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## Revised Minor Injury Guideline and Treatment and Assessment Plan (OCF-18)



### Bulletin

No. A-01/14

Property & Casualty  
– Auto

### To all insurance companies licensed to transact auto insurance in Ontario and all health care providers

The Financial Services Commission of Ontario (FSCO) is releasing a revised Minor Injury Guideline (MIG) and Treatment and Assessment Plan (OCF-18) that become effective February 1, 2014.

The revised MIG and OCF-18 reflect the recent change made to the Statutory Accident Benefits Schedule – Effective September 1, 2010 (SABS), outlined in Bulletin A-07/13, to provide that a pre-existing condition referred to in s. 38 (3) (c) (i) (regarding the MIG) must have been documented by a health practitioner prior to the accident.

### Health Claims for Auto Insurance

Until the revisions to the OCF 18 (change to the introductory Note box on page 1 and to the second question in Part 4) are reflected in the electronic Health Claims for Auto Insurance (HCAI) system (expected to occur in the summer of 2014), the revisions are to be read-in to HCAI's existing electronic version of the OCF-18.

Insurers and health care providers and clinics should visit the [HCAI information website](#) ([www.hcaiinfo.ca](http://www.hcaiinfo.ca)) to learn more about how the recent SABS amendments change the OCF-18's completion and processes in the HCAI system.

Health care providers are reminded that any attachments to the OCF-18 are to be sent directly to the insurer not to HCAI.

### Authority

The revised MIG is issued pursuant to section 268.3 of the Insurance Act (the Act) and is incorporated by reference in the SABS. It is expected to be published in the January 25, 2014 edition of The Ontario Gazette. The revised OCF-18 is issued pursuant to section 66 of the SABS.

### COPIES

The revised MIG and OCF-18 are attached for your information and can also be downloaded from the FSCO website at [www.fSCO.gov.on.ca](http://www.fSCO.gov.on.ca).

### More Information

The Act and amended SABS can be found at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)

**NOTE:** The bulletins that are posted on this website are provided for historical reference purposes. The information in these bulletins is accurate on the date the information is published, but is subject to change and may be replaced by more recent bulletins.

An order that is made regarding a licence holder reflects a situation at a particular point in time. The status of a licence holder can change. Readers should check the current status of a person's or entity's licence on the [Licensing Link](#) section of FSCO's website. Readers may also wish to contact the person or entity directly to get additional information or clarification about the events that resulted in the order.

These bulletins may include forms that are no longer up-to-date or accurate. Readers should visit the [forms](#) section of the FSCO website, to ensure they are using the most recent version of a FSCO form.

Philip Howell  
Chief Executive Officer and  
Superintendent of Financial Services

January 24, 2014

Attachments

- 1. [Minor Injury Guideline – Superintendent's Guideline No. 01/14](#) 
- 2. Treatment and Assessment Plan (OCF 18)  
[Accessible Version](#)  | [PDF](#) 



Financial Services  
Commission  
of Ontario

Commission des  
services financiers  
de l'Ontario

**February 2014**

**Minor Injury Guideline**

Superintendent's Guideline No. 01/14

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## Minor Injury Guideline

### 1. Introduction

This Guideline replaces the Minor Injury Guideline – Superintendent's Guideline No. 02/11 issued in November 2011, and is issued pursuant to s. 268.3 of the *Insurance Act* for the purposes of the *Statutory Accident Benefits Schedule - Effective September 1, 2010* (SABS).

This Guideline applies to documents specified in this Guideline that are delivered on or after **February 1, 2014**, regardless of the date of the accident to which they relate.

**This Guideline is incorporated by reference in the SABS, and is therefore binding according to section 268.3 (2.1) of the *Insurance Act*.**

For the purposes of this Guideline, the terms “injury” and “injuries” have the same meaning as “impairment” and “impairments” respectively as used in the SABS, and “regulated health professional” and “health practitioner” have the same meanings as in the SABS.

This Guideline is effective for any Treatment Confirmation Form (OCF-23) submitted on behalf of an insured person, or when the insurer has waived the requirement for an OCF-23, in respect of an accident that occurred on or after September 1, 2010.

The Pre-approved Framework Guideline for Grade I and II Whiplash Disorders (Superintendent's Guideline No. 02/09) remains in effect for Treatment Confirmation Form (OCF-23) forms that are submitted on behalf of an insured person, or when an insurer has waived the requirement for a Treatment Confirmation Form (OCF-23) form, in respect of an accident that occurred before September 1, 2010.

The objectives of this Guideline are to:

- a) Speed access to rehabilitation for persons who sustain minor injuries in auto accidents;
- b) Improve utilization of health care resources;
- c) Provide certainty around cost and payment for insurers and regulated health professionals; and
- d) Be more inclusive in providing immediate access to treatment without insurer approval for those persons with minor injuries as defined in the SABS and set out in Part 2 of this Guideline.

Consistent with these objectives, this Guideline sets out the goods and services that will be paid for by the insurer without insurer approval if provided to an insured person who has sustained a minor injury.

This Guideline is focused on the application of a **functional restoration approach**, in addition to the provision of interventions to reduce or manage pain or disability.

The SABS and this Guideline are intended to encourage and promote the broadest use of this Guideline, recognizing that most persons injured in car accidents in Ontario sustain minor injuries for which the goods and services provided under this Guideline are appropriate.

Usage of the Guideline by all stakeholders will be monitored on an ongoing basis, with a view to early identification and response to inappropriate application or interpretation of the SABS and the Guideline.

## 2. Definitions

This Guideline is focused on the application of a functional restoration approach in the management of minor injuries in the acute and sub-acute phases of the injury.

