

***PRE-APPROVED FRAMEWORK  
GUIDELINE FOR GRADE I AND II  
WHIPLASH ASSOCIATED DISORDERS***

***TRAINING SLIDES***

***Corporate Health Group Inc.***

***August 2007***

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## ***What is the purpose of this session?***

- ◆ **To provide training on the new PAF Guideline**
- ◆ **At the conclusion of this session, participants will understand:**
  - Why and how a new WAD I and WAD II PAF Guideline was developed
  - The objectives of the new PAF Guideline, differences from old Guidelines
  - Key components of Guideline, including what happens during each phase, the use of forms, and additional resources

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### **At the conclusion of this session, participants will understand:**

- Why a new WAD I and WAD II PAF Guideline was developed
- The objectives of the new PAF Guideline
- How the new PAF Guideline was developed
- What the differences are between the new and current PAF Guidelines
- How to use the PAF Guideline flowchart
- The important definitions in the new PAF Guideline
- Which impairments do and do not come within the new PAF Guideline
- Who can and cannot provide services in the new PAF Guideline
- What is included in the Initial Visit
- What is included in the Acute, Sub-Acute and Post PAF Phases
- What forms to use for the new PAF Guideline
- What the fees are for the new PAF Guideline
- How to access other resources regarding the new PAF Guideline

## *How did the new PAF Guideline get developed?*

- ◆ In August 2005, FSCO announced the PAF Guideline Project
- ◆ The PAF Guideline Project was launched in the fall of 2005
- ◆ FSCO retained a consulting team, Corporate Health Group, to assist in the Project
- ◆ Project Committees were established
- ◆ Based upon stakeholder input, it was decided that the first **new PAF Guideline** would focus on whiplash injuries and would specifically consider improvements that could be made to the existing WAD I and II PAF Guidelines

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### **Project Committees were established**

- The Project Management Committee
- The Project Advisory Committee
- The Technical Working Committee

## *How did the new PAF Guideline get developed?*

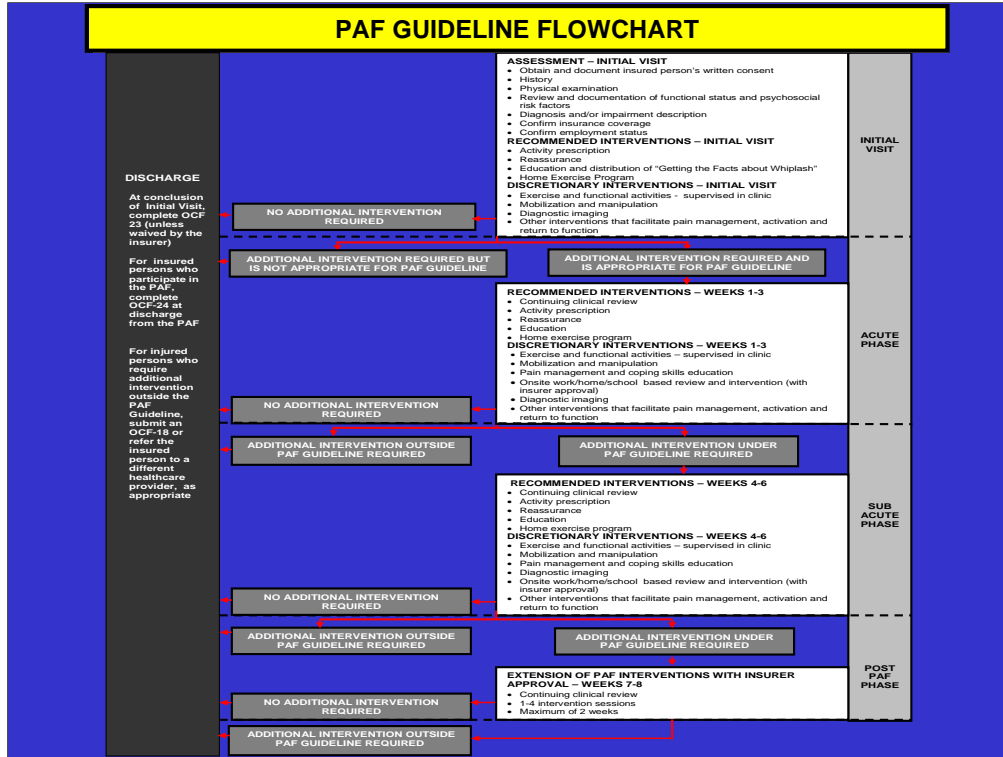
- ◆ Consultation occurred with the Technical Working Committee to develop a Background Paper which summarized the most recent scientific evidence
- ◆ The Background Paper was posted on the FSCO website in Oct/06
- ◆ Sources for the new PAF Guideline included:
  - The Background Paper
  - A review of practices in other jurisdictions
  - Input from stakeholders

