18. If you wish to indicate that this submission is exempt from providing the OCF-18 number, answer "No" to the question above or type in "exempt".

OCF-18 Document Number:

## Part 4 – Payee Information

### Invoice Created from Plan or Scratch

- The Facility Name, HCAI Facility Registry Number and FSRA Licence Number (if applicable) are populated by the system.
- Answer the question "Is the Payee the health care facility?" by selecting the "Yes" or "No" radio button.
- In order to receive payment directly from insurers, facilities must have a valid FSRA Service Provider Licence both at the time the treatment or service is performed and when the invoice is submitted.

- If you select “Yes” and you do have a valid FSRA Service Provider Licence that meets the above criteria, you will be able to submit your invoice through HCAI.
- If you select “Yes”, but you do not have a valid FSRA Service Provider Licence that meets the above criteria, HCAI will generate an error message and you will be unable to submit your OCF.
- If you select “No” the process is as follows:
  - The system will show a message that the Applicant/Patient must receive payment of the expense directly from the insurer.
  - The invoice must be submitted through HCAI.
  - **In addition**; the invoice must be printed and a hard copy provided to the Applicant/Patient or guardian, who then submits the printed copy directly to the insurer.
  - Part 4 of the printed invoice will be watermarked with a message that the claimant must be paid directly by the insurer.
- If you require more information on completing Part 4 of an invoice, review HCAIinfo’s [OCF-21B eLearning resources](#).

If you select “No”, to “Is the payee the health care facility?” an alert appears.

**Part 4: Payee Information**

Please indicate if the payee of this invoice is the health care facility. The payee may be the facility only if all dates of service are allowed by the facility's FSCO service provider licence. Otherwise, FSCO has indicated this invoice is payable only to the claimant.

Facility Name: Rehabilitation Health Maximus Incorporated, a division of Health4Life International

HCAI Facility Registry Number: 104504

FSCO Licence Number:

Is the payee the health care facility? ☒ No ☐ Yes

**THE HEALTH CARE FACILITY IS INDICATING THE INSURER SHOULD PAY THE CLAIMANT DIRECTLY.** The insurer is required by FSCO to determine whether the facility held a service provider licence in good standing on the dates of service listed in the invoice. If not, FSCO has indicated the insurer must receive a paper copy of the invoice from the claimant prior to adjudicating and issuing payment.

Make Cheque Payable To:

Payee First Name:

Payee Last Name:

Payee Number:

### Editing the “Make Cheque Payable To” Field

- There may be times when a facility wishes to direct payment to a specific person or office.
- Within your HCAI account’s ‘Facility Management’ section, the Authorizing Officer of your Facility can determine if they want the Payee field on invoices to be editable or not, by answering the question “Payee Field Editable on Invoices?”
  - If “Yes” is selected, the “Make Cheque Payable To” field may be edited.

- If “No” is selected, the “Make Cheque Payable To” field may not be edited.
- The Billing Address and Service Address in Part 4 is automatically populated by the HCAI system.

### Payee Field Editable on Invoices – No

“Make Cheque Payable To” field is read-only.

**Part 4: Payee Information**  
Please indicate if the payee of this invoice is the health care facility. The payee may be the facility only if all dates of service are allowed by the facility's FSCO service provider licence. Otherwise, FSCO has indicated this invoice is payable only to the claimant.

Facility Name: Rehabilitation Health Maximus Incorporated, a division of Health4Life International  
HCAI Facility Registry Number: 104504  
FSCO Licence Number:

Is the payee the health care facility? ☐ No ☒ Yes

**Make Cheque Payable To:** Health Maximus c/o Maria Maximus

Payee First Name:  
Payee Last Name:  
Payee Number:

**Billing Address**  
Address 1: 147 Thomas Street  
Address 2:  
City: Milton  
Province: Ontario  
Postal Code: L9T 2E3

**Service Address**  
Same as billing address? ☐ No ☒ Yes

Phone: (905) 878-8685  
Fax:

### Payee Field Editable on Invoices – Yes

“Make Cheque Payable To” field is editable.

**Part 4: Payee Information**  
Please indicate if the payee of this invoice is the health care facility. The payee may be the facility only if all dates of service are allowed by the facility's FSCO service provider licence. Otherwise, FSCO has indicated this invoice is payable only to the claimant.

