



Financial Services
Commission
of Ontario

Commission des
services financiers
de l'Ontario

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Professional Services Guideline

Superintendent's Guideline No. 06/10

Professional Services Guideline

Introduction

This Guideline is issued pursuant to subsection 268.3 (1) of the Insurance Act for the purposes of subsections 15 (2) (b), 16 (4) (a), 17 (2) and 25 (3) of the Statutory Accident Benefits Schedule – Effective September 1, 2010 (SABS), and applies to expenses related to professional services rendered on or after September 1, 2010.

The maximum hourly rates and the maximum fees for the forms listed in this Guideline apply to services rendered on or after September 1, 2010, even if they are approved prior to September 1, 2010.

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 this Guideline. These maximums are applicable to:

- a medical benefit under clauses 15 (1) (a), (b), or (h) of the SABS;
- a rehabilitation benefit under clauses 16 (3) (a) to (g) or (l) of the SABS;
- case management services under subsection 17 (1) of the SABS; or
- conducting an examination, assessment or provision of a certificate, report or treatment plan under subsection 25 (3) of the SABS.

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

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

Maximum Hourly Rates and Fees

Automobile insurers are not liable to pay for expenses related to professional services rendered to an insured person that exceed the maximum hourly rates and fees set out in the Appendix.

Forms

The maximum fees payable for the listed forms include all examinations, assessments and expenses related to professional services (as referred to below) that are involved in such examinations and assessments, and all other activities, tasks and expenses involved in the completion and submission of the forms, whether they are made through the Health Claims for Auto Insurance (HCAI) system or otherwise. Automobile insurers are not liable to pay for any expenses related to the listed forms that exceed the maximum fees set out in the Appendix.

As stipulated in section 25 (1) 3 of the SABS, the fee for the Treatment and Assessment Plan (OCF-18) is payable only if any one or more of the goods, services, assessments or examinations described in OCF-18 have been:

- i. approved by the insurer,
- ii. deemed by the SABS to be payable by the insurer, or
- iii. determined to be payable by the insurer on the resolution of a dispute in accordance with sections 279 to 283 of the Insurance Act.

Collateral Benefits

In respect of any expense referenced in this Guideline or in previous Superintendent's Professional Services Guidelines, the amount that an insurer would otherwise be liable to pay is subject to a 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.

Expenses Related to Professional Services

"Expenses related to professional services" as referred to in the SABS and this Guideline include all administration and other costs, overhead, and all related costs, fees, expenses, charges and surcharges. Insurers are not liable for any administration or other costs, overhead, fees, expenses, charges or surcharges that have the result of increasing the effective hourly rates, or the maximum fees payable for completing forms, beyond what is permitted under this Guideline.

Harmonized Sales Tax (HST)

The applicability of the HST to the services of any health care professionals or health care providers listed in this Guideline falls under the jurisdiction of the Canada Revenue Agency (CRA). If the HST is considered by the CRA to be applicable to any of the services or fees listed in this Guideline, then the HST is payable by an insurer in addition to the fees payable as set out in this Guideline.

APPENDIX – RATES AND FEES

Health Care Profession or Provider	Maximum Hourly Rate <i>except catastrophic impairments</i>	Maximum Hourly Rate <i>catastrophic impairments*</i>
Chiropractors	\$106.73	\$128.07
Massage Therapists	\$55.05	\$84.27
Occupational Therapists	\$94.37	\$113.46
Physiotherapists	\$94.37	\$113.46
Podiatrists	\$94.37	\$113.46
Psychologists and Psychological Associates	\$141.55	\$169.63
Speech Language Pathologists	\$106.18	\$126.94
Registered Nurses, Registered Practical Nurses and Nurse Practitioners	\$86.50	\$103.36
<i>Unregulated Providers</i>		
Case Managers	\$55.05	\$84.27
Kinesiologists	\$55.05	\$84.27
Family Counsellors	\$55.05	\$84.27
Psychometrists	\$55.05	\$84.27
Rehabilitation Counsellors	\$55.05	\$84.27
Vocational Counsellors	\$55.05	\$84.27

*This rate applies to all services rendered on or after September 1, 2010 to an insured person whose impairment is determined to be a catastrophic impairment as defined in SABS s. 3 (2) whether such services are rendered before or after such determination is made.

Form	Maximum Payable
Disability Certificate (OCF-3)	\$200.00
Treatment and Assessment Plan (OCF-18)	\$200.00
Auto Insurance Standard Invoice (OCF-21)	\$0.00