## ***What are the objectives of the new PAF Guideline?***

- ◆ **The objectives of the new PAF Guideline are to:**
  - Speed access to rehabilitation;
  - Improve utilization of health care resources; and
  - Provide certainty around cost and payment
  
- ◆ **The new PAF Guideline specifies:**
  - The goods and services that may be provided to an insured person who has sustained a Grade I or Grade II Whiplash Associated Disorder and will be paid for by the insurer without insurer pre-approval.

## What are the changes to the new PAF Guideline?

Changes to New PAF Guideline	
<b>Number</b>	<ul style="list-style-type: none"> <li>◆ Consolidated into one PAF Guideline that includes both WAD I and WAD II</li> </ul>
<b>Focus</b>	<ul style="list-style-type: none"> <li>◆ Evidence based</li> <li>◆ Functional restoration approach</li> </ul>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>◆ Alignment of interventions with scientific evidence represented in Background Paper</li> <li>◆ Distinguished between "Recommended" and "Discretionary" interventions</li> </ul>
<b>Time Limits</b>	<ul style="list-style-type: none"> <li>◆ Removed requirement that treatment assessment must occur within 21 days of the accident for WAD I and 28 days for WAD II</li> </ul>
<b>Guideline Narrative</b>	<ul style="list-style-type: none"> <li>◆ Separated into Initial Visit, Acute, Sub-Acute and Post PAF Phases</li> <li>◆ More descriptive – includes specific components in each of the Phases</li> <li>◆ Added flowchart as one page visual guide and reference</li> </ul>
<b>Ancillary Goods and Services</b>	<ul style="list-style-type: none"> <li>◆ Added the onsite work/home/school based review and intervention</li> <li>◆ Removed the ANLI</li> </ul>
<b>Forms</b>	<ul style="list-style-type: none"> <li>◆ Changes to the OCF-24</li> </ul>
<b>Fees</b>	<ul style="list-style-type: none"> <li>◆ Consolidated into one fee schedule based on current WAD II Guideline fees</li> </ul>



**What is the PAF Guideline Flowchart and how should it be used?**

The PAF Guideline flowchart presents the elements and sequence of activities within the new PAF Guideline

Some of the navigational features of the flowchart include:

- **Right hand column** – the different phases of the PAF Guideline including
  - The Initial Visit
  - The Acute Phase
  - The Sub-Acute Phase
  - The Post PAF Phase
- Left hand column** – what happens after discharge from the PAF Guideline
- The grey boxes** – possible outcomes at the conclusion of each of the phases

The flowchart is intended to be used as a visual guide and quick reference for health practitioners and insurers

The flowchart can be used to facilitate and support discussion between:

- Health practitioners and insurers
- Healthcare practitioners and insured persons

## ***What are the important definitions in the new PAF Guideline?***

- ◆ Whiplash
- ◆ WAD I
- ◆ WAD II

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### **Whiplash**

An acceleration-deceleration mechanism of energy transfer to the neck that may result in bony or soft-tissue injuries and may lead to a variety of clinical manifestations called Whiplash-Associated Disorders (WAD) as set out in the Société de l'assurance automobile du Québec's Task Force Report titled "Redefining Whiplash and its Management", published in the April 15, 1995 edition of *Spine* (Ref. page 5 of PAF Guideline)

