

Pre-Approved Framework Guideline for Grade I and II Whiplash Associated Disorders

Frequently Asked Questions

OVERVIEW

1. Why have the WAD I and WAD II PAF Guidelines been combined?

The combined Guideline for WAD I and II injuries reflects the existing practices of healthcare providers and is supported by the scientific literature.

2. What are the significant changes found in the new PAF Guideline?

The new PAF Guideline has a focus on functional restoration, includes both “discretionary” and “recommended” interventions, permits treatment to begin at any time post accident, adds a new onsite review and intervention to replace the old Activities of Daily Life Intervention (ANLI) and merges the fees for treatment of WAD I and II injuries.

3. What are the objectives of the new PAF Guidelines?

The new PAF Guidelines will speed access to rehabilitation, improve utilization of healthcare resources, and provide certainty around cost and payment.

SCOPE OF THE GUIDELINE

4. What impairments come within the Guideline?

With some exceptions, all WAD I and WAD II impairments come within the Guideline. A person with a WAD I or II may also have other complaints or symptoms and could still be covered by the Guideline. Those might include: non-radicular back symptoms, shoulder pain, referred arm pain (not from radiculopathy), dizziness, tinnitus, headache, difficulties with hearing and memory acuity, dysphagia and temporomandibular joint pain.

A person may also be covered by the Guideline if they have a secondary injury or symptom as long as the health practitioner believes it can be addressed through the provision of a small amount of additional treatment, described in the Guideline as supplementary goods/services.

5. Could a person’s WAD I or WAD II impairment fall outside the Guideline?

Yes, the health practitioner must determine if the person meets the criteria for exclusion set out in the Guideline.

There are two ways that a person’s pre-existing and/or accident-related occupational, functional or medical circumstances could cause his or her WAD I or WAD II impairment to fall outside the PAF Guideline:

- (1) The person is not able to participate in the treatment set out in the Guideline, or
- (2) The person needs some other treatment at the same time as the PAF Guideline treatment.

In either case, these circumstances must constitute compelling reasons why other treatment is preferable to that provided for in the Guideline.

6. If a patient has an injury that comes within the PAF Guideline (a WAD I or WAD II injury) and another injury that does not, will the Guideline apply?

If the patient has an injury that comes within the PAF Guideline and additional complaints and/or symptoms, the Guideline can continue to apply as long as the health practitioner believes that all these complaints and/or symptoms can be effectively managed within the Guideline.

If, in the opinion of the health practitioner, the patient requires a small amount of additional goods and/or services to address a secondary injury or symptom (not the WAD injury) that resulted from the same accident, the health practitioner may provide the supplementary goods and/or services, up to the maximum amount allowed in the Guideline, without prior approval of the insurer.

GETTING STARTED UNDER THE PAF GUIDELINE

7. Who can provide treatment under this Guideline?

Health practitioners, as defined by the Statutory Accident Benefit Schedule (SABS), have the ability to deliver the interventions included in this Guideline.

As well, the health practitioner may coordinate 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 (for example, athletic therapists).

8. Who are “health practitioners”?

The SABS, which is a regulation under the Insurance Act, defines “health practitioner” to include physicians, chiropractors, occupational therapists, physiotherapists, psychologists, nurse practitioners and others. Health practitioners may sign treatment confirmation forms (OCF 23s) to initiate PAF Guideline treatment.

9. Can an insured person change health practitioners while receiving PAF treatment?

Yes. The new health practitioner must inform the insurer of the change and the insurer will advise the new health practitioner what services have already been provided under the PAF Guideline. The new health practitioner will then resume delivery of Guideline services at whatever stage is most appropriate to meet the insured person’s needs.

10. Does a health care provider who believes the patient is not a good candidate for treatment under the PAF Guideline need to wait to begin treatment under a treatment plan?

Where PAF Guideline treatment is not appropriate for the patient, the health practitioner should comply with the procedures set out in the SABS, including submitting a treatment plan to the insurer for approval.

There should be sufficient information in the treatment plan so that the insurer can understand why the PAF Guideline does not apply. The health practitioner does not need to wait to begin treatment, however, the insurer may dispute the treatment plan and refer it for an insurer examination.

11. If the patient has a WAD I or WAD II injury but presents for the first time several weeks after the accident, does the PAF Guideline apply?

It is up to the health practitioner to determine the best treatment for the patient. Optimally, intervention should begin while the patient is in the acute (weeks 1 – 3 following the accident) or sub-acute (weeks 4 – 6 following the accident) phase of their injury. Treatment under the PAF Guideline may begin beyond the initial weeks if the health practitioner determines that is the best route for the patient.

Health practitioners who determine that PAF Guideline treatment is not appropriate for their patients can use the exemptions to justify treatment outside the Guideline and submit a treatment plan. If the insurer disagrees with the provider, the treatment plan must be referred to an insurer examination in accordance with the SABS.