For the purposes of this Guideline:

- a) **minor injury** means a sprain, strain, whiplash associated disorder, contusion, abrasion, laceration or subluxation and any clinically associated sequelae. This term is to be interpreted to apply where a person sustains any one or more of these injuries.
- b) **sprain** means an injury to one or more tendons or ligaments or to one or more of each, including a partial but not a complete tear.
- c) **strain** means an injury to one or more muscles, including a partial but not a complete tear.
- d) **subluxation** means a partial but not a complete dislocation of a joint.
- e) **whiplash injury** means an injury that occurs to a person's neck following a sudden acceleration-deceleration force.
- f) **whiplash associated disorder** means a whiplash injury that:
  - (i) does not exhibit objective, demonstrable, definable and clinically relevant neurological signs, and
  - (ii) does not exhibit a fracture in or dislocation of the spine.
- g) **Functional restoration** refers to an approach in which the health practitioner is oriented toward function and to the delivery of interventions that help the insured person to reduce or manage his/her pain and associated psycho-social symptoms. Interventions are focused on what the insured person needs to do in order to function at his/her pre-accident level in his/her home and work environment. The insured person is assessed to determine the level of current functioning relative to these critical demands and any functional limitations that have arisen as a result of the injury. The interventions delivered by the health practitioner or by regulated health professionals coordinated or supervised by the health practitioner are then designed to address these areas of limitation such that the individual will be able to maintain and/or resume normal activities at home and at work.

- h) **Recommended interventions** refers to interventions that are ideally provided each time the insured person attends the health practitioner's clinic.
- i) **Discretionary interventions** refers to interventions that are provided at the discretion of the health practitioner based upon the specific needs of the insured person. These interventions **should not be interpreted** to be less important in the treatment of the insured person.

### **3. Impairments that come within this Guideline**

Subject to the exception in Section 4 below, an insured person's impairment comes within this Guideline if the impairment is predominantly a minor injury.

### **4. Impairments that do not come within this Guideline**

An insured person's impairment does not come within this Guideline if the insured person's impairment is predominantly a minor injury but, based on compelling evidence provided by his or her health practitioner, the insured person has a pre-existing medical condition that was documented by a health practitioner before the accident and that will prevent the insured person from achieving maximal recovery from the minor injury if he or she is subject to the \$3,500 limit referred to in section 18(1) of the SABS or is limited to the goods and services authorized under this Guideline.

Compelling evidence is to be provided using the Treatment and Assessment Plan (OCF-18) with attached medical documentation, if any, prepared by a health practitioner.

The existence of any pre-existing condition will not automatically exclude a person's impairment from this Guideline. It is intended and expected that the vast majority of pre-existing conditions will not do so.

Only in extremely limited instances, where compelling evidence provided by a health practitioner satisfactorily demonstrates that a pre-existing condition that was documented by a health practitioner before the accident, and that will prevent a person from achieving maximal recovery from the minor injury for the reasons described above, is the person's impairment to be determined not to come within this Guideline. Exclusion of a person from this Guideline based on reasons or evidence falling short of this requirement is inconsistent with the intent of the SABS and this Guideline.

### **5. Providers able to deliver services within this Guideline**

Providers who are able to deliver services within this Guideline are any health practitioners, as defined by the SABS, who are authorized by law to treat the injury and who have the ability to deliver the interventions referred to in this Guideline. The health practitioner may also co-ordinate or directly supervise the provision of services to the insured person by other appropriate health care providers.

### **6. Changing health practitioners within this Guideline**

Where an insured person under this Guideline decides to change health practitioners while treatment services are being provided under a Block, the new health practitioner will inform the insurer, who will advise the new health practitioner as to what services have already been

provided under the Guideline. The new health practitioner will then resume delivery of Guideline services.

The previous health practitioner may bill only 25% of the amount otherwise payable for a Block for each week or part week in which the previous health practitioner provided treatment under the Block (e.g., a health care practitioner who provided 2 weeks of treatment would bill 50% of the total amount otherwise payable for the specified Block). This information must be detailed in the “Other Information” section of the OCF-21. Payment to the new health practitioner will be limited to the balance of the remaining services under this Guideline.

## **7. The initial visit**

### **a) Timing of the initial visit**

The initial visit will ideally occur as soon as possible following the date of accident and health practitioners are encouraged to commence intervention during the initial visit.

### **b) Components of the initial visit**

#### **i. Assessment**

In assessing the insured person, the health practitioner will be responsible for:

- Undertaking a history, including, but not limited to: demographics; prior injuries; current injury.
- Completing a physical examination, including, but not limited to: range of motion determination; neurological examination; assessment of associated injuries.
- Reviewing and documenting functional status and psychosocial risk factors associated with the injury including, but not limited to: changes in functional status; psycho-social issues; other risk factors or barriers to recovery. It is understood that the review and documentation of functional status and psycho-social risk factors is within the scope of practice of the health practitioner and does not involve a formal psychological assessment. While it is recommended that the health practitioner employ standardized tools and instruments in the review of functional status and psychosocial risk factors, the specific tools used are left to the discretion of the individual health practitioner.
- Identifying the diagnosis and/or impairment description, including: the Primary Diagnosis/Impairment Description (ICD 10 Codes); and the Secondary Diagnosis/Impairment Description (ICD 10 Codes).
- Obtaining and recording the insured person’s informed consent to treatment.
- Reviewing the completed Treatment Confirmation Form (OCF-23) with the insured person and obtaining the insured person’s signature on the Form unless the insurer has waived the requirement for the form.