### **WAD I**

A disorder in which the insured person with a whiplash injury presents with complaints of neck pain, stiffness, or tenderness but has no physical signs or findings (Ref. page 5 of PAF Guideline)

### **WAD II**

A disorder in which the insured person with a whiplash injury presents with complaints of neck pain, stiffness, or tenderness, as well as musculoskeletal sign(s), including decreased range of motion and/or point tenderness (Ref. page 5 of PAF Guideline)

## ***What are the important definitions in the new PAF Guideline?***

- ◆ **Functional restoration**
- ◆ **The acute phase of treatment**
- ◆ **The sub-acute phase of treatment**
- ◆ **The post-PAF phase of treatment**

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### **Functional restoration**

An approach in which the regulated health professional is oriented toward function and to the delivery of interventions that help the insured person to reduce or manage his/her pain

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

Interventions are focused on what the insured person needs to do in order to function in his/her work, home and school environment

The interventions delivered by the regulated health professional 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  
(ref. page 5 of PAF Guideline)

### **The acute phase of treatment**

Weeks 1 – 3 following the initial visit

### **The sub-acute phase of treatment**

Weeks 4 – 6 following the initial visit

### **The post-PAF phase of treatment**

Weeks 7 – 8 following the initial visit

No longer specified time frame to begin treatment, but consistent with scientific evidence

(Ref. page 5 of PAF Guideline)

## What are the important definitions in the new PAF Guideline?

- ◆ Recommended interventions
- ◆ Discretionary interventions

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### **Recommended interventions**

Interventions that are ideally provided to the insured person by the health practitioner each time the insured person attends the health practitioner's clinic to receive PAF services

### **Discretionary interventions**

Interventions that are not necessarily provided each time the insured person attends the health practitioner's clinic to receive PAF services, but rather are provided at the discretion of the health practitioner based upon the specific needs of the insured person

The use of the term "discretionary" to describe specific interventions that fall into this category *should not be interpreted* to mean that these interventions are less important in the treatment of the insured person

(Ref. page 5-6 of PAF Guideline)

## ***What type of impairments come within the new PAF Guideline?***

- ◆ The insured person has a WAD I or WAD II injury
- ◆ The insured person may experience complaints and/or symptoms associated with a WAD I or II injury
- ◆ The new PAF Guideline also applies to insured persons who experience additional complaints and/or symptoms as long as the health practitioner believes that these complaints and/or symptoms can be effectively managed within the timeframe and scope of the PAF Guideline interventions.

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### **What type of impairments come within the new PAF Guideline?**

The insured person may experience complaints and/or symptoms associated with a WAD I or II injury such as:

- Non-radicular back symptoms
- Shoulder pain
- Referred arm pain (not from radiculopathy)
- Dizziness
- Tinnitus
- Headache
- Difficulties with hearing and memory acuity
- Dysphagia
- Temporomandibular joint pain

(Ref. page 4 PAF Guideline)

## What type of impairments do not come within the new PAF Guideline?

- ◆ The insured person has specific pre existing and/or accident related occupational, functional or medical circumstances that:

Preclude the insured person from being able to fully participate in the functional restoration model

**A**

**OR**

Require concurrent treatment in addition to the treatment that is provided within the new PAF Guideline

**AND**

**B**

Constitute compelling reasons why other goods or services are preferable to those provided for within this Guideline

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### What type of impairments do not come within the new PAF Guideline?

This is a two part test.

The first requirement is reflected in **Part A** - which requires that the insured person has specific pre-existing and/or accident related occupational, functional or medical circumstances that either:

Preclude the insured person from being able to fully participate in the functional restoration model

**or**

Require concurrent treatment in addition to the treatment that is provided within the new PAF Guideline

In addition to meeting one of the two options specified in Part A , **Part B must also be met.**

That is, the insured person's specific pre-existing and/or accident related occupational, functional or medical circumstances must constitute compelling reasons why other goods and services are preferable to those provided for within the PAF Guideline

(Ref. page 4 PAF Guideline)