12. Can a health care provider treat a patient’s WAD I or WAD II injury under the PAF Guideline and simultaneously treat other injury pursuant to a treatment plan?

No, unless the non-WAD injury can be treated within the amount available for supplementary goods and services, then the patient’s injuries do not fall within the PAF Guideline.

DELIVERING TREATMENT UNDER THE GUIDELINE

13. During the initial visit, do I need to follow the process set out in the Guideline?

Health practitioners need to complete the components of the initial visit outlined in the Guideline. The components include taking the patient’s history, conducting a physical examination, documenting function and risk factors, identifying the diagnosis or impairment, obtaining any necessary consents from the patient and confirming employment status.

The Guideline outlines “recommended interventions” for the initial visit that the health practitioner is expected to provide, such as encouraging activity, reassuring and educating the patient. As well, “discretionary interventions” which may be provided where appropriate, are also listed as part of the initial visit. These include encouraging exercise, diagnostic imaging, pain management and coping strategies.

14. Am I expected to provide the number of treatment sessions set out in the Guideline?

The actual number of sessions delivered and how frequently they occur is based upon the needs of the patient and the clinical judgement of the regulated health professional. The expected number of sessions is a guide for users. The expected number of sessions should not be used by insurers to modify the block payment of fees.

15. Must I treat all patients after the initial visit?

No. After the initial visit the health practitioner determines whether additional intervention is required. Then, he or she must decide whether the PAF Guideline interventions are appropriate. If they are, this is the start of the acute phase of treatment. Alternatively, the health practitioner may submit a treatment plan to the insurer and proceed with treatment outside the PAF Guideline.

16. What is considered the acute phase of treatment?

The start of treatment is the acute phase of treatment. Consistent with the scientific evidence supporting early intervention, the acute phase of treatment will ideally correspond to the acute phase of the injury, that is, the first, second and third weeks following the accident. Recommended interventions that should take place during this phase include: ongoing clinical review, prescribing activity, reassuring and educating the patient. Discretionary interventions the health practitioner may determine to be appropriate include: pain management, coping skills, diagnostic imaging or an onsite work/home/school based review and intervention.

During this phase, the regulated health professional will deliver up to 10 sessions. The actual number of sessions delivered and how frequently they occur is based upon the needs of the insured person and the clinical judgment of the regulated health professional.

During this phase of treatment, the health practitioner may also determine whether the patient could benefit from a small amount of additional goods and/or services to address a secondary injury or symptom (not the WAD injury) that resulted from the same accident. The health practitioner may provide the supplementary goods and/or services, up to the maximum allowed in the Guideline, without prior approval of the insurer.

As well, the health practitioner may determine that the patient could benefit from the onsite work/home/school based review and intervention.

17. What is considered the sub-acute phase of treatment?

The sub-acute phase consists of a second 3 weeks of treatment. This phase ideally takes place in the 4th, 5th and 6th weeks following the accident and may include up to 9 sessions – depending upon the needs of the insured person and the clinical judgment of the health practitioner. The components of this phase include recommended and discretionary interventions as in the acute phase.

As with the acute phase, during the sub-acute phase of treatment the health practitioner may determine whether the patient could benefit from a small amount of additional goods

and/or services to address a secondary injury or symptom (not the WAD injury) that resulted from the same accident. The health practitioner may provide the supplementary goods and/or services, up to the maximum allowed in the Guideline, without prior approval of the insurer.

As well, the health practitioner may determine that the patient could benefit from the onsite work/home/school based review and intervention.

18. What is considered the post PAF phase of treatment?

The post PAF is an extension of PAF services – a way to provide the patient with a little more treatment following the sub-acute phase without having to submit a treatment plan. The post PAF phase of treatment will last up to 2 weeks in duration, provide up to 4 sessions and will ideally occur in weeks 7 and 8 following the accident. Unlike the other phases, for post PAF phase sessions, the health practitioner must seek insurer pre-approval.

19. What is the difference between a “recommended intervention” and a “discretionary intervention”?

The recommended interventions should occur during every session, whereas the discretionary interventions may be provided at the discretion of the health practitioner, depending upon the needs of the insured person. This approach is intended to reflect the scientific literature and gives health practitioner the opportunity to make decisions regarding appropriate interventions.

FORMS AND INVOICING

20. Why can't any regulated health professionals submit a treatment confirmation form and initiate PAF Guideline treatment?

The Guideline reflects the SABS which authorizes only certain regulated health professionals, defined “health practitioners” under the SABS, to prepare and sign treatment confirmation forms and initiate treatment. This does not restrict other providers from treating insured persons under the PAF Guideline.