Facility Name: Rehabilitation Health Maximus Incorporated, a division of Health4Life International  
HCAI Facility Registry Number: 104504  
FSCO Licence Number:

Is the payee the health care facility? ☐ No ☒ Yes

**Make Cheque Payable To:** Health Maximus c/o Man

Payee First Name:  
Payee Last Name:  
Payee Number:

**Billing Address**  
Address 1: 147 Thomas Street  
Address 2:  
City: Milton  
Province: Ontario  
Postal Code: L9T 2E3

**Service Address**  
Same as billing address? ☐ No ☒ Yes

Phone: (905) 878-8685  
Fax:

# Chapter 3: Tab 3





## Injury and Sequelae Codes

### Invoice Created from Plan

- 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.


### Invoice Created from Scratch

List the injuries and sequelae that are a direct result of the automobile accident. Standard descriptions will be provided with the corresponding injury code (ICD-10-CA).

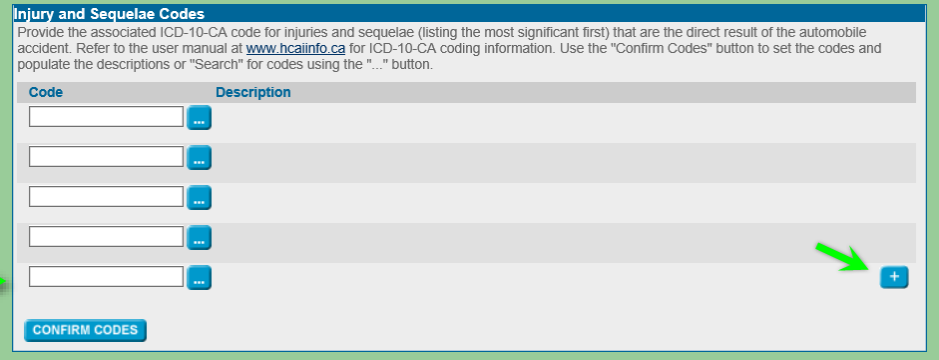
- If you know the ICD-10-CA code, insert it and click the  button.
- To search for a code from the ICD-10-CA list, click on the  button to open the Injury Code Lookup window.
- Select the "Series" first, using the drop-down menu.
- Once a "Series" has been selected, you can pick a "Category" from the drop-down menu and click on the  button.
- A list of applicable codes appears. Click on the  button to include the code in the plan.
- Each code should be listed only once, regardless of how many Health Care Providers will be engaged in the treatment.
- The first line item should reflect the primary reason you are proposing services, with the most significant injury first.

- In a case where multiple injuries may be classified as the most significant, list the injury requiring the most services first.
- The use of ICD-10-CA codes is intended to classify problems; it is not the equivalent of communicating a diagnosis.






### Adding additional lines for injury/sequelae codes



- To add lines for additional injuries, simply click on the  button near the bottom right of the Injury and Sequelae Codes section.

Click on the plus sign to add additional lines.



**Injury and Sequelae Codes**  
Provide the associated ICD-10-CA code for injuries and sequelae (listing the most significant first) that are the direct result of the automobile accident. Refer to the user manual at [www.hcalinfo.ca](http://www.hcalinfo.ca) for ICD-10-CA coding information. Use the "Confirm Codes" button to set the codes and populate the descriptions or "Search" for codes using the "... " button.

Code	Description
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

**CONFIRM CODES**

For more information, refer to the partial pick list of injury and sequelae codes available on HCAInfo's [Coding page](#), or contact your Health Professional Association.

### Reimbursable goods and services

#### Create Invoice from Plan

- When an Invoice has been created from a Plan, you can populate this section with the goods and services listed on the Plan.
- Click **APPLY CODES FROM PLAN**
  - **Please note:** this button will not appear when creating an Invoice from an Archived Plan.



Click on the "Apply Codes From Plan" button.

**Reimbursable Goods and Services**

Please enter the goods and services rendered and the associated information requested. To transfer codes from the plan, click **Apply Codes from Plan**. Use the buttons on each line item to access support tools. To delete a line item, select its checkbox and click **Delete**.