## ***Who can provide services within the new PAF Guideline?***

- ◆ Any health practitioner who, as defined by the SABS, has ability to deliver PAF intervention
- ◆ The health practitioner may also co-ordinate the provision of services by other regulated health professionals, or may directly supervise the provision of services to the insured person by one or more other health providers

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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 included in this Guideline

(Ref. page 4 PAF Guideline)

## ***How to change a health practitioner within the new PAF Guideline?***

- ◆ The new health practitioner informs the insurer of the change
- ◆ The insurer advises the new health practitioner as to what services have already been provided under the new PAF Guideline
- ◆ The new health practitioner resumes delivery of Guideline services

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When the insured person decides to change to a new health practitioner for PAF services, the new health practitioner will inform the insurer of the change.

The insurer will advise the new health practitioner as to what services have already been provided under the new PAF Guideline.

The new health practitioner will then resume delivery of Guideline services as appropriate and within block fee schedule

(Ref. page 4 PAF Guideline)

## *What is included in the Initial Visit?*

- ◆ The Initial Visit takes place on a single day and as soon as possible following the accident
- ◆ Components include:
  - Assessment
  - Recommended Interventions
  - Discretionary Interventions

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### **Components include:**

#### Assessment

- History taking
- Physical examination
- Reviewing and documenting functional status & psychosocial risk factors
- Identifying the diagnosis and/or impairment description
- Obtaining insured person's informed consent to participate in the PAF
- Confirming insured person's insurance coverage
- Confirming insured person's employment status

#### Recommended Interventions

- The Activity Prescription
- Reassurance
- Education - distribute "Getting the Facts About Whiplash"
- Home Exercise Program

#### Discretionary Interventions

- Exercise and functional activities
- Mobilization and manipulation
- Diagnostic imaging
- Other interventions that facilitate pain management, activation & return to work

(Ref. page 8-12 PAF Guideline)

## ***What is included in the Initial Visit?***

- ◆ **Recommendation for intervention based upon the Initial Visit**
  - No additional intervention is required
  - Additional intervention is required and is appropriate for PAF Guideline
  - Additional intervention required but is not appropriate for PAF Guideline
  
- ◆ **Documentation and invoicing at conclusion of Initial Visit**
  - Submit the OCF 23 (unless the insurer has waived the requirement for the OCF 23)
  - The OCF-21C may be submitted to bill for services delivered to date or can be submitted upon discharge

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There are 3 possible recommendations based upon the findings of the Initial Visit:

- **No additional intervention is required**
- **Additional intervention is required and is appropriate for PAF Guideline**
- **Additional intervention required but is not appropriate for PAF Guideline**

The documentation and invoicing that occurs at the conclusion of the Initial Visit includes:

- The OCF-23 (unless the insurer has waived the requirement for the OCF-23)
- The OCF-21C may be submitted to bill for services delivered during the initial visit. Alternately, the health practitioner may choose to submit the OCF-21C after any of the treatment phases or when the insured person is discharged from the PAF.

(Ref. page 9 PAF Guideline)

## Scenario #1

- ◆ Description of an insured person who has gone through the initial assessment and discussion as to whether or not he is appropriate for continuation in the PAF.
- ◆ Scenario will focus on an example that allows the trainer to work through what the health practitioner should do when it is determined that the insured person is and is not appropriate for PAF intervention.

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### SCENARIO 1A

**Details of Accident:** Sonja was the passenger in a car that was struck by another vehicle.  
**Gender:** Female **Age:** 45 years **Date of Accident:** Initial Assessment occurred at 12 days post-accident  
**Injury Description:** Neck pain, knee pain, lumbar pain, difficulties with hearing  
**Current Status:** Sonja is experiencing neck pain and restricted range of motion of neck. She also has pain in medial aspect of right knee.  
**Assessment findings:** Sonja takes part in the PAF Initial Assessment which is undertaken by a physiotherapist. The PAF Initial Assessment reveals that the complaints and symptoms are consistent with a WAD II injury. She does not have any history of whiplash type or knee injuries. Sonja's occupation involves a pedal operated robotic machine.  
**Question:** Based upon the information gathered during the initial assessment, is Sonja appropriate to continue in the PAF Guideline?

