



Health Claims for Auto Insurance

OCF-23:
PRE-APPROVED FRAMEWORK (PAF)
TREATMENT CONFIRMATION
MANUAL FOR WEB USERS

April 2009

Document Change History

Date	Description of Change	Reason
20050214	Revised applicant signature, signature of the initiating health practitioner, and prior and concurrent conditions, repositioned signature of insurer	For consistency with revised OCFs December 1, 2004
<u>20060301</u>	<u>Further information and revised applicant signature</u>	<u>Redirects users to HCAI website and revised consent for consistency.</u>
<u>20090921</u>	<u>Instructions specific to HCAI web users</u>	<u>Facilitate learning for HCAI web users</u>

What Is Included in This Manual?

The manual provides detailed instructions for completion of an OCF-23 using the HCAI Web application. To view codes that may be used on the forms, please refer to http://www.hcaiinfo.ca/Health_Care_Facility_Provider/Coding.asp].

Where can I get more information?

The manual will be updated from time to time. The latest updates to the manual can be downloaded from the website www.hcaiinfo.ca

If you belong to a professional association, contact your association if you have questions relating to the coding of injuries, interventions, health care services and guidelines as they relate to your specific practice.

Examples of completed sections of the forms

The examples and fees used throughout this manual are entirely fictitious. They are designed to assist you in understanding how to use and complete the forms.

OCF-23: PRE-APPROVED FRAMEWORK (PAF) TREATMENT CONFIRMATION

When should the pre-approved framework treatment confirmation be used?

The following impairments come within the PAF Guideline and may trigger the use of OCF-23

- WAD I or WAD II (whiplash associated disorders) injury; and
- Complaints and/or symptoms associated with a WAD I or WAD II injury such as:
 - non-radicular back symptoms (e.g., S33.5)
 - shoulder pain (e.g., S40.9)
 - referred arm pain (not from radiculopathy) (e.g., S40.9)
 - dizziness (e.g., R42)
 - tinnitus (e.g., H93.1)
 - headache (e.g., R51)
 - difficulties with hearing (e.g., H91) or memory acuity (e.g., R41.3)
 - dysphagia (e.g., R13.8)
 - temporomandibular joint pain (e.g., S03.4)

The PAF Guideline [http://www.hcaiinfo.ca/Health_Care_Facility_Provider/Coding.asp] 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 time frame and scope of the guideline interventions.

Impairments that do not come within the PAF Guideline

An insured person's impairment does not come within the PAF Guideline if the insured person has specific, pre-existing and/or accident-related occupational, functional or medical circumstances that

1. 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 PAF Guideline;

and

2. Constitute compelling reasons why other goods or services are preferable to those provided for within the guideline.

Who completes this form to prepare it for submission to the insurer?

- OCF-23s that are being prepared through the HCAI Web application are usually completed by the health care facility (HCF) that will deliver the services, or by the HCF to which the initiating health practitioner is associated.

- A health practitioner as defined in the SABS¹ (Statutory Accident Benefits Schedule) must sign the form to certify the reasonableness and necessity of the services proposed in the form.
- The claimant or substitute decision-maker must also sign the form, unless the signature is waived by the insurer.

Can an insurer initiate an OCF-23?

If the insurer wishes to initiate an ancillary service, the insurer shall do so by contacting either the initiating practitioner or the patient's family physician, who may complete the OCF-23.

What about professionals not listed in the SABS as health practitioners?

Services delivered by non-health practitioners must be coordinated and/or supervised by a health practitioner.

Who can Sign Part 5 of OCF 23 forms?

Any "health practitioner" (as defined in SABS) if the impairment is one that the health practitioner is authorized by law to treat. Currently, the following health practitioners may sign Part 5 of OCF forms.

- Physician
- Chiropractor
- Dentist
- Occupational therapist
- Optometrist
- Psychologist
- Physiotherapist
- Registered nurse with an extended certificate of registration
- Speech-language pathologist

When is an OCF-23 required?

- The initiating practitioner must submit the OCF-23 as soon as possible and no later than five days following the practitioner's first encounter with the claimant.
- The insurer has five business days, after receipt of the OCF-23, to inform the provider whether there is an insurance policy in place to respond to claims.

How many OCF-23s can be submitted per claimant?