21. When are the OCF-21, OCF-23 and OCF-24 submitted?

The OCF-23 (PAF Treatment Confirmation Form) is submitted in the following situations:

- by the health practitioner at the conclusion of the initial visit (the insurer may elect to waive this requirement in the manner set out in the SABS)
- by the health practitioner or other health provider to obtain prior approval for the onsite work/home/school based review (the insurer may elect to waive this requirement in the manner set out in the SABS) or
- by the health practitioner to seek pre-approval for post-PAF treatment. (NOTE: The OCF 24 has also been revised to specifically request an extension of PAF services.)

The OCF-21 (Auto Insurance Standard Invoice) may be submitted to bill for services at the end of the initial visit, at the conclusion of any block of services, or when the patient's PAF Guideline treatment is completed.

When the insured person is discharged or withdraws from PAF Guideline treatment, the health practitioner must submit the OCF- 24 (Pre-approved Framework Extension Request and Discharge Report) together with the OCF-21 to the insurer.

Health practitioners signed up with the Health Claims for Auto Insurance (HCAI) system are to send:

- the OCF-21 and the initial OCF-23: to HCAI
- the OCF-23 when used to request insurer pre-approval, and the OCF-24: directly to the insurer.

22. Is the health practitioner responsible for billing all PAF services or just the ones performed by him/her? What about the on-site work/home/school based intervention?

The health practitioner is responsible for billing for all PAF services, except for the on-site work/home/school based intervention, which, if approved, may be billed by the regulated health professional delivering the intervention.

23. Can I continue to directly bill all my patients, even those with WAD I and II impairments?

While you are not required to bill the insurer directly, you should complete the necessary forms so that your patients' benefits are not put at risk. If you are billing the patient, then all your bills – including any fee for filling out the form – should be sent to the patient, who will submit them to the insurer. The insurer is only required to pay for services at the rates indicated in the Guideline. If you charge in excess of those amounts, your patient may not be reimbursed for the difference.

ON-SITE WORK/HOME/SCHOOL BASED REVIEW AND INTERVENTION

24. What is an on-site work/home/school based review and intervention?

It begins with a visit from a regulated health professional to the work, home or school of a patient who is having difficulty carrying out certain functions. The purpose of the visit is for the regulated health professional to gain a better understanding of the problem and then suggest ways to overcome the challenge, such as: devices or aids, functional activities to build up tolerances or minor modifications to the environment. The regulated health professional will prepare a report which may be requested by the insurer.

This review is not intended to be an extensive assessment, nor replace any assessment for other accident benefits available to the claimant. If issues are identified in this review with respect to eligibility to other accident benefits, the claimant should follow the separate application processes set out under the SABS to determine eligibility for those benefits.

25. When can the on-site work/home/school based review and intervention be requested?

When the patient is experiencing significant difficulties performing his or her functions at work, home or school, the health practitioner can seek insurer pre-approval to have an on-site work/home/school based review and intervention conducted. This may take place during acute phase or sub-acute phase of the treatment.

26. Does the patient need to consent before his or her employer is contacted by a health care provider?

Yes. Before any information concerning employment, including hours and nature of work, and salary and benefits, can be given to an insurer, the employee must consent to its collection and use by the insurer, and to its disclosure by the employer. Because this information is sensitive personal information, express written consent should be obtained.

27. Are there any requirements as to who may perform the on-site work/home/school based review and intervention?

As long as the activity is within their scope of practice and competence, any regulated health professional may carry out the on-site work/home/school based review. It is expected that most of these reviews will be carried out by an occupational therapist.

28. Someone at our facility is trained to do on-site work/home/school based review and interventions. Is it a conflict of interest to have that person perform it for a patient being treated at the facility?

No. This would not generally be considered to be a conflict of interest.

29. Can the treating therapist perform the on-site work/home/school based review and intervention?

Yes, so long as the activity is within their scope of practice and competence the treating therapist can conduct the review and intervention.

30. Who asks for insurer approval before starting a work/home/school based?

The health practitioner would seek insurer approval.

31. The Guideline makes reference to a brochure “Getting the Facts about Whiplash”. How can I obtain this brochure?

The brochure is part of the PAF Guideline, found in Appendix A.

You can access a copy on line at: www.abc.ca, then use the search function for “whiplash brochure.”

FEE SCHEDULE

32. How were the fees in the PAF Guideline determined?

Fees in the new PAF Guideline reflect the fee structure in found in the current WAD II PAF Guideline since the new Guideline does not represent a significant change in the services delivered.

33. How do I bill for PAF services when there is extended health insurance?

If your patient has extended health coverage available, invoice the extended health insurer(s) using your usual fee-for-service or per-visit rates. Once you have received the adjudication or determined the amount that will be paid, then, submit an OCF-21C to the auto insurer for the difference between the PAF fees payable and the amount paid or payable by the extended health insurer.

MORE INFORMATION

34. How can I get more information about the PAF Guideline or the PAF Guideline Project?

You can get more information on line at: www.fsco.gov.on.ca then use the search function for “PAF Guidelines Project.”