#### **ii. Recommended interventions during the initial visit**

The interventions that are recommended during the initial visit include:



- **Activity prescription**  
Encouraging the insured person, when appropriate, to remain active and maintain normal activities as an important factor in facilitating recovery.
- **Reassurance**  
Providing reassurance, when appropriate, to the insured person regarding his/her injuries and the recovery process.
- **Education**  
Distributing the brochure “Getting the Facts About Whiplash” (attached as Appendix A), when appropriate, and providing education regarding minor injuries, symptoms, the natural healing process and prognosis for recovery.
- **Home exercise program**  
Demonstrating and providing advice, when appropriate, on how the insured person should exercise his/her injury; and customizing an exercise program for the insured person to engage in at home, work or school.

### iii. **Discretionary interventions during the initial visit**

At the discretion of the health practitioner, and to facilitate the insured person's recovery and return to function, these include:

- **Exercise and functional activities**  
The interventions should be based on the specific needs and functional requirements of the insured person and may include: range of motion exercises; muscle re-education; and low load isometric exercise.
- **Mobilization and manipulation**  
The health practitioner may provide these interventions if the insured person would benefit from mobilization and/or manipulation.
- **Diagnostic imaging**  
X-rays may be undertaken without the prior approval of the insurer under the following circumstances:
  - The fees charged do not exceed those listed in Appendix C and any available funding from OHIP or collateral insurance is utilized before the insurer is charged;
  - No other comparable x-rays have been taken by another health practitioner or facility since the accident; and
  - The insured person displays one or more of the following:
    - Suspicion of a bony injury;
    - Suspicion of degenerative changes, instability or other conditions of sufficient severity that counter indications to one or more interventions must be ruled out;
    - Suspicion of rheumatoid arthritis;
    - Suspicion of osteoporosis; or
    - History of cancer.
- **Other interventions that facilitate pain management, activation and return to function**

If the insured person would benefit from other specific interventions to facilitate pain management, activation and return to function, these interventions may be provided during the initial or subsequent visits. These may include, but are not limited to: massage therapy; intervention for psycho-social issues; coping skills education; advice regarding hurt versus harm and maintaining active engagement; energy conservation techniques; etc.

**c) Recommendations for intervention at the conclusion of the initial visit and Documentation/Invoicing**

The health practitioner will determine which of the following statements describes the recommendations for intervention at the conclusion of the initial visit:

- i. No additional intervention is required. The health practitioner submits an Auto Insurance Standard Invoice (OCF-21) for the initial visit.
- ii. Additional interventions as described in this Guideline are required and are appropriate as described in Part 3 of this Guideline (i.e., the insured person's impairment comes within the Guideline). The health practitioner completes the OCF-23 and submits it to the insurer within 10 business days of the initial visit unless the insurer has waived this requirement. The health practitioner will complete and submit the OCF-21.
- iii. Additional intervention is required but is not appropriate under this Guideline as described in Part 4 of this Guideline (i.e. the insured person's impairment does not come within the Guideline). The health practitioner either completes and submits the OCF-18 providing compelling evidence of the pre-existing medical condition, that was documented by a health practitioner before the accident, and that prevents the insured person from achieving maximal recovery or makes an appropriate referral. The health practitioner submits an OCF-21 for the initial visit.

**d) Fee for the initial visit (see Appendix B - Fee Schedule)**

The fee that will be paid for the initial visit is \$215.00, inclusive of all assessment and intervention services provided during the initial visit, regardless of the amount or type provided. This fee also includes completion of the OCF-23.

## **8. The treatment phase**

If the health practitioner determines that the Guideline applies to the insured person and that intervention under the Guideline is required to facilitate recovery and return to function, the insured person continues on to the treatment phase.

**a) Timing and duration in the treatment phase**

The treatment phase sessions are treatments provided in addition to any intervention delivered during the initial visit and will not typically exceed twelve weeks in duration following the date of the initial visit. The appropriate health care provider will deliver treatment sessions based on the needs of the insured person and the health practitioner's clinical judgement.

**b) Components of the treatment phase**

## **Recommended and discretionary interventions**

### **i. Recommended interventions during the treatment phase**

- **Continuing clinical review**  
Regular review of the insured person's clinical status and progress toward functional restoration, based on which the health practitioner will make any necessary modifications in the approach to intervention.
- **Activity prescription; Reassurance; Education; and Home Exercise Program (as described above under the initial visit)**

### **ii. Discretionary interventions during the treatment phase**

- **Exercise and functional activities; Mobilization and manipulation (as described above under the initial visit)**
- **Pain management and coping skills education**  
If the insured person is displaying signs of distress or difficulties coping with the effects of his/her injury, the health practitioner may introduce pain management and coping skills education (a standardized approach is recommended).
- **Diagnostic imaging (as described above under the initial visit)**
- **Other Interventions that will facilitate pain management, activation and return to function (as described above under the initial visit)**

## **Treatment blocks**

### **i. Block 1**

During the first four-week block of treatment (beginning immediately following the initial visit), the health care practitioner is expected to provide or oversee the interventions established through the OCF-23 from the initial visit.

If the insured person reaches maximal recovery during this period, he or she is discharged from the Guideline (see part (e) of this section). If the insured person requires additional intervention(s), the health practitioner continues treatment under Block 2.

The fee for this period is \$775.00 for treatment or \$200.00 to provide monitoring services under part (c) of this section, but not both.

### **ii. Block 2**

During the second four-week block of treatment, the health care practitioner is expected to provide or oversee the interventions established through the OCF-23, if applicable, and/or will continue any additional intervention(s) established in Block 1.

If the insured person reaches maximal recovery during this period, he or she is discharged from the Guideline (see part (e) of this section). If the insured person requires additional intervention(s), the health practitioner continues treatment under Block 3.

The fee for this period is \$500.00 for treatment or \$200.00 to provide monitoring services under part (c) of this section, but not both.