There will normally be only one OCF-23 per patient. However, exceptions to this can occur, including the following situations:

- An ancillary service* (onsite work/home/school-based review and intervention) is proposed by the initiating practitioner, family physician or insurer, either when the PAF is initiated or after treatment is under way.
 - The proposal and approval of the ancillary service may be documented through an OCF-23 that is signed by the initiating health practitioner or the patient's physician.

¹ A definition of "health practitioner" is updated periodically and can be viewed under the heading "Definitions" in the Statutory Accident Benefits Schedule (SABS), which is a regulation under the *Insurance Act*. This can be viewed online at www.e-laws.gov.on.ca/html/regq/english/elaws_regs_960403_e.htm.

- Thus, if the insurer wishes to initiate an ancillary service, the insurer shall do so by contacting either the initiating practitioner or the patient's family physician, who will complete the additional OCF-23.
- If the initiating practitioner determines, after treatment is under way, that the patient needs a good (e.g., equipment) to support treatment, or that a supplementary condition exists, which requires the supplementary service.

* Refer to the [PAF Guideline](#) for more information. An onsite work/home/school-based review and intervention (OWI) is used to identify and evaluate areas of functional difficulty or barriers to recovery and to implement strategies for recovery.

COMPLETION OF AN OCF-23 IN HCAI

Note: In order to complete and submit an OCF-23 using the HCAI Web application, a health practitioner, as defined by the SABS, must be associated with the health care facility.

OCF-23 TABS

The OCF-23 in HCAI appears organized under four tabs.

Figure 1 : OCF 23 tabs

Tab 1

Claim Identifier

Part 1 – Applicant (Patient) Information

Part 2 – Auto Insurer Information

Part 3 – Other Insurer Information

Tab 2

Part 5 – Signature of Initiating Health Practitioner and Conflict of Interest Declaration

Part 6 – Injury and Sequelae Information

Part 7 – Prior and Concurrent Conditions

Part 8 – Barriers to Recovery

Tab 3

Part 9 – PAF Pre-approved Services

Note – Part 10 (Identification of Health Providers) does not appear as a separate field in HCAI, but is included in Part 11

Part 11 – Other Goods and Services within the PAF Guideline Requiring Insurer Approval

Note – Part 12 (Signature of Insurer) does not appear as a separate field in HCAI. Insurer responses will be viewed online

Part 13 – Signature of the Applicant

Tab 4

Additional Comments and/or Attachments

Tab 1

Claim Identifier

- Persons who report being injured in an automobile collision will be contacted by the insurance company to which they make the claim for benefits.
- The insurer is required to provide the claimant with information such as the claim number and date of loss.
- The insurance policy number can be obtained from the pink slip that is provided when the auto insurance premium is paid.
- Claim identifiers are used to identify the claimant and match the document to a specific adjuster's worklist.
- When a form arrives at the insurance company, the insurer must match information contained in this section of the form.
 - Errors may delay the insurer's ability to identify the claimant and, subsequently, process the claim.

Four key identifiers

Four key identifiers will assist insurers to quickly validate and adjudicate the claim:

1. Claim number and/or policy number

- The applicant must provide the claim number if known, the policy number and the date of the accident.
- The claim number and policy number can be obtained from the insurance adjuster.
- The policy number is also available on the Motor Vehicle Liability Insurance Card (pink slip).
- The claim number and policy number may be the same.

2. Accident date (forms will not be processed without an accident date)

- If the patient has overlapping injuries from more than one accident, use the date of the accident that is most relevant to the injuries being treated.

3. Date of birth of the patient

4. Gender of the patient

Part 1 – Applicant Information

- The applicant (patient) or substitute decision-maker² should provide information to the clinic staff.

Part 2 – Auto Insurer Information

- The applicant (patient) or substitute decision-maker should provide the information.
- The last name of the policyholder is mandatory.

² The *Substitute Decisions Act* states that a substitute decision-maker is a person with power of attorney for personal care or a court-appointed guardian.

Independent adjusting companies and adjusters

- Independent adjusting companies may be hired by insurance companies to adjudicate claims, but the HCAI application does not list independent adjusting companies.
- To direct claim forms appropriately, health practitioners should determine (typically by asking the patient or the independent adjuster) the name of the licensed insurer that insures the patient.
- Insurance companies that use independent adjusters (IA) are able to give IAs access to HCAI so the IA can view and adjudicate forms for those claimants for which they have been authorized.