### SCENARIO 1B

**Details of Accident:** Sonja was the passenger in a car that was struck by another vehicle.  
**Gender:** Female **Age:** 45 years **Date of Accident:** Initial Assessment occurred at 12 days post-accident  
**Injury Description:** Neck pain, knee pain, lumbar pain, difficulties with hearing  
**Current Status:** Sonja is experiencing neck pain and restricted range of motion of neck. She also has pain in medial aspect of right knee.  
**Assessment findings:** Sonja takes part in the PAF Initial Assessment which is undertaken by a physiotherapist. The PAF Initial Assessment reveals that the complaints and symptoms are consistent with a WAD II injury. Sonja sustained a work related knee injury three years ago. She was off work for over a year and received extensive physiotherapy treatment as well as participated in a 3 week chronic pain treatment program. Sonja's occupation involves a pedal operated robotic machine. She was working in a modified capacity at the time of the auto accident.  
**Question:** Based upon the information gathered during the initial assessment, is appropriate to continue in the PAF Guideline?

## ***What is included in the Acute Phase?***

- ◆ Typically does not exceed 3 weeks in duration
- ◆ Ideally occurs during weeks 1, 2 and 3 following the accident
- ◆ Up to 10 sessions – depending upon the needs of the insured person and the clinical judgment of the health practitioner
- ◆ **Components include:**
  - Recommended Interventions
  - Discretionary Interventions
- ◆ **Supplementary goods and services during the Acute Phase**

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### **Components include:**

#### **Recommended Interventions**

- Continuing clinical review, activity prescription, reassurance, education, home exercise program

#### **Discretionary Interventions**

- Exercise and functional activities, mobilization and manipulation, pain management and coping skills education, diagnostic imaging, ancillary goods and services, and other interventions that facilitate pain management, activation & return to work
- The ancillary goods and services in the new PAF Guideline take the form of the **onsite work/home/school based review and intervention**. This intervention requires insurer approval and is specifically intended to address the insured person's functional issues and promote return to function. It is expected that this intervention will be required only when the insured person is experiencing significant challenges performing his/her functional requirements at work, at home or at school. The intent is for the regulated health professional to gain a greater understanding of these significant challenges encountered and to recommend appropriate interventions. For example, an ergonomic adjustment or employer sanctioned modified work may increase the potential to return to function at work. A home based intervention may involve providing assistive devices, pacing techniques or education on hurt vs. harm."

### **Supplementary goods and services during the Acute Phase:**

The health practitioner may provide the supplementary goods and/or services without prior approval of the insurer providing the secondary injuries/symptoms being treated:

- Resulted from the same accident as the WAD I or WAD II;
- Are not of sufficient type or severity to require goods or services beyond those available within the PAF Guideline; and
- Can be adequately addressed within the PAF Guideline.

(Ref. page 12-16 PAF Guideline)

## ***What is included in the Acute Phase?***

- ◆ **Discharge status and documentation following the Acute Phase**
  - 1. No additional intervention is required:**

Submit the OCF 24 and OCF 21C at the same time
  - 2. Additional intervention under the PAF Guideline is required:**

The OCF-24 is not submitted because the insured person will continue on to the sub acute phase. The OCF-21C may be submitted to bill for services delivered to date or upon discharge
  - 3. Additional intervention outside the PAF Guideline is required:**

Submit the OCF 24 and the OCF 21C at the same time  
Submit OCF 18 if other treatment services are being proposed
  - 4. The insured person has been discharged because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF:**

Submit the OCF 24 and OCF 21C at the same time

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At the conclusion of the Acute Phase, there are 4 possible outcomes in terms of discharge status

- 1. No additional intervention is required**
- 2. Additional intervention under the PAF Guideline is required**
- 3. Additional intervention outside the PAF Guideline is required**
- 4. The insured person has been discharged because he/she is non compliant, is not attending sessions or voluntarily withdrew from the PAF**