- Refer to the user manual at [www.hcainfo.ca](http://www.hcainfo.ca) for coding information. Attribute codes are described in the manual.
- If HST applies to a good or service, check the Tax checkbox on that line item.
- The Date Services Rendered fields must contain only dates allowed by the facility's FSCO Service Provider licence. See <http://fSCO.gov.on.ca> for more information.

Date Services Rendered	Code	Attr.	Provider Reference	Quantity/Measure	Cost	Tax
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> GD <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> GD <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> GD <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> GD <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> GD <input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**DELETE** **APPLY PROVIDERS** **APPLY CODES FROM PLAN** **CONFIRM CODES** **CALCULATE COSTS FROM RATES**

Use these buttons with the checkboxes on the left.

Add more Items:  5 Items **GO**

- A new screen will open with a calendar next to each of the goods and services that were listed on the Plan.
- Select the date on the calendar that the specified service was delivered.
  - Use the drop-down menus to update the month or year.

Use the calendar tool to select when the service was delivered.

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**.

The dates selected must only be those allowed by the facility's FSCO Service Provider licence. See <http://fSCO.gov.on.ca> for more information.

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

**SZZPR Physical Rehabilitation Session**

Cost/Day on Plan: 50.00  
Total Count: 5  
Quantity: 1 SN  
Dates of Service:

**3UZ10 xRAY, HAND WITH WRIST ( INCLUDES: HAND nec)**

Cost/Day on Plan: 65.00  
Total Count: 1  
Quantity: 1.00 HR  
Provider Reference: [Maximus, Terry](#)  
Dates of Service:

**AXXTP Telephone consultation between Insurer Examiner & proposing health professional**

Cost/Day on Plan: 130.00  
Total Count: 1  
Quantity: 2.00 HR  
Provider Reference: [Maximus, Terry](#)  
Dates of Service:

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

- When all lines have been completed, click **APPLY CODES FROM PLAN** again.

- 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. It is also possible to add goods or services that did not appear on the Plan.
- If Tax is applicable to a line item, check the box in the "Tax" column

The codes from the plan now appear in the invoice.

Date Services Rendered	Code	Attr.	Provider Reference	Quantity/Measure	Cost	Tax
2016/01/03	A.XX.TP Telephone consult...		Maximus, Terry	2.00 HR	130.00	<input checked="" type="checkbox"/>
2016/01/05	3.UZ.10 xRAY, hAND WITH W...		Maximus, Terry	1.00 HR	65.00	<input checked="" type="checkbox"/>
2016/01/06	S.ZZ.PR Physical rehabili...			1 SN	50.00	<input type="checkbox"/>
				GD		<input type="checkbox"/>
				GD		<input type="checkbox"/>
				GD		<input type="checkbox"/>
				GD		<input type="checkbox"/>
				GD		<input type="checkbox"/>

DELETE APPLY PROVIDERS
 Add more items: 5 items

Use these buttons with the checkboxes on the left.

For instructions on how to add items not included in the plan or how to update the Totaling section, please review the steps for how to Create an Invoice from Scratch.

## Create Invoice from Scratch




### Date service rendered

- Using the drop-down calendar tool, select the dates the Applicant/Patient received treatment.
  - You can also type dates into the text field (YYYY/MM/DD) and cut and pasted if several line items were delivered on the same date.

### Code

**Please note:** The OCF-21B does not allow Minor Injury Guideline (MIG) codes. If you wish to submit an invoice for MIG services, you must use an OCF 21C.

- If you know the intervention code, enter it by typing it directly into the field under "Code" followed by clicking on the "Confirm Codes"  button.



- To search for an intervention code, use the code search utility by clicking the  button next to the "Code" field.
- The "Search Goods and Services Codes" screen opens.
- Select either "CCI" (Canadian Classification of Interventions) or GAP ("goods, Administration, and Other Codes").
  - GAP codes can be used for services that are not well reflected in the CCI.
  - Once you have selected CCI or GAP, the Section drop-down menu will populate.
  - Pick a Selection in order to have the Intervention drop-down menu populate.
  - Finally, select a Group and hit the  button.
  - The search results appear. To add a code to your plan, click the  button.

For more information on Codes, refer to the Intervention/Treatment Partial Pick List or the list of GAP codes available on HCAInfo's [Coding page](#), or contact your Health Professional Association.