**iii. Block 3**

During the final four-week block of treatment, the health care practitioner is expected to provide or oversee the interventions established through the OCF-23, if applicable, and/or will continue any additional intervention(s) established in Block 1 and/or Block 2.

If the insured person reaches maximal recovery during this period, he or she is discharged from the Guideline (see part (e) of this section). If the insured person requires additional intervention(s) beyond Block 3, the insured person must submit an OCF-18 to the insurer.

The fee for this period is \$225.00 for treatment or \$200.00 to provide monitoring services under part (c) of this section, but not both.

**c) Monitoring by health practitioner**

The health practitioner may provide guidance, advice, coaching, counselling and or reassurance to the insured person in lieu of the treatment provided in any of the Blocks. A fee for this intervention is not payable if treatment under Block 3 has commenced.

Provision of the monitoring intervention is conditional on the following requirements:

- 1) the monitoring is provided within 12 weeks of the initial visit;
- 2) the insured person is determined to have reached maximal recovery and no longer requires further treatment;
- 3) the insured person has resumed some or all of his or her pre-accident activities (e.g., work, home, school, etc.); and
- 4) no treatment or further monitoring is provided under subsequent Block(s).

The fee for this service is \$200.00.

**d) Supplementary goods and services during the treatment phase**

Additional funds are available to provide supplementary goods and additional services to support restoration of functioning and address barriers to recovery. The supplementary goods and services may include but are not limited to:

- Treatment services for the additional minor injuries arising from the same accident.
- Goods required for self-directed exercise and/or pain management such as, but not limited to: theraband; gym ball; hot/cold packs; back support; lumbar roll; etc.
- Assistive devices required to maintain/return to work/school/home or personal activity such as but not limited to: head set; trolley; braces.

- Supportive interventions such as advice/education to deal with accident-related psycho-social issues, such as but not limited to: distress; difficulties coping with the effects of his/her injury; driving problem/stress.

The health practitioner, a regulated health professional or an appropriate health care provider may provide the supplementary goods and/or services that are deemed necessary, up to a maximum cost of \$400.00, without approval of the insurer.

**e) Discharge status during or at the conclusion of the treatment phase and Documentation/Invoicing**

The health practitioner will determine which of the following statements describes the insured person's status when discharged during or at the conclusion of the treatment phase and provide documentation as required:

**i. No additional intervention is required**

- Submit the Minor Injury Guideline Discharge Report (OCF-24) with all the relevant sections completed and include functional and employment status.
- Submit an OCF-21C to bill for the goods and services delivered during this phase.

**ii. Additional intervention outside this Guideline is required**

- Submit the OCF-24 with the relevant sections completed and include functional and employment status.
- Submit an OCF-21C to bill for the goods and services delivered during this phase.
- Inform the insurance company of the intervention outside of this Guideline that is recommended for the insured person via submission of an OCF-18 or refer the insured person to another health practitioner, as appropriate.

**iii. The insured person has been discharged from treatment under this Guideline because he/she is non-compliant, is not attending sessions or voluntarily withdrew from treatment**

- Submit the OCF-24 with the relevant sections completed and include functional and employment status.
- Submit an OCF-21C to bill for the goods and services delivered during this phase.

**f) Fees for the treatment phase (see Appendix B - Fee Schedule)**

The block fees that will be paid during the treatment phase are \$775.00 for weeks 1-4, \$500.00 for weeks 5-8, and \$225.00 for weeks 9-12.

The maximum fee for supplementary goods and services under this Guideline is \$400.00. The transfer fee, if an insured person changes his/her health practitioner is \$50.00, payable to the health practitioner receiving the file.

## **9. Amounts Payable under Other Insurance and Health Care Coverage**

Section 47 (2) of the SABS provides that an auto insurer is not obligated to pay for that portion of an expense for which payment is reasonably available under other insurance or health care

coverage (for the purpose of this Guideline, such coverage is collectively referred to as extended health care benefits (EHCBs)).

All EHCBs reasonably available to an insured person for services provided under this Guideline are to be deducted from the amounts otherwise payable by the auto insurer according to Appendix B - Fee Schedule. For example, if the insured person has \$500 in EHCBs reasonably available for the treatment services referred to in Blocks 1, 2 & 3, this amount would be deducted from the \$1,500 otherwise payable by the auto insurer for Blocks 1, 2 & 3; therefore the auto insurer would pay only \$1,000 [\$1,500 - \$500] for Blocks 1, 2 & 3. However \$2,500 [\$3,500 minor injury cap - \$1,000 paid by the auto insurer] would remain available for payment of the other fees outlined in Appendix B and C and for additional interventions if determined to be reasonably necessary in accordance with section 38 of the SABS.

When an insured person has EHCBs, the health care provider must deduct all amounts reasonably available for treatment services from the specified Block where the treatment was provided.

Please note also that EHCBs reasonably available from other sources do not reduce the \$3,500 minor injury cap for medical and rehabilitation benefits as referred to in s. 18 (1) of the SABS.

# **Appendix A**

## **Getting the Facts about Whiplash Brochure\***

### **Getting the facts about Whiplash: Grades I and II**

People injured in car accidents sometimes experience a strain of the neck muscles and surrounding soft tissue, known commonly as whiplash. This injury often occurs when a vehicle is hit from the rear or the side, causing a sharp and sudden movement of the head and neck. Whiplash may result in tender muscles (Grade I) or limited neck movement (Grade II). This type of injury is usually temporary and most people who experience it make a complete recovery. If you have suffered a whiplash injury, knowing more about the condition can help you participate in your own recovery. This brochure summarizes current scientific research related to Grade I and II whiplash injuries.

