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No. A-02/04

Property & Casualty

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Professional Services Guideline, Designated Assessment Centre Fee Guideline, Psychological Assessment and Treatment Guideline

To the attention of all insurance companies licensed

to transact automobile insurance in Ontario

and to the attention of Designated Assessment Centres

With this Bulletin, the Financial Services Commission of Ontario (FSCO) is highlighting, for your reference, a revised *Professional Services Guideline* and a *Designated Assessment Centre Fee Guideline*. This revised *Professional Services Guideline* replaces the Superintendent's *Professional Services Guideline* No. 05/03 released in September 2003.

1. Revised Professional Services Guideline

The revised *Professional Services Guideline* establishes new maximum amounts payable by insurers for expenses related to the services of any of the health care professions and providers listed in the Guideline.

Some other highlights of the Guideline are set out below:

- Hourly rates for treatment of claimants with catastrophic injuries have been added. These rates apply to services rendered after the insured person has been determined to have sustained the catastrophic injury.
- The separate maximum hourly rate for Masters of Psychology has been removed and psychological associates and psychologists are now subject to the same maximum hourly rate, to reflect the fact that the College of Psychologists of Ontario, the governing body of psychologists and psychological associates, treats both designations as equal.
- A fee of up to $62 is payable for completion of an Application for Approval of an Assessment or Examination (OCF-22). The fee will only be payable following the approval by the insurer of any assessment or examination proposed in the OCF-22, or the determination by a Designated Assessment Centre (DAC) that any assessment or examination proposed in the OCF-22 is reasonably required.
- Collateral benefits reasonably available for any services to which this Guideline or Superintendent's *Professional Services Guideline* No. 05/03 applies are to be deducted from the maximums established in the Guideline.

Unregulated Providers

In order to address questions over which providers fall into the unregulated provider category, the revised Guideline specifically identifies all providers that are subject to the unregulated provider hourly rates.

Unregulated providers and other regulated providers not listed in the revised Guideline (e.g., social workers and physicians) are not covered by the Guideline. The amount payable for services not covered by the Guideline is to be determined by the parties involved.

Expenses for regulated and unregulated providers identified in the Guideline are payable according to their professional designation and not by the services they provide. For example, case management services provided by an occupational therapist are payable at the occupational therapist rate and not at the case manager rate.

Application of revised *Professional Services Guideline*

The Superintendent's revised *Professional Services Guideline* 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.

Insurers are not prohibited from paying above any maximum fee or hourly rate established in the *Professional Services Guideline*.

The *Professional Services Guideline* does not apply to fees charged by Designated Assessment Centres (DACs). A separate fee schedule, outlined below, will apply to DACs.

2. Designated Assessment Centre Fee Guideline

In order to provide greater predictability and to stabilize costs within the DAC system, FSCO is issuing the *Designated Assessment Centre Fee Guideline* for assessments conducted under section 24 of the *Statutory Accident Benefits Schedule - Accidents on or after November 1, 1996* (SABS) (Ontario Regulation 403/96).

This Guideline applies to all DAC assessments other than Fast-Track Medical and Rehabilitation DACs, Residual Earning Capacity DACs, and assessments for claimants with brain or spinal cord impairments.

This Fee Guideline will be effective for all requests for assessment received by a DAC on or after March 1, 2004.

3. Psychology Assessment and Treatment Guidelines

The *Psychology Assessment and Treatment Guidelines*, March 31, 2001, *Superintendent's Guideline* No. 2/01 are hereby revoked as the Insurance Bureau of Canada and Ontario Psychological Association have not reached an agreement to continue their application.

Copies of Guidelines

Copies of the *Professional Services Guideline and Designated Assessment Centre Fee Guideline* referred to in this Bulletin are attached for your information and will be published in a future edition of *The Ontario Gazette*. The Guidelines can also be downloaded from the FSCO website at: www.fsco.gov.on.ca

Bryan P. Davies

Chief Executive Officer and Superintendent of Financial Services

January 9, 2004

Attachments (PDF):

- Professional Services Guideline
- Designated Assessment Centre Fee Guideline

To view PDF files, you will require Adobe Acrobat® Reader version 7.0. You can download this free software from Adobe's Web site.

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Financial Services Commission of Ontario

Commission des services financiers de l'Ontario

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Professional Services Guideline

Superintendent's Guideline No. 01/04

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
Unregulated Providers:		
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 only to services rendered after the insured person's impairment has been determined by the insurer or by a Designated Assessment Centre to meet the definition of a catastrophic impairment as defined in the SABS 2 (1.1) (a) to (g) and 2 (1.2) (a) to (g).

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.

Revocation of Psychology Assessment and Treatment Guidelines

With the release of this Guideline, Psychology Assessment and Treatment Guidelines, March 31, 2001, *Superintendent's Guideline* No. 2/01, previously released by the Financial Services Commission of Ontario, are revoked.

Financial Services Commission of Ontario

Commission des services financiers de l'Ontario

January 2004

Designated Assessment Centre Fee Guideline

Superintendent's Guideline No. 02/04

Designated Assessment Centre Fee Guideline

This *Designated Assessment Centre (DAC) Fee Guideline* establishes the maximum expenses payable by automobile insurers under the SABS related to the services of DACs in conducting designated assessments under the *Statutory Accident Benefits Schedule - Accidents on or after November 1, 1996* (SABS).

Purpose:

Pursuant to subsection 24(2) of the SABS, an insurer is not liable to pay for expenses related to professional services that exceed the maximum amounts established by this Guideline.

Amounts:

No insurer shall be liable for any expenses related to the services of a DAC under the SABs that exceed the following amounts:

1. $3,900.00 for a disability designated assessment.
2. $5,600.00 for a Post-104 week disability designated assessment.
3. $2,000.00 for a medical/rehabilitation designated assessment.
4. $2,600.00 for an attendant care designated assessment.

These amounts include all costs incurred during the assessment process, including expenses for administration, transportation and diagnostic testing.

It is expected that basic designated assessments will be completed at fees lower than these amounts.

Fast-Track Medical and Rehabilitation and REC DACs

Pursuant to Bulletin No. A-14/03, the Financial Services Commission of Ontario (FSCO) has already issued the *Fee Guideline for Fast-Track Medical and Rehabilitation Designated Assessment Centres* (Fee Guideline) for assessments conducted under the SABS. This Fee Guideline remains in place. The maximum fee applicable to Residual Earning Capacity DACs, of $6,600, also remains in place pursuant to Bulletin A-04/99.

Catastrophic DACs and Brain and Spinal Cord Impairments

Due to the complex nature of catastrophic impairment DAC assessments, no maximum fee is applicable to these assessments. These maximum amounts also do not apply to DAC assessments of claimants with brain or spinal cord impairments.

Effective Date

This Guideline will be effective for all requests for assessment received by a DAC on or after March 1, 2004. Requests received by a DAC prior to March 1, 2004 or assessments in progress as of that date are not subject to this Fee Guideline.