### Attribute

- Next, you have the option of adding an Attribute code to indicate how the service was delivered – for example, the number of views in an X-ray study.
- Attribute is not mandatory, and can be left blank.

### Provider reference

- To select the provider for the intervention (good or service) delivered on a given date, click the  button under "Provider Reference" to open the Select a Provider page.
- Select the Provider from the list and their profession (if they have more than one assigned) and click the  button.
- If more than one Health Care Provider delivered care, select only the one who was most responsible for each visit.
- **Please note:** deactivated providers can still be added to invoices for up to six months following deactivation.

### One Provider and multiple line items

Often, the same provider delivers much or all of the care for a patient. There is a shortcut for inserting one Health Care Provider name in multiple line items:

- Complete all fields except for the “Provider Reference” fields.
- Tick each box to the left of the completed line item.
- Click on the **APPLY PROVIDERS** button.
  - A new window opens.
  - Select the name of the Health Care Provider from the dropdown list and the applicable Provider Profession if they have more than one assigned in HCAI.
  - Click on the **SUBMIT** button.

Use the checkboxes to select lines and click on “Apply Providers”.

**Reimbursable Goods and Services**

Please enter the goods and services rendered and the associated information requested. Use the buttons on each line item to access support tools. To delete a line item, select its check box and click **Delete**.

- Refer to the user manual at [www.hcaiinfo.ca](http://www.hcaiinfo.ca) for coding information. Attribute codes are described in the manual.

- If HST applies to a good or service, check the Tax checkbox on that line item.

- The Date Services Rendered fields must contain only dates allowed by the facility's FSCO Service Provider licence. See <http://fSCO.gov.on.ca> for more information.

Date Services Rendered	Code	Attr.	Provider Reference	Quantity/Measure	Cost	Tax
<input checked="" type="checkbox"/> 2016/01/04	3.EA.10 "Xray, cranium"					
<input checked="" type="checkbox"/> 2016/01/05	1.EL.02 "Exercise, tempor..."					
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

**DELETE** **APPLY PROVIDERS**

Add more Items: 5 Items **GO**

**CONFIRM CODES** **CALCULATE COSTS FROM RATES**

Use these buttons with the checkboxes on the left.

## Quantity and unit measure

- Enter the quantity and unit measure of service provided during a single treatment visit or session.
  - For example:
    - 15 minutes = 0.25 HR
    - 1 procedure = 1 PR
    - 1 good (such as a back support) = 1 GD
    - 10 km = 10 KM
    - 1 session = 1 SN
- The measures available are:
  - GD for good (such as a back support)
  - HR for hour
  - KM for kilometer
  - PG for page
  - PR for procedure
  - SN for session

- Be sure to use the correct unit measure that corresponds to the service described. For example, all "Goods" (codes that begin with "G") must use the GD measure or you will get an error.
  - Most treatment interventions should use the PR or HR measure.
- Disbursements, such as parking, may be conveyed using the "Other" Administrative Services code (AXXOT) and the HR or PR measures. You must enter a description when selecting the "AXXOT" code.
- Goods and Supplies not listed in HCAI's GAP codes can be entered using the "Other" Goods and Supplies Code (GXX99) and providing a description.
- Mileage expense must be conveyed using the KM (kilometre) measure.
- Do not use the GD unit measure for documentation review or preparation. The unit measure HR is more appropriate.

### Cost

- Report the cost per service by entering a value in the "Cost" field.
- If a Provider has an assigned Hourly Rate in HCAI, when they are assigned as a Provider Reference for a service measured in hours (HR), their hourly rate multiplied by the total number of hours will automatically populate the "Cost" field.
- To override this default, delete the "Cost" and enter a new value in this field.
  - **Please note:** the maximum fees payable by insurers for listed goods and services have been outlined by the Financial Services Regulatory Authority of Ontario (FSRA) and are described in the [Professional Services Guideline](#). Use this document as a guide when entering costs in HCAI.
- For example:
  - If the service is being delivered for 0.5 HR, the "Cost" column should reflect the cost to deliver that service by the Provider listed for 0.5 HR. Do not insert the hourly rate in this column.
  - For 15 minutes of massage, use 25% of the RMT's hour fee to calculate the amount to enter in the cost column.