The documentation and invoicing that is required at the conclusion of the Acute Phase is dependent upon the discharge status

- 1. If no additional intervention is required:**
  - Submit the OCF-24 and OCF-21C at the same time
- 2. If additional intervention under the PAF Guideline is required:**
  - The OCF-24 is not submitted because the insured person will continue on to the sub-acute phase of the PAF.
  - The OCF-21C may submitted to bill for services delivered to date.
- 3. If additional intervention outside the PAF Guideline is required:**
  - Submit the OCF-24 and the OCF-21C at the same time
  - Submit OCF-18 if other treatment services are being proposed
- 4. If the insured person has been discharged because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF:**
  - Submit the OCF-24 and OCF-21C at the same time

(Ref. page 12-16 PAF Guideline)

## Scenario #2

- ◆ **Description of an insured person being treated in the Acute Phase with a focus on the onsite work/home/school based review and intervention and whether or not the insured person is appropriate to participate. This scenario offers the opportunity to discuss and review:**

- The kinds of interventions that could occur as part of the onsite work/home/school based review and intervention

- The functional restoration approach

- The differences between the onsite work/home/school based review and intervention and the ANLI

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### SCENARIO 2

**Details of Accident:** Mario was the driver in a car that was rear-ended by another vehicle.

**Gender:** Male **Age:** 27 years

**Date of Accident:** 23 days ago

**Injury description and diagnosis:** WAD II, headaches, lumbar strain, right shoulder pain and neck pain

**Current Status:** Mario has been participating in the Acute Phase of the PAF Guideline for the past 2 weeks under the care of a physiotherapist. He has attended 5 sessions that have included education regarding his injury, prescription of a home exercise program, mobilization and manipulation therapy and receipt of a coping skills workbook. Mario continues to experience shoulder pain and restricted range of motion in his right arm which prevents him from returning to his former pre-accident functional duties, both at home and at work. He is apprehensive about returning to work due to his concern about his ability to fulfill the responsibilities of his job as computer assembly operator. He has also reported that his supervisor is not very supportive and he fears he will re-injure himself if he returns to work .

**Question:** Does Mario require the onsite work/home/school based review and intervention? If so, what kinds of interventions will likely be necessary?

## ***What is included in the Sub-Acute Phase?***

- ◆ Typically does not exceed 3 weeks in duration
- ◆ Ideally occurs during weeks 4, 5, and 6 following the accident
- ◆ Up to 9 sessions
- ◆ **Components include:**
  - Recommended Interventions
  - Discretionary Interventions
- ◆ **Supplementary goods and services during the Sub-Acute Phase**

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### **Components include:**

#### Recommended Interventions

- Continuing clinical review, activity prescription, reassurance, education, home exercise program

#### Discretionary Interventions

- Exercise and functional activities, mobilization and manipulation, pain management and coping skills education, diagnostic imaging, ancillary goods and services (onsite work/home/school-based review and intervention - insurer approval required via OCF-23), other interventions that facilitate pain management, activation & return to work (Ref. page 17-18 PAF Guideline)

### **Supplementary goods and services during the Sub-Acute Phase**

The health practitioner may provide the supplementary goods and/or services without prior approval of the insurer, providing the secondary injuries/symptoms being treated:

- Resulted from the same accident as the WAD I or WAD II;
- Are not of sufficient type or severity to require goods or services beyond those available within the PAF Guideline; and
- Can be adequately addressed within the PAF Guideline.

(Ref. page 18 PAF Guideline)

## ***What is included in the Sub-Acute Phase?***

- ◆ **Discharge status and documentation following the Sub-Acute Phase**
  - 1. No additional intervention is required:**

Submit the OCF 24 and OCF 21C at the same time
  - 2. Additional intervention under the PAF Guideline is required:**

Submit OCF 24 to request insurer approval for extension of the PAF and continuation on to the Post PAF phase. The OCF 21C may be submitted to bill for services delivered to date or upon discharge
  - 3. Additional intervention outside the PAF Guideline is required:**

Submit the OCF 24 and the OCF 21C at the same time  
Submit OCF 18 if other treatment services are being proposed
  - 4. The insured person has been discharged because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF:**