Part 3 – Other Insurer Information

- The patient, guardian or substitute decision-maker can advise whether there is other insurance.
- Health care facilities or health practitioners are not responsible for errors or omissions in information provided to them by the patient, guardian or substitute decision-maker.

Figure 2: Other insurer information

Part 3: Other Insurer Information
Please provide details for other insurer coverage, where applicable.

* I have made reasonable enquiries of the claimant and have determined that:

No - There is no other insurance coverage

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 goods and services included in this form?

No Yes Not Applicable

Other Insurer 1

Please provide details for other insurer coverage, where applicable.

Other Insurer Name: ABC Group Health

Plan Or Policy Number: _____

* Last Name of Plan Member: Jones

First Name of Plan Member: _____

Other Insurer's Identifier: _____

Other Insurer 2

Please provide details for other insurer coverage, where applicable.

Other Insurer Name: _____

Plan Or Policy Number: _____

Last Name of Plan Member: _____

First Name of Plan Member: _____

Other Insurer's Identifier: _____

- The auto insurer is not liable for any costs that are payable by any other insurer.
- The auto insurance system is designed to require other insurance plans to be accessed before the auto insurance health benefits are accessed.
- Health benefits may be available from the Ministry of Health and Long Term Care (MOH) or through an applicant's personal, spousal or parental extended health plan to pay or partially pay expenses listed in the form.
- Space is available for two other insurers in the event that the applicant is covered by more than one policy (for example, if both the applicant and the applicant's partner or legal guardian have extended health benefits).

Tab 2

Part 5 – Signature of Initiating Health Practitioner and Conflict of Interest Declaration

Figure 3: Signature of health practitioner

Part 5: Signature of Initiating Health Practitioner

Please indicate that there is a provider signature on file. Values marked with an asterisk (*) are mandatory fields required for submission.

* Name of Provider: PT, Pam
* Profession: Physiotherapist (3466)
Facility Name: Dynamic Rehabilitation
AISI Facility Number:
Address 1: 15 Elm Street
Address 2:
City: Toronto
Province: ON - Ontario
Postal Code: M2M 2M2
Phone: (416) 555-5554
Fax:

The health practitioner declares that there is no conflict of interest relating to this Pre-approved Framework Treatment Confirmation Form and has determined, after making reasonable inquiries, that there are no conflicts of interest relating to this Pre-approved Framework Treatment Confirmation Form on the part of any person who referred the applicant to a person who will provide goods or services contemplated in this Pre-approved Framework Treatment Confirmation Form.

* Is there a conflict of interest? No Yes Yes

The health practitioner certifies that the goods and services contemplated are reasonable and necessary for the treatment and rehabilitation of the applicant for the injuries identified in Part 6, and the treatment proposed is in accordance with a PAF Guideline. The health practitioner has reviewed the proposed treatment with the applicant.

The health practitioner certifies that the information provided is true and correct. The health practitioner understands 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. The health practitioner further understands 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 analyzing 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.

* Is the signature on file? No Yes

* Signed Date: 2008/11/27

Is the Provider the initiating health practitioner? No Yes

- Only health practitioners (HP) can sign Part 5.
- The signature is required on a hard (printed) copy before the form can be submitted electronically to the insurer.
 - The signature is not transmitted to the insurer, but must be kept on file in the clinic/practice for audit purposes.
 - Indicate whether you are the initiating health practitioner.
- The health care facility must indicate which HP will sign the OCF to certify the OCF-23.
 - Use the drop-down menu to select the name of the HP who will certify the form.
 - Only HPs who are associated with the health facility may sign OCFs. If a non HP (e.g. massage therapist) wishes to deliver treatment in the PAF, the OCF 23 must be signed by a HP.
- Select “No” or “Yes” in response to the question “Is there a conflict of interest?”
 - If you select “Yes” you will be asked to explain the conflict.
- Select “No” or “Yes” in response to the question “Is the signature on file?”
 - It is not possible to submit the form unless the HP signature is on file (“Yes” response).
 - In order to obtain the HP signature, the entire OCF should be completed on the website. Then, the form should be printed and signed by the HP and the claimant.

- Insert the date on which the OCF-23 is signed. The date must be today's date or earlier (i.e., you may not future date the form).
- To print the completed OCF:
 - Click on the **PRINT** button located at the top and bottom of the HCAI application Web page.