### **Understanding Whiplash**

- Most whiplash injuries are not serious and heal fully.
- Signs of serious neck injury, such as fracture, are usually evident in early assessments. Health care professionals trained to treat whiplash are alert for these signs.
- Pain, stiffness and other symptoms of Grades I or II whiplash typically start within the first 2 days after the accident. A later onset of symptoms does not indicate a more serious injury.
- Many people experience no disruption to their normal activities after a whiplash injury. Those who do usually improve after a few days or weeks and return safely to their daily activities.
- Just as the soreness and stiffness of a sprained ankle may linger, a neck strain can also feel achy, stiff or tender for days or weeks. While some patients get better quickly, symptoms can persist over a longer period of time. For most cases of Grades I and II whiplash, these symptoms gradually decrease with a return to activity.

### **Daily Activity and Whiplash**

- Continuing normal activities is very important to recovery.
- Resting for more than a day or two usually does not help the injury and may instead prolong pain and disability. For whiplash injuries, it appears that "rest makes rusty."
- Injured muscles can get stiff and weak when they're not used. This can add to pain and can delay recovery.
- A return to normal activity may be assisted by active treatment and exercises.
- Cervical collars, or "neck braces," prevent motion and may add to stiffness and pain. These devices are generally not recommended, as they have shown little or no benefit.
- Returning to activity maintains the health of soft-tissues and keeps them flexible - speeding recovery. Physical exercise also releases body chemicals that help to reduce pain in a natural way.
- To prevent development of chronic pain, it is important to start moving as soon as possible.

### **Tips For Return To Activity**

- Avoid sitting in one position for long periods.
- Periodically stand and stretch.
- Sit at your workstation so that the upper part of your arm rests close to your body, and your back and feet are well supported.
- Adjust the seat when driving so that your elbows and knees are loosely bent.
- When shopping or carrying items, use a cart or hold things close to the body for support.
- Avoid contact sports or strenuous exercise for the first few weeks to prevent further injury. Ask your health care professional about other sporting or recreational activities.

- Make your sleeping bed comfortable. The pillow should be adjusted to support the neck at a comfortable height.

### **Treating Whiplash**

- Research indicates that successful whiplash treatment requires patient cooperation and active efforts to resume daily activity.
- A treating health care professional will assess your whiplash injuries, and discuss options for treatment and control of pain.
- Although prescription medications are usually unnecessary, temporary use of mild over-the-counter medication may be suggested, in addition to ice or heat.
- Your treating health care professional may recommend appropriate physical treatment.

### **Avoiding Chronic Pain**

- Some whiplash sufferers are reluctant to return to activity, fearing it will make the injury worse. Pain or tenderness may cause them to overestimate the extent of physical damage.
- If your health care professional suggests a return to activity, accept the advice and act on it.
- Stay connected with family, friends and co-workers. Social withdrawal can contribute to depression and the development of chronic pain.
- If you are discouraged or depressed about your recovery, talk to your health care professional.
- Focus on getting on with your life, rather than on the injury!

### **Preventing Another Whiplash Injury**

- Properly adjusting the height of your car seat head restraint (head rest) will help prevent whiplash injury in an accident. In an ideal adjustment, the top of the head should be in line with the top of the head restraint and there should be no more than 2 to 5 cm between the back of the head and the head restraint.

This brochure provides general information about whiplash injuries. It does not replace advice from a qualified health care professional who can properly assess a whiplash injury and recommend treatment.

The information highlights the latest available scientific research on whiplash and has been endorsed by the following groups:

Insurance Bureau of Canada (IBC)  
 Ontario Chiropractic Association (OCA)  
 Ontario Massage Therapist Association (OMTA)  
 Ontario Physiotherapy Association (OPA)  
 Ontario Society of Occupational Therapists (OSOT)

\*This brochure was originally released in 2003 and is available at [www.ibc.ca](http://www.ibc.ca).



## Appendix B

### Minor Injury Guideline Fee Schedule

| INTERVENTIONS                                                                                                                                                                                                                                    | FEE                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <ul style="list-style-type: none"> <li>Initial visit (1 session)</li> </ul>                                                                                                                                                                      | \$215.00                            |
| <ul style="list-style-type: none"> <li>Treatment phase (up to 12 weeks post-accident)               <ul style="list-style-type: none"> <li>Block 1 (weeks 1-4)</li> <li>Block 2 (weeks 5-8)</li> <li>Block 3 (weeks 9-12)</li> </ul> </li> </ul> | \$775.00<br>\$500.00<br>\$225.00    |
| <ul style="list-style-type: none"> <li>Health practitioner monitoring (Refer to section 8.(c) of this Guideline for conditions)</li> </ul>                                                                                                       | \$200.00                            |
| <ul style="list-style-type: none"> <li>Completion of Minor Injury Discharge Report (OCF-24) (payable once at discharge)</li> </ul>                                                                                                               | \$85.00                             |
| <ul style="list-style-type: none"> <li>Supplementary goods and services</li> </ul>                                                                                                                                                               | To an aggregate maximum of \$400.00 |
| <ul style="list-style-type: none"> <li>Transfer fee if insured person changes health practitioner</li> </ul>                                                                                                                                     | \$50.00                             |
| <ul style="list-style-type: none"> <li>X-Ray fee</li> </ul>                                                                                                                                                                                      | See Appendix C                      |

## Appendix C

### Payment Schedule for X-Rays

| DESCRIPTION                                                                                                                                                                 | FEE                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Cervical Spine <ul style="list-style-type: none"> <li>• 2 or fewer views</li> <li>• 3 - 4 views</li> <li>• 5 - 6 views</li> <li>• more than 6 views</li> </ul>              | \$36.80<br>\$43.91<br>\$50.19<br>\$59.22 |
| Thoracic Spine <ul style="list-style-type: none"> <li>• 2 or fewer views</li> <li>• 3 - 4 views</li> </ul>                                                                  | \$34.34<br>\$45.20                       |
| Lumbar or Lumbosacral Spine <ul style="list-style-type: none"> <li>• 2 or fewer views</li> <li>• 3 - 4 views</li> <li>• 5 - 6 views</li> <li>• more than 6 views</li> </ul> | \$36.80<br>\$43.91<br>\$50.19<br>\$58.40 |

# Government of Ontario: Financial Services Commission of Ontario

## Treatment and Assessment Plan (OCF-18)

Use this form for accidents that occur on or after November 1, 1996.

