



Financial Services
Commission
of Ontario

Commission des
services financiers
de l'Ontario

March 2004

Professional Services Guideline

Superintendent's Guideline No. 06/04

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 February 1, 2004.

The Superintendent's *Professional Services Guideline No. 05/03* continues to apply to expenses related to services rendered between November 1, 2003 and January 31, 2004 with the following exception: expenses related to services provided pursuant to treatment plans approved before September 18, 2003 are payable at the rates set out in the treatment plans as approved, whether such services are rendered before or after November 1, 2003.

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.

The Guideline does not apply to fees charged by Designated Assessment Centres.

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	\$95.00	\$114.00
Massage Therapists	\$49.00	\$75.00
Occupational Therapists	\$84.00	\$101.00
Physiotherapists	\$84.00	\$101.00
Podiatrists	\$84.00	\$101.00
Psychologists and Psychological Associates	\$126.00	\$151.00
Speech Language Pathologists	\$94.50	\$113.00
Registered Nurses, Registered Practical Nurses and Nurse Practitioners	\$77.00	\$92.00
<i>Unregulated Providers:</i>		
Case Managers	\$49.00	\$75.00
Kinesiologist	\$49.00	\$75.00
Family Counsellors	\$49.00	\$75.00
Psychometrists	\$49.00	\$75.00
Rehabilitation Counsellors	\$49.00	\$75.00
Vocational Counsellors	\$49.00	\$75.00

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.

* This rate applies to all services rendered on or after February 1, 2004 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.

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 determination by a Designated Assessment Centre that any assessment or examination proposed in the OCF-22 is reasonably required.

Form	Maximum Payable for Completion of Form
Disability Certificate (OCF-3)	\$62
Treatment Plan Form (OCF-18)	\$62
Form 1 - Assessment of Attendant Care Needs	\$62
Automobile Insurance Standard Invoice (OCF-21)	\$0
Application for Approval of an Assessment or Examination (OCF-22)	\$62

Collateral Benefits

In respect of any expense referenced in this Guideline or in Superintendent's *Professional Services Guideline* No. 05/03, 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.