



Financial Services  
Commission  
of Ontario

Commission des  
services financiers  
de l'Ontario

**July 2012**

**Professional Services Guideline**

**Superintendent's Guideline No. 03/12**

## **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 services rendered on or after July 14, 2012.

The maximum hourly rates and the maximum fees for the forms listed in this Guideline apply to services rendered on or after July 14, 2012, even if they are approved prior to July 14, 2012.

## **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 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 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 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 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 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.

The \$200 maximum fee referred to in this Guideline and in Superintendent's Guideline No. 06/10 (July 2010 Professional Services Guideline) for a Treatment and Assessment Plan (OCF-18) applies only to the services of a health practitioner as referred to in subsection 25 (1) 3 of the SABS, namely reviewing and approving an OCF-18 under subsection 38 (3) (c), including any assessment or examination necessary for the purpose of that review and approval by the health practitioner. The \$200 maximum fee does not apply to assessments or examinations that are

proposed in an OCF-18 and that an insurer agrees to pay for under subsection 38 (8) of the SABS.

As stipulated in section 25 (1) 3 of the SABS, the fee for the OCF-18 is payable only if any one or more of the goods, services, assessments or examinations described in the 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.

Although the SABS does not expressly set out the criteria an insurer is to apply in determining whether or not to agree to pay for a proposed assessment or examination under subsection 38 (8), an insurer should not act arbitrarily or fetter its discretion, but should instead consider each proposed assessment or examination on its merits with regard to the insurer's obligation to adjust and settle claims fairly and without unreasonable delay or resistance.

As provided in subsection 25 (5) (a) of the SABS, an insurer may agree under subsection 38 (8) to pay fees of up to \$2,000 for any one assessment or examination proposed in an OCF-18.

### **Expenses Related to Professional Services**

"Expenses related to professional services" as referred to in the SABS and the *Professional Services Guideline* include all administration costs, overhead, and 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 the *Professional Services Guideline*.

### **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.

### **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 as set out in this Guideline.

## APPENDIX – REVISED RATES AND FEES

| Health Care Profession or Provider                                     | Maximum Hourly Rate<br><i>except catastrophic<br/>impairments</i> | Maximum Hourly Rate<br><i>catastrophic<br/>impairments*</i> |
|--|---|---|
| Chiropractors  | \$111.80  | \$134.15  |
| Massage Therapists   | \$57.67   | \$88.28   |
| Occupational Therapists  | \$98.86   | \$118.85  |
| Physiotherapists   | \$98.86   | \$118.85  |
| Podiatrists  | \$98.86   | \$118.85  |
| Psychologists and Psychological Associates                             | \$148.28  | \$177.69  |
| Speech Language Pathologists   | \$111.22  | \$132.97  |
| Registered Nurses, Registered Practical Nurses and Nurse Practitioners | \$90.61   | \$108.27  |
| <i>Unregulated Providers</i>   |   |   |
| Case Managers  | \$57.67   | \$88.28   |
| Kinesiologists   | \$57.67   | \$88.28   |
| Family Counsellors   | \$57.67   | \$88.28   |
| Psychometrists   | \$57.67   | \$88.28   |
| Rehabilitation Counsellors   | \$57.67   | \$88.28   |
| Vocational Counsellors   | \$57.67   | \$88.28   |

\*This rate applies to all services rendered on or after July 14, 2012 to an insured person whose impairment is determined to be a catastrophic impairment as defined in the SABS whether such services are rendered before or after such determination is made.

| Form   | Maximum Payable for<br>Completion of Form |
|--|---|
| Disability Certificate (OCF-3)                 | \$200.00                                  |
| Treatment and Assessment Plan (OCF-18)         | \$200.00                                  |
| Automobile Insurance Standard Invoice (OCF-21) | \$0.00                                    |