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Bulletin

No. A-06/05

Property & Casualty

– Auto

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Revised Professional Services Guideline

**To the attention of all insurance companies licensed
to transact automobile insurance in Ontario**

With this Bulletin, the Financial Services Commission of Ontario (FSCO) is releasing a revised *Professional Services Guideline*.

Revised *Professional Services Guideline*

The *Professional Services Guideline* No. 06/04 was released on March 3, 2004 with Bulletin No. A- 05/04. Many of the maximum hourly rates and fees for the completion of forms set out in the *Professional Services Guideline* were originally established in September 2003.

The revised *Professional Services Guideline* released with this Bulletin increases the maximum hourly rates and the maximums payable for the completion of certain forms by 2.77% effective for services rendered and forms completed on or after July 1, 2005.

The 2.77% increase reflects the percentage increase applied by the Ontario Medical Association (OMA) for all

uninsured services and fees for forms recommended in the OMA *Physician Guide to Third Party & Other Uninsured Services*, January 2005 edition.

The *Professional Services Guideline* No. 06/04 continues to apply to expenses related to services rendered and forms completed from February 1, 2004 to June 30, 2005.

Annual Change in Professional Services Guideline

It is expected that the *Professional Services Guideline* will be revised on an annual basis, effective on July 1st each year, based on the recommended annual increase to the OMA *Physician Guide to Third Party & Other Uninsured Services* or another appropriate factor.

Application to Services Rendered or Forms Completed Before July 1st but Invoiced on or After July 1, 2005

The previous *Professional Services Guideline* No. 06/04 will continue to apply to services rendered or forms completed prior to July 1, 2005 whether they are billed before or after July 1, 2005.

Application to Services Approved Before July 1, 2005

The *Professional Services Guideline* released with this Bulletin applies to services rendered on or after July 1, 2005 even if approved prior to July 1, 2005.

Copies of Guidelines and Forms

A copy of the revised *Professional Services Guideline* referred to in this Bulletin is attached for your information and will be published in a forthcoming edition of *The Ontario Gazette*. The *Professional Services Guideline* can also be downloaded from the FSCO Web site at: www.fSCO.gov.on.ca.

Bryan P. Davies

Chief Executive Officer and Superintendent of Financial Services

June 29, 2005

Attachment: [Revised Professional Services Guideline](#)



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Last Modified: 8/23/2005 3:30:40 PM

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Financial Services
Commission
of Ontario

Commission des
services financiers
de l'Ontario

July 2005

Professional Services Guideline
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Superintendent's Guideline No. 01/05

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, 2005.

The Superintendent's *Professional Services Guideline* No. 06/04 continues to apply to expenses related to services rendered or forms completed from February 1, 2004 to June 30, 2005 whether they are billed before or after July 1, 2005.

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, 2005 even if approved prior to July 1, 2005.

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 <i>except catastrophic impairments</i>	Maximum Hourly Rate <i>catastrophic impairments*</i>
Chiropractors	\$97.63	\$117.16
Massage Therapists	\$50.36	\$77.08
Occupational Therapists	\$86.33	\$103.80
Physiotherapists	\$86.33	\$103.80
Podiatrists	\$86.33	\$103.80
Psychologists and Psychological Associates	\$129.49	\$155.18
Speech Language Pathologists	\$97.12	\$116.13
Registered Nurses, Registered Practical Nurses and Nurse Practitioners	\$79.13	\$94.55
<i>Unregulated Providers:</i>		
Case Managers	\$50.36	\$77.08
Kinesiologist	\$50.36	\$77.08
Family Counsellors	\$50.36	\$77.08
Psychometrists	\$50.36	\$77.08
Rehabilitation Counsellors	\$50.36	\$77.08
Vocational Counsellors	\$50.36	\$77.08

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 July 1, 2005 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)	\$63.72
Treatment Plan Form (OCF-18)	\$63.72
Form 1 - Assessment of Attendant Care Needs	\$63.72
Automobile Insurance Standard Invoice (OCF-21)	\$0
Application for Approval of an Assessment or Examination (OCF-22)	\$63.72

Collateral Benefits

In respect of any expense referenced in this Guideline or in a previous Superintendent's *Professional Services Guideline*, 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*.