Figure 4: Print button

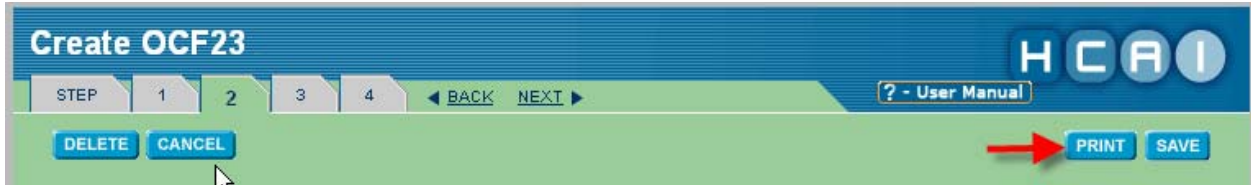
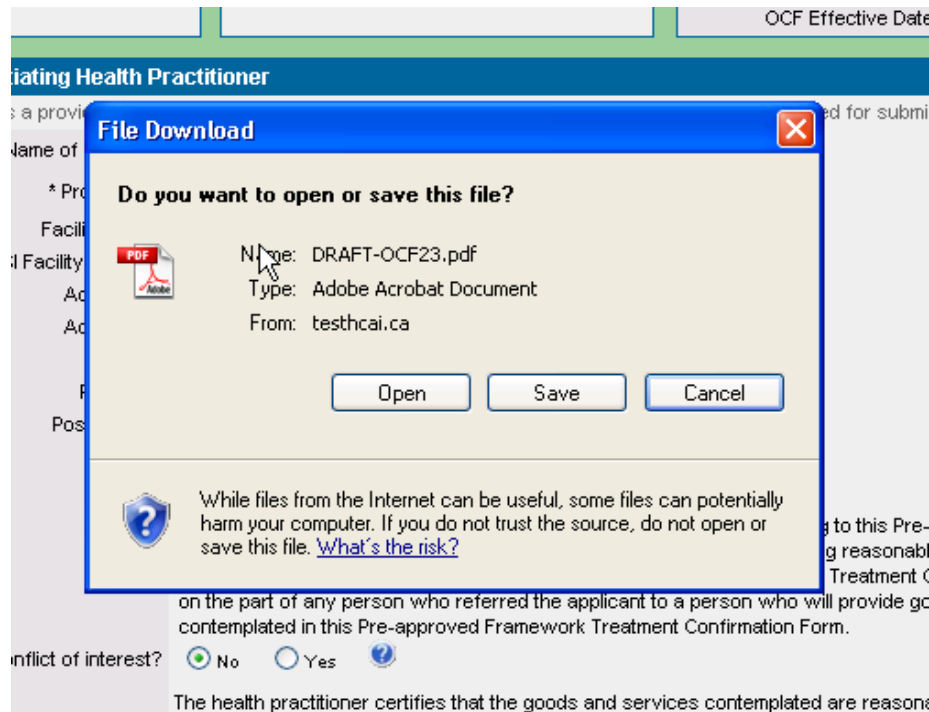


Figure 5: Download PDF to view, save or print



- A “File Download” window will open (see Figure 5) and you will be asked whether you want to open or save the file.
 - Save – You can store a PDF version in your electronic filing system.
 - Open – The file will open and it will look exactly like the paper OCF.
- Select “Open” and then print the form.
- The HP should sign the printed form.
- The claimant/guardian/substitute decision-maker should sign Part 13.
- The clinic/practice should file the signed copy of the form with the patient record. If requested by the insurer or claimant, the signed hard copy must be produced.

Note: Health practitioners (HPs) and OCF signatures

By checking “Yes” beside the box that asks “Is the signature on file?”, the HP certifies the following:

1. The form has been printed and signed by the HP, and the signed hard copy is available at the facility.
2. The goods and services contemplated in the treatment plan are reasonable and necessary for the injuries described in Part 6.

The signature of the HP in Part 5 does not imply that the signing HP is professionally liable for the actions of other health professionals listed on the form.

Before signing Part 5, confirm that the requirements for informed consent have been met. The inclusion of a revised statement of understanding identifies for the initiating health practitioner the range of specific uses that will be made of information related to providing services to injured auto insurance claimants.