### Add more Items

- To add lines for additional Good and Services, simply select the number of items/lines you would to add from the dropdown and click on the 'GO' button.

Add more Items: 5 Items

## Calculate Costs from Rates

If you wish to apply the Default Hourly Rate assigned to a Provider to your goods and services, use the **CALCULATE COSTS FROM RATES** button. You can also use this button to apply the Default per KM rate for your facility.

**Reimbursable Goods and Services**

Please enter the goods and services rendered and the associated information requested. Use the buttons on each line item to access support tools. To delete a line item, select its check box and click Delete.

- Refer to the user manual at [www.hcaiinfo.ca](http://www.hcaiinfo.ca) for coding information. Attribute codes are described in the manual.
- If HST applies to a good or service, check the Tax checkbox on that line item.
- The Date Services Rendered fields must contain only dates allowed by the facility's FSCO Service Provider licence. See <http://fSCO.gov.on.ca> for more information.

Date Services Rendered	Code	Attr.	Provider Reference	Quantity/Measure	Cost	Tax
<input type="checkbox"/> 2016/04/05	1.UB.02 "Exercise, wrist ...	...	McGinnis, Emily ...	2 HR	500	<input type="checkbox"/>
<input type="checkbox"/> 2016/04/05	G.XX.99 test	...	Maximus, Terry ...	1 GD	100	<input type="checkbox"/>
<input type="checkbox"/>		...		GD		<input type="checkbox"/>
<input type="checkbox"/>		...		GD		<input type="checkbox"/>
<input type="checkbox"/>		...		GD		<input type="checkbox"/>

Use these buttons with the checkboxes on the left.

Add more Items: 5 Items

- Clicking this button will override any values entered in the "Cost" field for line items with the measure of HR or KM.
- **Please note:** in order to apply the default rates, the rates must already be entered in HCAI.
  - Visit [HCAIinfo.ca](http://HCAIinfo.ca) for step-by-step text and video instructions explaining how to [apply a Default Hourly Rate](#) to a Provider or [assign a Default per KM Rate](#) to your facility.
- To manually enter or override the rate, you can type in the amount in the "Cost" field.

## Calculate

When all of the goods and/or services have been entered and any required fields in the Totaling section have been completed, click the **CALCULATE** button.

HCAI calculates Tax (HST) if applicable and adds the amount into the Auto Insurer Total.

If you wish to manually enter a different tax amount for your invoiced goods/services:

- Click and uncheck the ☐ button underneath the Totalling box labeled "Recalculate proposed tax to reflect HST on selected taxable items."
- Enter the new amount in the "Tax (if applicable)" field
- Click **CALCULATE** for the new "Auto Insurer Total"

	Proposed	Calculated
Sub-total:	225.00	
* Minus MOH:	0.00	
* Minus Other Insurer (1 + 2):	0.00	
<b>Tax (if applicable):</b>	<b>25.00</b>	<b>29.25</b>
Prior Balance:	0.00	
Payment Received from Auto Insurer:	0.00	
Overdue Amount:	0.00	
Interest:	0.00	
<b>Auto Insurer Total:</b>	<b>254.25</b>	

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 ☐

# Chapter 4: Tab 4

## Other Insurance

### Invoice Created from Plan or Scratch

- The Applicant/Patient, guardian or substitute decision-maker can advise whether the Applicant/Patient has other insurance.
  - In Ontario, the auto insurance system requires other insurance plans to be accessed before auto insurance health benefits are accessed.
- Health benefits may be available from the Ministry of Health and Long Term Care (MOH) or through the Applicant/Patient's personal, spousal or parental extended health plan to pay or partially pay expenses listed in the form.
- Space is available for up to two other Insurers in the event that the Applicant/Patient is covered by more than one policy (for example, both the Applicant/Patient and the Applicant/Patient's partner or legal guardian have extended health benefits).
- If the Applicant/Patient does have other insurance, select the "Yes" radio button. New fields appear.
  - Indicate whether MOH coverage applies<sup>1</sup>.
  - Enter the details of Other Insurer 1 and 2, if applicable.
  - These fields are not mandatory if you do not have this information.