**\*\*Claim Number:**Name of Claimant:

**\*\*Policy Number:**

Date of Accident (YYYYMMDD):

Return this form to:

**NOTE:** A Treatment and Assessment Plan (OCF-18) is not required to make the following claims:

- ambulance or other goods or services provided on an emergency basis not more than 5 business days after the accident
- drugs prescribed by a regulated health professional
- goods with a cost of \$250 or less per item
- dental goods or services (submitted on the Standard Dental Claim Form)

**If this is an impairment that comes within the Minor Injury Guideline applicable to the accident (for accidents that occurred on or after September 1, 2010), or within a Pre-approved Framework Guideline (for accidents that occurred before September 1, 2010), an OCF – 23 Treatment Confirmation Form is required instead of this form.**

**To the Applicant:**

Please provide information for the completion of Parts 1 and 2 and 3. After your regulated health professional has reviewed your Treatment and Assessment Plan with you, sign Part 10.

Your regulated health professional will complete all other parts of the form.

Collection, use and disclosure of this information are subject to all applicable privacy legislation. Additional disclosure and consent may be required depending on the manner in which the information is used and disclosed.

**As indicated on the form, all attachments are sent directly to the insurer.**

**All fields must be completed subject to the following exceptions:**

**\*required if known**

**\*\*at least one field in this section**

**\*\*\*optional**

**To the Regulated Health Professional/Facility:** To the extent possible, this Treatment and Assessment Plan should include all goods and services contemplated by the regulated health professional referred to in Part 5.

A health practitioner (i.e., chiropractor, dentist, nurse practitioner, occupational therapist, optometrist, physician, physiotherapist, psychologist, speech language pathologist) must sign Part 4.

**Consent:** It is the responsibility of regulated health professionals to ensure that their collection, use and disclosure of information submitted are authorized by a consent form. Ontario Claims Form 5 (OCF – 5) *Permission to Disclose Health Information* may be used as a consent form.

### Part 1 Applicant Information

To be provided by the applicant

Date Of Birth (YYYYMMDD):

Gender:    Male    Female

\*Telephone Number: Extension:

Last Name:

First Name:

\*\*\*Middle Name:

Address:

City:

Province:

Postal Code:

## Part 2 Insurance Company Information

To be provided by the applicant

Insurance Company Name: \_\_\_\_\_

City or Town of Branch Office (if applicable): \_\_\_\_\_

\*Adjuster Last Name: \_\_\_\_\_

\*Adjuster First Name: \_\_\_\_\_

\*Adjuster Telephone: \_\_\_\_\_

\*Adjuster Fax: \_\_\_\_\_

\*\*Name of Policy Holder  
same as Applicant , OR:  
\*\*Policy Holder Last Name:  
\*Policy Holder First Name:

### Part 3 Other Insurance Information

To be completed by the regulated health professional referred to in Part 5 with information from the applicant

**OTHER INSURANCE:**

Is there other insurance coverage for any goods and services listed in this Treatment and Assessment Plan? I have made reasonable enquiries of the applicant and have determined that:

**NO**, There is no other insurance coverage identified for these goods and services

**YES**, There is other insurance coverage that is potentially available to cover/partially cover these goods and services

|                                                                                                                 |     |    |                |
|-----------------------------------------------------------------------------------------------------------------|-----|----|----------------|
| MOH                                                                                                             |     |    |                |
| Is there Ministry of Health and Long-Term Care (MOH) coverage for any goods and services included in this plan? | Yes | No | Not applicable |

Other Insurer 1  
\*Other Insurer Name:  
\*Other Insurance Plan Or Policy Number:  
\*Name of Plan Member:

Other Insurer 2

\*Other Insurer Name:

\*Other Insurance Plan Or Policy Number:

\*Name of Plan Member:

\*Other Insurer's Identifier:

## Part 4 Signature of Health Practitioner

## Treatment and Assessment Plan Certification

Name of Health Practitioner:

College Registration Number:

Facility Name (if applicable):

AISI Facility Number (if applicable):

Address:

City:

Province:

Postal Code:

Telephone Number: \*Extension:

\*Fax Number:

\*Email Address:

**You are a:**

- Chiropractor  
Dentist  
Nurse Practitioner  
Occupational Therapist  
Optometrist  
Physician  
Physiotherapist

Psychologist  
Speech-Language Pathologist

For accidents that occurred before September 1, 2010:  
Is this an impairment referred to in a Pre-approved Framework (PAF) Guideline?    Yes    No

If yes, please explain, in accordance with the PAF Guideline, and with express reference to the provisions of the PAF Guideline on which you rely, why this OCF-18 Treatment and Assessment Plan is being submitted instead of an OCF 23 Treatment Confirmation Form:

For accidents that occur on or after September 1, 2010:  
Is this impairment predominantly a minor injury as referred to in the Minor Injury Guideline applicable to the accident?    Yes    No

If yes, please explain and provide compelling evidence why the applicant does not come within the Minor Injury Guideline due to a pre-existing medical condition that was documented by me or another health practitioner before the accident and that will prevent the applicant from achieving maximal recovery from the minor injury if the applicant is subject to the \$3,500 limit or is limited to the goods and services authorized under the Minor Injury Guideline.