Submit the OCF 24 and OCF 21C at the same time

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At the conclusion of the Sub-Acute Phase, there are 4 possible outcomes in terms of discharge status

- 1. No additional intervention is required**
- 2. Additional intervention under the PAF Guideline is required**
- 3. Additional intervention outside the PAF Guideline is required**
- 4. The insured person has been discharged because he/she is non compliant, is not attending sessions or voluntarily withdrew from the PAF**

The documentation and invoicing that is required at the conclusion of the Sub-Acute Phase is dependent upon the discharge status

- 1. If no additional intervention is required:**
  - Submit the OCF-24 and OCF-21C at the same time
- 2. If additional intervention under the PAF Guideline is required:**
  - Submit OCF-24 to request insurer approval for extension of the PAF and continuation on to the Post PAF phase.
  - The OCF-21C may be submitted to bill for services delivered to date
- 3. If additional intervention outside the PAF Guideline is required:**
  - Submit the OCF-24 and the OCF-21C at the same time
  - Submit OCF-18 if other treatment services are being proposed
- 4. If the insured person has been discharged because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF:**
  - Submit the OCF-24 and OCF-21C at the same time

## Scenario #3

- ◆ **Description of an insured person being treated in the Sub-Acute Phase who the health practitioner believes needs additional PAF treatment. This scenario offers the opportunity to discuss and review:**

- Circumstances in which an extension of PAF services is indicated

- The health practitioner's use of the revised OCF-24 to request insurer approval

- The insurer's use of the revised OCF 24 to provide written documentation as to whether or not approval is given for an extension of PAF services

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### SCENARIO 3

**Details of Accident:** Lorraine was a passenger in a car that was rear-ended by another vehicle and was pushed into the vehicle in front

**Gender:** Female **Age:** 39 years

**Date of Accident:** 56 days ago

**Injury description and diagnosis:** WAD II, periodic headaches, dizziness, shoulder pain, referred arm pain

**Current Status:** Lorraine has been participating in the PAF for 6 weeks under the care of a chiropractor. She was unable to continue her work as a packer in a warehouse as a result of her symptoms and functional limitations and also required housekeeping benefits to help her manage her responsibilities as a single mother of two children. She is now in the Sub-Acute Phase of the PAF and has attended 19 sessions that have included education and reassurance, mobilization and manipulations therapy, a home exercise program, two classroom based pain management sessions, and a worksite based consultation with the employer regarding opportunities to modify her job demands. Lorraine has improved over the course of the PAF treatment in terms of her strength and job related functional capabilities. However, during the 6th week of PAF treatment, she started complaining of elevated pain levels. She also expressed concern about her ability to return to work and to manage her household responsibilities. The chiropractor noticed that, although Lorraine had been a eager participant throughout the PAF, she has seemed agitated and distracted during her last few sessions at the clinic.

**Question:** Does Lorraine require Post PAF intervention to facilitate recovery and return to function? If yes, what form should this intervention take and how should the insurer be involved?

## *What is included in the Post PAF Phase?*

- ◆ Typically does not exceed 2 weeks in duration
- ◆ Ideally occurs during weeks 7 and 8 following the accident
- ◆ Requires insurer pre-approval for extension of PAF services
- ◆ Components

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### **Components of the Post PAF Phase**

- Up to four additional PAF interventions deemed appropriate and necessary by the health practitioner in order to facilitate the insured person's recovery and return to function.

