



Financial Services
Commission
of Ontario

Commission des
services financiers
de l'Ontario

June 2007

Professional Services Guideline

Superintendent's Guideline No. 03/07

Professional Services Guideline

Introduction

This Guideline is issued pursuant to subsection 268.3 (1) of the *Insurance Act* for the purposes of subsections 14 (4), 15 (6), 17 (2) and 24 (2) of the *Statutory Accident Benefits Schedule - Accidents on or After November 1, 1996* (SABS), and applies to expenses related to services rendered on or after July 1, 2007.

The Superintendent's *Professional Services Guideline* No. 02/07 continues to apply to expenses related to services rendered or forms completed from April 2, 2007 to June 30, 2007 whether they are billed before or after July 1, 2007.

The maximum hourly rates and maximums payable for the completion of certain forms set out in this *Professional Services Guideline* apply to services rendered on or after July 1, 2007 even if approved prior to July 1, 2007.

Purpose

This Guideline establishes the maximum expenses payable by automobile insurers under the SABS related to the services of any of the health care professions or health care providers listed in the Guideline. These maximums are applicable to:

- a medical benefit under clauses 14 (2) (a), (b), or (h) of the SABS;
- a rehabilitation benefit under clauses 15 (5) (a) to (g) or (l) of the SABS;
- case management services under subsection 17 (1) of the SABS; or
- conducting an examination or assessment or provision of a certificate, report or treatment plan under subsection 24 (1) of the SABS.

Insurers are not prohibited from paying above any maximum amount or hourly rate established in the Guideline.

Services provided by health care professionals/providers, unregulated providers and other occupations not listed in the Guideline are not covered by the Guideline. The amounts payable by an insurer related to services not covered by the Guideline are to be determined by the parties involved.

Maximum Fees

Automobile insurers are not liable to pay for expenses related to professional services rendered to an insured person that exceed the following maximum hourly rates.

Health Care Profession or Provider	Maximum Hourly Rate except catastrophic impairments	Maximum Hourly Rate catastrophic impairments*
Chiropractors	\$101.78	\$122.13
Massage Therapists	\$52.50	\$80.36
Occupational Therapists	\$89.99	\$108.20
Physiotherapists	\$89.99	\$108.20
Podiatrists	\$89.99	\$108.20
Psychologists and Psychological Associates	\$134.99	\$161.76
Speech Language Pathologists	\$101.25	\$121.05
Registered Nurses, Registered Practical Nurses and Nurse Practitioners	\$82.49	\$98.56
<i>Unregulated Providers</i>		
Case Managers	\$52.50	\$80.36
Kinesiologists	\$52.50	\$80.36
Family Counsellors	\$52.50	\$80.36
Psychometrists	\$52.50	\$80.36
Rehabilitation Counsellors	\$52.50	\$80.36
Vocational Counsellors	\$52.50	\$80.36

Expenses for Completion of Forms

Automobile insurers are not liable to pay for expenses related to the completion of certain accident benefit forms by the health professionals and providers listed in this Guideline that exceed the maximums set out below. These maximums do not apply to the assessments related to the completion of these forms.

The expense for completion of an Application for Approval of an Assessment or Examination (OCF-22) is payable only following the approval by the insurer of any assessment or examination proposed in the OCF-22, or a final determination by a Court or arbitrator that any assessment or examination proposed in the OCF-22 is reasonably required.

* This rate applies to all services rendered on or after July 1, 2007 to an insured person whose impairment is determined to be a catastrophic impairment as defined in SABS ss. 2 (1.1) (a) to (g) and 2 (1.2) (a) to (g), whether such services are rendered before or after such determination is made.

With the implementation of the Health Claims for Auto Insurance (HCAI) system for transmitting certain accident benefit claim forms between health care providers and insurers through a central processing agency (CPA), the maximum payable for a fully completed electronic version of the OCF-18 and OCF-22 to the CPA is \$70.00 while the maximum payable for a fully completed paper or other versions of the OCF-18 and OCF-22 is \$63.72, as set out below.

Form	Maximum Payable for Completion of Form
Disability Certificate (OCF-3)	\$63.72
Treatment Plan Form (OCF-18)	\$63.72
Treatment Plan Form (OCF-18)- HCAI Electronic Version	\$70.00
Form 1 – Assessment of Attendant Care needs	\$63.72
Automobile Insurance Standard Invoice (OCF-21)	\$0.00
Application for Approval of an Assessment or Examination (OCF-22)	\$63.72
Application for Approval of an Assessment or Examination (OCF-22) - HCAI Electronic Version	\$70.00

Collateral Benefits

In respect of any expense referenced in this Guideline or in previous Superintendent's *Professional Services Guidelines*, the amount which an insurer would otherwise be liable to pay is subject to reduction by that portion of the expense for which payment is reasonably available under any insurance plan or law or under any other plan or law.

Administration Fees

"Expenses related to professional services" as referred to in the SABS and the *Professional Services Guideline* include all administration costs, overhead, and related fees. Insurers are not liable for any administration or any other charges or surcharges that have the result of increasing the effective hourly rate beyond what is permitted under the *Professional Services Guideline*.

Goods and Services Tax (GST)

The applicability of the GST on the services of any health care professionals, health care providers or form fees listed in this Guideline falls under the jurisdiction of the Canada Revenue Agency (CRA). If the GST is considered by the CRA to be applicable to any of the services or form fees listed in this Guideline, then the GST is included in the maximum fee payable set out in this Guideline.