Part 6 – Injury and Sequelae Information

Claimants treated in the PAF have either a WAD I or WAD II injury. In addition, certain other injuries are also permissible in the PAF. Injury codes for WAD I and II are:

- WAD I – S13.40
- WAD II – S13.41.

The PAF Guideline also indicates that it is appropriate to treat other injuries within the PAF. If an injury in addition to a WAD injury is being treated, list the WAD injury first, followed by other injuries/problems/circumstances (refer to ICD-10-CA). To learn how to search for injury codes, refer to the HCAI Web User Manual by clicking on the words “User Manual” at the top right of each HCAI web page.

Figure 6: Injury codes

Part 6: Injury and Sequelae Information

Provide the associated ICD-10-CA* code for injuries and sequelae (listing the most significant first) that are the direct result of the automobile accident. Use the "Confirm Codes" button to set the codes and populate the descriptions or "Search" for codes using the "..." button.

Code	Description
S.13.41	Whiplash associated disorder [WAD2] with complaint of neck pain with musculoskeletal signs
S.29.0	Injury of muscle and tendon at thorax level

Note: For background information on ICD-10-CA coding, refer to the user manual at www.hcaiinfo.ca

CONFIRM CODES

Questions about coding

If you belong to a professional association, refer questions regarding injury coding to your association or access the website at

http://www.hcaiinfo.ca/Health_Care_Facility_Provider/documents/appendices/Appendix%20A%20ICD-10-CA%20FINALnov%209%2007.pdf

Part 7 – Prior and Concurrent Conditions

Figure 7: Prior and concurrent conditions

Part 7: Prior and Concurrent Condition

The information provided in this section will help the insurer to better understand the applicant's preaccident status and informs the insurer in advance of any pre-existing condition that may affect the applicant's response to the treatment given within the PAF. Provide relevant information in response to these questions to the best of your knowledge and based on information from the applicant.

* a) Was the applicant employed at the time of the accident?

No Yes

* b) 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

Yes - (Please explain)

Unknown

- Part 7 informs readers whether pre-morbid conditions or co-morbidities exist.
- Provide relevant information to the best of your knowledge based on information supplied by the patient/guardian/substitute decision-maker.

Part 8 – Barriers to Recovery

Figure 8: Barriers to recovery

Part 8: Barriers to recovery

Identify any barriers to recovery, including any "yellow flags" identified in the PAF outline that may affect the success of this treatment. For further information on yellow flags, go to www.hcaiinfo.ca and select "User Manual" from the "Statutory Accident Benefits" tab. Then select "Codes and Appendices" followed by "Appendix G - PAF Barriers to Recovery".

A) Have you identified any other barriers to recovery?

No Yes - (Please Explain)

Had prior WAD injury 2 years ago. Resolved after 3 months of PT and chiro care.

- If there are circumstances that may affect a claimant's recovery, select "Yes."
 - If you select "Yes" explain the barrier, including any "yellow flags" identified in the PAF Guideline that may affect the success of this treatment.

Refer to Appendix G for further information on "yellow flags" specific to the PAF Guideline.

Tab 3

Part 9 – Pre-approved Services

Important: To learn which services are pre-approved, read the PAF Guideline that is published by the Financial Services Commission of Ontario and available at the FSCO website (www.fSCO.gov.on.ca).

- Currently there is only one PAF, therefore, the field beside the word “PAF” is pre-populated. You cannot alter this.
 - There is a maximum fee set out in the PAF Guideline for PAF services. Note: If you insert an “Estimated Fee” greater than the Guideline amount, insurers may not pay the excess amount.
- Supplementary goods and services are available to deliver treatment for:
 - Concurrent injuries (e.g. non-radicular low back pain, bruised knee, etc) or
 - Equipment/supplies prescribed by the health practitioner to facilitate recovery. Note: If you insert an “Estimated Fee” greater than the Guideline amount, insurers are not required to pay the excess amount.

Note: Services requiring insurer approval (such as the home/worksite/school onsite assessment) should not be included in Part 9, but should be included in Part 11 of the OCF-23.

Part 11 – Other Goods and Services within the PAF Guideline Requiring Insurer Approval

- Ancillary goods and services are available with insurer approval.
 - Onsite work/home/school-based review and intervention.
 - Post-PAF phase – extension (up to four sessions).
 - Transfer fee if patient changes initiating PAF health practitioner.