**Send any attachments directly to the insurer**

I confirm that, to the best of my knowledge, the information in this Treatment and Assessment Plan is accurate, the Treatment and Assessment Plan has been reviewed with the applicant by the regulated health professional in Part 5, and the goods and services contemplated are reasonable and necessary for the treatment and rehabilitation of the applicant for the injuries identified in Part 6.

**I UNDERSTAND THAT IT IS AN OFFENCE UNDER THE INSURANCE ACT** to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance.

**I FURTHER UNDERSTAND THAT IT IS AN OFFENCE UNDER THE FEDERAL CRIMINAL CODE** for anyone by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. This information will be used for processing payments of claims; identifying and analysing the nature, effects and costs of goods and services that are provided to automobile accident victims, by health care providers; and **DETECTING AND PREVENTING FRAUD**.

Name of Regulated Health Professional:  
  
Signature of Regulated Health Professional

Date: Year                      Month                      Day

**Part 5 Signature of Regulated Health Professional**

Treatment and Assessment Plan Preparation and Supervision  
  
If same person as Part 4 check here  
and  
**DO NOT COMPLETE Part 5**

Name of Regulated Health Professional:  
College Registration Number:  
Facility Name (if applicable):  
AIS Facility Number (if applicable):

Address:  
City:  
Province:  
Postal Code:  
Telephone Number:                      \*Extension:  
\*Fax Number:  
\*Email Address:

**You are a:**  
Chiropractor  
Dentist  
Massage Therapist  
Nurse  
Occupational Therapist  
Optometrist  
Physician  
Physiotherapist  
Psychologist  
Speech-Language Pathologist  
Social Worker  
Other :

**I CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.**  
**I UNDERSTAND THAT IT IS AN OFFENCE UNDER THE INSURANCE ACT** to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance.  
**I FURTHER UNDERSTAND THAT IT IS AN OFFENCE UNDER THE FEDERAL CRIMINAL CODE** for anyone by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company.

Name of Regulated Health Professional:  
  
Signature of Regulated Health Professional

Date: Year                      Month                      Day

**To the Regulated Health Professional referred to in Part 5:**

Please complete the following information based on your most recent examination of the applicant named above and return the form to the insurance company listed in Part 2. **Please print clearly.**

**Part 6 Injury and Sequelae Information**

Provide a description (list most significant first) and associated ICD-10-CA code for complaints, injuries and sequelae that are the direct result of the automobile accident (refer to the User manual at [www.hcaiinfo.ca](http://www.hcaiinfo.ca) for ICD-10-CA coding information).

| Description | Code |
|-------------|------|
|             |      |
|             |      |
|             |      |
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**Part 7 Prior and Concurrent Conditions**

a) Prior to the accident, did the applicant have any disease, condition or injury that could affect his/her response to treatment for the injuries identified in Part 6?  
No      Unknown      Yes (please explain)

If Yes to “a” above, did the applicant undergo investigation or receive treatment for this disease, condition or injury in the past year?  
No      Unknown      Yes (please explain and identify provider, if known)

b) Since the accident, has the applicant developed any other disease, condition or injury not related to the automobile accident that could affect his/her response to treatment for the injuries identified in Part 6?  
No      Unknown      Yes (please explain)

**Send any attachments directly to the insurer**

**Part 8 Activity Limitations**

a) Does the applicant's impairment(s) from the injuries identified in Part 6 affect his/her ability to carry out:

His/her tasks of employment:    Not employed    No    Unknown    Yes  
His/her activities of normal life:    No    Unknown    Yes

b) If Yes to either of the questions above, briefly describe the activities limited by the impairment and their impacts on the applicant's ability to function.



c) If the applicant is unable to carry out pre-accident employment activity, is the employer able to provide suitable modified employment to the applicant?  
Not employed    Yes    Unknown    No (please explain)

**Part 9 Plan Goals, Outcome Evaluation Methods and Barriers to Recovery**

**a) Goals:**

- (i) Identify the goal(s) in regard to the applicant's impairment(s), symptom(s) or pathology that this Treatment and Assessment Plan seeks to achieve:
- pain reduction
  - increased range of motion
  - increase in strength
  - other(s)/not applicable (please specify)

**and**

- (ii) Select the functional goal(s) that this Treatment and Assessment Plan seeks to achieve:
- return to activities of normal living
  - return to pre-accident work activities
  - return to modified work activities
  - other(s)/not applicable (please specify)

**b) Evaluation:**

- (i) How will progress on the goal(s) in a) (i) and a) (ii) be evaluated?

(ii) \*If this is a subsequent Treatment and Assessment Plan, what was the applicant's improvement at the end of the previous plan based on your evaluation method?

**Send any attachments directly to the insurer**

**c) Barriers to recovery:**

(i) Have you identified any other barriers to recovery?    No    Yes (please explain)

(ii) \*Do you have any recommendations and/or strategies to overcome these barriers?    No    Yes (please explain)

**d) Concurrent Treatment:**

Are you aware if any concurrent treatment not included in this Treatment and Assessment Plan will be provided by any other provider/facility?    No    Yes (please explain)

**Part 10 Signature of Applicant**

Must be completed unless waived by insurer

I have reviewed and agree with this Treatment and Assessment Plan. I understand that payment for this Treatment and Assessment Plan is subject to the approval of the insurer.