---

<sup>1</sup> Refer to the following link for more information on what goods and services are available through MOH and who is eligible for those goods/services.

<http://www.health.gov.on.ca/en/public/publications/ohip/motorvehicle.aspx>



**Other Insurance**  
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 invoice?

☐ No ☐ Yes ☐ Not Applicable

**Other Insurer 1**  
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:

**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:

If you select "Yes", additional fields appear to enter Other Insurance information.

### Other Insurance (for goods and services on this invoice)

If amounts are payable by another Insurer, enter the amounts in the category of service. Do not use a negative (-) sign for these amounts. These amounts will be deducted from the amount owed by the Insurer.

- For amounts previously identified for payment by another Insurer but subsequently ruled ineligible, select 'Yes' for the question, "Do you want to claim any amount not reimbursed by other insurance sources?"
- Enter the amounts for the corresponding Insurer in the section that appears.
- When the category "Other" is used, specify the type of services covered (e.g. dental, psychological, optometric).
- Click the **CALCULATE** button to see the total for each line.

**Other Insurance (for goods and services on this invoice)**  
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).

Use the section below to indicate the amount you have received or will receive directly from the collateral source or applicant. Enter the amounts as positive values. These amounts will 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
Insurer 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00

**\*\*Other Service Type Specified:**

Do you want to claim any amount not reimbursed by other insurance sources? ☐ No ☒ Yes

Use the section below to indicate the amount refused from other insurance sources that you want to claim as part of this invoice. Enter the amounts as positive values. These amounts will be added to 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
Insurer 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00

**\*\*Other Service Type Specified:**  **CALCULATE**

If "Yes" is selected, additional fields appear to claim amounts refused from other insurance sources.

## Totalling

Once the Other Insurer amounts have been entered, the Totalling field can be updated to reflect the final total. Click on the **CALCULATE** button to determine the new amount.

The following amounts are included in the calculation of the Auto Insurer Total:

- Subtotal – Proposed Goods and Services Subtotal (calculated in Tab 3).
- Minus MOH – sum of all Ministry of Health and Long-Term Care amounts.
- Minus Other Insurer (1 + 2) – sum of all amounts received or payable to you from other Insurers.
- Tax (if applicable)
- Interest – owed to your HCF as a result of the Overdue Amount.

The following amounts are not included to the calculation of the Auto Insurer Total:

- Prior Balance – the “Auto Insurer Total” from your last Invoice.
- Overdue Amount
- Payment Received from Auto Insurer – any payments received by an Insurer can be entered here.

The Auto Insurance Total includes the following fields.

	Proposed	Calculated
Sub-total:	0.00	
* 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:	0.00	

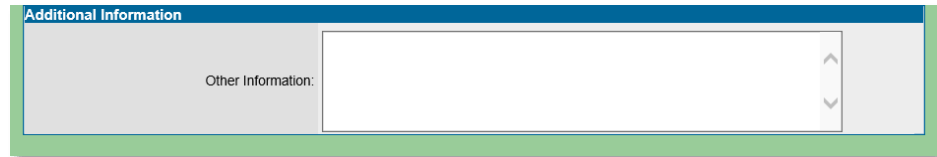
HCAI populates the proposed and calculated tax columns with the HST rate (13%). You may overwrite the Proposed Tax amount if you are charging a tax value that is different from HST.

**CALCULATE**

Recalculate proposed tax to reflect HST on selected taxable items ☒

### Additional information

- In Tab 4, near the bottom of the page, there is space for comments to provide additional explanations/clarifications to the Insurer.
  - Only 500 characters are allowed here. If more space is needed, use the text box on Tab 5.



The screenshot shows a software interface with a blue header bar labeled "Additional Information". Below the header is a light gray rectangular area. On the left side of this area, the text "Other Information:" is displayed. To the right of this text is a large, empty white rectangular text box. On the right edge of this text box, there are two small, vertically aligned arrow icons: an upward-pointing arrow at the top and a downward-pointing arrow at the bottom, indicating a scrollable area.

# Chapter 5: Tab 5

## Additional Comments & Attachments

### Invoice Created from Plan or Scratch


- HCAI permits Facilities to do the following:
  - Offer more information to Adjusters by using the space provided in Tab 5.
    - This may be important to help the adjuster better understand the injury and its effect on the Applicant/Patient as well as the rationale around treatment.
  - Advise Adjusters that additional documentation (attachments) are being sent which the Insurer requires to adjudicate the form.