(Ref. page 19 PAF Guideline)

## What is included in the Post PAF Phase?

- ◆ **Discharge status and documentation following the Post PAF Phase**
  - 1. No additional intervention is required:**

Submit the OCF 24 and OCF 21C submitted at the same time
  - 2. Additional intervention outside the PAF Guideline is required:**

Submit the OCF 24 and the OCF 21C submitted at the same time  
Submit OCF 18 if other treatment services are being proposed
  - 3. The insured person has been discharged because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF:**

Submit the OCF 24 and OCF 21C submitted at the same time

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At the conclusion of the Post PAF Phase, there are 3 possible outcomes in terms of discharge status

- 1. No additional intervention is required**
- 2. Additional intervention outside the PAF Guideline is required**
- 3. The insured person has been discharged because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF**

The documentation and invoicing that is required at the conclusion of the Post PAF Phase is dependent upon the discharge status

- 1. If no additional intervention is required:**
  - Submit the OCF-24 and OCF-21C at the same time
- 2. If additional intervention outside the PAF Guideline is required:**
  - Submit the OCF-24 and the OCF-21C at the same time
  - Submit OCF-18 if other treatment services are being proposed
- 3. If the insured person has been discharged because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF:**
  - Submit the OCF-24 and OCF-21C at the same time

(Ref. page 19 PAF Guideline)

## What forms are used for the new PAF Guideline?

- ◆ OCF-23
- ◆ OCF- 21C
- ◆ OCF-24
  - Revised to reflect changes in the new PAF Guideline
  - Must be submitted together with OCF -21C

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### **OCF-23 (PAF Treatment Confirmation Form)**

- The OCF – 23 is submitted by the health practitioner at the conclusion of the initial visit (unless the insurer has waived the requirement for the OCF-23). Health practitioners who are participating in HCAI should submit the OCF-23 via the HCAI system.
- The OCF – 23 is also submitted by the health practitioner or other health provider to obtain prior approval for the onsite work/home/school based review and intervention (unless the insurer has waived the requirement for the OCF-23). When the OCF-23 is used to obtain insurer approval for the onsite work/home/school based review and intervention , it should be submitted directly to the insurer.

### **OCF-21C (Auto Insurance Standard Invoice)**

- The OCF-21C may be submitted, at the health practitioner's discretion, at the end of the initial visit or at the conclusion of any of the phases of the PAF.
- The OCF-21C must be submitted when the insured person is discharged from the PAF at the same time as the OCF – 24 (Pre-approved Framework Extension Request and Discharge Report) is submitted. Health practitioners who are participating in HCAI should submit the OCF-21C via the HCAI system

### **OCF -24 (Extension Request and Discharge Report)**

- The OCF-24 has been revised to reflect changes in the new PAF Guideline
- The OCF-24 has two purposes/uses:
  - To request approval for an extension of PAF services from the insurer
  - To discharge the insured person from the PAF.
- The OCF-24 must be submitted when the insured person is discharged from the PAF Guideline and must be accompanied by the OCF-21C
- Because the OCF-24 is not part of the HCAI system, it should be submitted directly to the insurer.

## ***What are the fees for the new PAF Guideline?***

<b>REGULAR PAF INTERVENTIONS</b>	<b>FEE</b>
Initial visit (1 session)	\$204.00
Acute phase (up to 10 sessions)	\$496.52
Sub-acute phase (up to 9 sessions)	\$425.32
Completion of PAF Extension Request and Discharge Report - OCF-24 (payable once at discharge)	\$83.40

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The actual amounts reflect fees issued by the Superintendent in June 2007.

## What are the fees for the new PAF Guideline?

<b>ADDITIONAL PAF INTERVENTIONS</b> <small>May be provided depending upon the insured person's needs and discharge status</small>	<b>FEE</b>
<b>Onsite work/home/school based review and intervention (one time only under Guideline with prior insurer approval)</b>	<b>\$408.00</b> Plus travel at a rate to be determined between insurer and health practitioner
<b>Supplementary Goods and Services</b>	<b>To a maximum of \$166.79</b>
<b>Post PAF Phase - Extension (up to 4 sessions with prior insurer approval)</b>	<b>\$45.90 per session</b> To a maximum of \$183.60
<b>Transfer Fee if insured person changes PAF health practitioner</b>	<b>\$50.00</b>

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The actual amounts reflect the new fees issued by the Superintendent in June 2007.

## *Other Resources*

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- ◆ **FSCO website**
  - PAF Guideline
  - Background Paper
  - FAQ's
  - Training slides

[www.fSCO.gov.on.ca](http://www.fSCO.gov.on.ca)

# *Questions*