In the event that my insurer does not agree to pay for all the goods and services contemplated in this Treatment and Assessment Plan, I understand that an examination may be required to determine my eligibility to the goods and services outlined or this Treatment and Assessment Plan.

In the event that an examination is requested, I authorize my insurer and my health care providers to give the person identified by the insurer to review this application only such information relating to my health condition, treatment and rehabilitation received as a result of the accident, as is reasonably required for the purposes of determining my eligibility to benefits.

As required by law, a copy of the examination report as well as the insurance company's determination will be sent to me.

Subject to the Statutory Accident Benefits Schedule, in those circumstances where prior approval is required, I understand that if I undertake any of the proposed services prior to approval by the insurer, I may be responsible for payment to my provider for any of the services rendered on my behalf.

**I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.**

**I UNDERSTAND THAT IT IS AN OFFENCE UNDER THE INSURANCE ACT** to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance.

**I FURTHER UNDERSTAND THAT IT IS AN OFFENCE UNDER THE FEDERAL CRIMINAL CODE** for anyone by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company.

Name of Applicant or Substitute Decision Maker :

Signature of Applicant or Substitute Decision Maker

Date: Year                      Month                      Day

**OCF-18 INSURER FAX BACK**

Applicant Name:

Provider Name:

Provider Fax:

Policy Number:

Claim Number:

Date of Accident:

**Part 11 Health Care Providers**

| Provider Reference | †Provider Type | Provider Last Name | Provider First Name | Regulated (College Registration Number) | Unregulated (AISI Number if applicable, or blank) | Hourly Rate (if applicable) |
|--------------------|----------------|--------------------|---------------------|-----------------------------------------|---------------------------------------------------|-----------------------------|
| A                  |                |                    |                     |                                         |                                                   |                             |
| B                  |                |                    |                     |                                         |                                                   |                             |
| C                  |                |                    |                     |                                         |                                                   |                             |
| D                  |                |                    |                     |                                         |                                                   |                             |
|                    |                |                    |                     |                                         |                                                   |                             |

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Part 12 Proposed Goods or Services Requiring Insurer Approval

To the extent possible, this Treatment and Assessment Plan should include **all goods and services (G/S)** contemplated by the Regulated Health Professional referred to in Part 5 for the period of this Treatment and Assessment Plan

| G/S Ref                                                                                                             | Description | †Code | †Attribute | Provider Ref | Estimated Quantity | †Estimated Measure       | Estimated Cost | Projected Total Count | Projected Total Cost |
|---------------------------------------------------------------------------------------------------------------------|-------------|-------|------------|--------------|--------------------|--------------------------|----------------|-----------------------|----------------------|
| 1                                                                                                                   |             |       |            |              |                    |                          |                |                       |                      |
| 2                                                                                                                   |             |       |            |              |                    |                          |                |                       |                      |
| 3                                                                                                                   |             |       |            |              |                    |                          |                |                       |                      |
| 4                                                                                                                   |             |       |            |              |                    |                          |                |                       |                      |
| 5                                                                                                                   |             |       |            |              |                    |                          |                |                       |                      |
| 6                                                                                                                   |             |       |            |              |                    |                          |                |                       |                      |
| 7                                                                                                                   |             |       |            |              |                    |                          |                |                       |                      |
| 8                                                                                                                   |             |       |            |              |                    |                          |                |                       |                      |
| 9                                                                                                                   |             |       |            |              |                    |                          |                |                       |                      |
| 10                                                                                                                  |             |       |            |              |                    |                          |                |                       |                      |
| 11                                                                                                                  |             |       |            |              |                    |                          |                |                       |                      |
| 12                                                                                                                  |             |       |            |              |                    |                          |                |                       |                      |
| 13                                                                                                                  |             |       |            |              |                    |                          |                |                       |                      |
| Estimated duration of this Plan:                                                                                    |             |       |            |              | weeks              | Sub-Total:               |                |                       |                      |
| *How many visits have you already provided:                                                                         |             |       |            |              | *visits            | Minus MOH:               |                |                       |                      |
| Note: † Refer to the User Manual coding guidelines posted at <a href="http://www.hcaiinfo.ca">www.hcaiinfo.ca</a> . |             |       |            |              |                    | Minus Other Insurer 1+2: |                |                       |                      |
| Attributes codes are used to further qualify the service codes and are described in the manual.                     |             |       |            |              |                    | TAX (if applicable):     |                |                       |                      |
| Payment by auto insurer is secondary to available collateral benefits.                                              |             |       |            |              |                    | Auto Insurer Total:      |                |                       |                      |

\*Please indicate any additional comments regarding proposed goods and services:

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Are there any attachments?    Yes    No  
If Yes, how many?  
Send any attachments directly to the insurer

Part 13 Signature of Insurer

\*\*\*I waive the requirement of the Applicant's signature.

I have reviewed this Treatment and Assessment Plan and based upon the information provided, I:  
Approve this Treatment and Assessment Plan    Partially approve    Do not approve

The Statutory Accident Benefits Schedule states that the insurer shall, within 10 business days of receiving this Treatment and Assessment Plan, give the applicant a notice stating the goods and services contemplated by the Treatment and Assessment Plan for which the insurer will or will not pay.

Name of Adjuster:

Signature of Adjuster

Date: Year                      Month                      Day

**To the insurer:** Please provide a copy of this page to the applicant, the Health Practitioner indicated in Part 4 and the Regulated Health Professional indicated in Part 5.

**Note:** The fee for completing this form is not a health care benefit of the Ontario Ministry of Health and Long-Term Care. This fee should be billed to the insurer directly. The Regulated Health Professional referred to in Part 5 will contact each of the health care providers listed in Part 11 and provide details of the services and other charges that have been approved and are payable under this Treatment and Assessment Plan.