### How should attachments be sent?

- Attachments must be faxed/mailed directly to the 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, check off "Attachments being sent, if any."
  - If this box is ticked, the Facility must use the space below to describe the attachment being sent.

**Additional Comments**

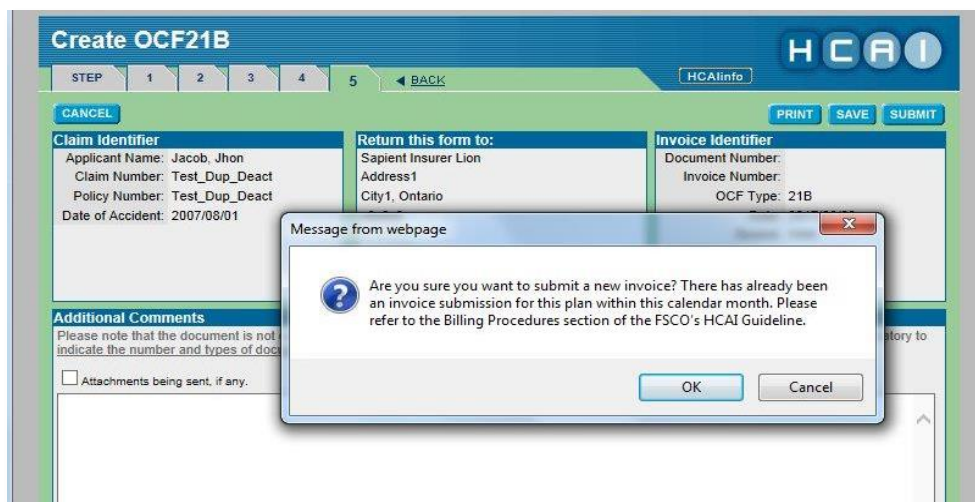
Please note that the document is not considered complete until the attachments, if any are indicated, are received by the insurer. It is mandatory to indicate the number and types of documents/reports that are being sent.

☐ Attachments being sent, if any. 

## Signature(s) on OCF-21B - Printing the completed OCF

- Prior to submitting an OCF-21 through HCAI, hard copies of the OCF-21 must be printed, signed by the Provider (Part 4) and kept on file at the Facility.
- Signatures are not transmitted through HCAI to the Insurer.
- Before obtaining signatures, the entire OCF should be complete.
- To print an OCF-21B:
  - Click on the **PRINT** button located at the top and bottom of the OCF page.
  - You can also print the OCF after it has been submitted. After pressing the submit button, the successful submission window will appear. Click on the **PRINT** button. When printing after submission, the HCAI document number will automatically be displayed on the printed OCF.
  - Depending on your internet browser settings, the document may immediately download or you may need to select whether to open or save the document.
    - For more information on changing your Internet Browser's pop-up settings, please review the Pop-ups section of HCAInfo's [Computer Requirements & Tips page](#).

Please note: According to FSRA's [HCAI Guideline](#), you may submit one invoice per plan in a calendar month. If you have already submitted an invoice for this plan in the same calendar month, clicking "Submit" will generate a message asking if you wish to proceed.



- Click "Ok" to submit the invoice.
- Click "Cancel" to return to the OCF-21B.
- You may still submit the invoice after receiving this message. The Insurer will see the same message upon receiving the invoice.
- Refer to the Billing Procedures section of FSRA's [HCAI Guideline](#) for more information.

Click the print button after submission to print the completed OCF

Create OCF21B

HCAI

Claim Identifier	Return this form to:	Invoice Identifier
Applicant Name: hi, hi Claim Number: 231231 Policy Number: Date of Accident: 2016/07/07	Nova Insurance 11 Millard St. Peterborough, Ontario M1M1M1	Document Number: 17081700013 Invoice Number: OCF Type: 21B Date Submitted: 2017/08/17 Source: Web OCF Effective Date: 2016/07/22 Archival Status: Not Archived

You have submitted document number 17081700013. Please note that the document is not considered complete until the attachments, if any are indicated, are received by the insurer.