Codes for Part 11

- Codes should only be added for those ancillary services described in the PAF Guideline.
 - Onsite work/home/school evaluation, mileage, travel time, post-PAF extension and transfer.
 - To view the codes for these services, see Table 1 below under “Measure.”

Figure 9: Other goods and services requiring insurer approval

Part 11: Other Goods or Services Within the PAF Guidelines Requiring Insurer Approval

Please fill out all Goods and Services and associated information.
 - Payment by auto insurer is secondary to available collateral benefits.
 - Refer to the User manual at www.hcainfo.ca for coding information. Attribute codes are described in the manual.

GS Ref#	Code	Attr	Provider Ref.	Quantity/Measure	Cost
<input type="checkbox"/> 1	P.WW.OR ... Onsite work/home/...	<input type="checkbox"/>	smith, jane ...	1.00 PR ▼	416.98
<input type="checkbox"/> 2	A.XX.TT ...	<input type="checkbox"/>	smith, jane ...	1.00 HR ▼	89.00
<input type="checkbox"/> 3	A.XX.KM ...	<input type="checkbox"/>	smith, jane ...	50.00 KM ▼	20.00
<input type="checkbox"/> 4	<input type="text"/> ...	<input type="checkbox"/>	...	<input type="text"/> GD ▼	<input type="text"/>
<input type="checkbox"/> 5	<input type="text"/> ...	<input type="checkbox"/>	...	<input type="text"/> GD ▼	<input type="text"/>

Add more Items:

Briefly explain why the goods and services in Part 11 are being proposed and the treatment goal. Your message may be up to 500 characters in length

Patient on modified duties.

Attribute

In addition to CCI codes, some healthcare services may be further specified with Attribute Codes. These codes are used to indicate how the service was delivered or, for example, the number of views in an x-ray study. The absence of attribute codes means that the service was rendered directly (in person) to one individual by one individual health provider and required continuous attendance. Refer to Appendix B for more information about Attributes.

Provider reference

- Click on the blue button under the heading “Provider Ref.”
- Select the name of the health provider who will render the service or is prescribing the item listed in the line.
 - If more than one provider will deliver a single good or service, do not enter more than one name. Enter the name of the provider who will be most engaged with the patient.

Quantity

- The quantity refers to the number of times over the course of the treatment plan you will deliver the service described by the code.
 - Example: If you plan to do one OWRI visit, enter “1.00.” OR, you can enter the number of hours you plan to use for the visit, by entering the number and selecting the unit measure “HR”
 - 70 kilometres = 70
 - 3 post-PAF extension visits = 3

Measure

- Use the measure appropriate to the service being described.

Table 1

Service	Code	Unit Measure	Maximum Fee Payable by Insurer
Onsite work/home/school review and intervention	P.WW.OR	HR (hour); or PR (procedure)	\$416.98
Travel time	A.XX.TT	HR	Negotiated between health facility and insurer
Mileage	A.XX.KM	KM	Negotiated between health facility and insurer
Post-PAF phase extension	P.WW.EV	HR; or PR	\$46.91 per session to a maximum of \$187.64 for duration of PAF
Transfer	P.WW.TR	PR	\$51.10

Estimated fee

- Enter the amount you estimate the line item will cost.
- Insurers are not required to pay fees in excess of those listed in the PAF Guideline.

Sub-total and total

Click on [CALCULATE](#).

Is a fee associated with completion of the OCF-23?

The fee for completion of this form is embedded in the block funding structure of the PAF. Therefore, the insurer may not be billed separately for completion of this form.

Part 13 – Signature of Applicant

- In HCAI, select “Yes” or “No” to the question “Is the applicant’s or substitute decision-maker’s signature on file?”
 - If you select “Yes,” insert the date on which the applicant signed.
- Select “Yes” or “No” in response to the question “Was the applicant’s or substitute decision-maker’s signature waived by the insurer?”
- Print the form. (Refer to Part 5 – Signature of Initiating Health Practitioner and Conflict of Interest Declaration.)

Note: To submit forms via HCAI, the applicant’s signature must be on file unless the insurer has waived the applicant’s signature.

Consent

The consent for the use of information has been revised to reflect the current privacy legislation and other legislation with which insurers must comply. Insurers are responsible for ensuring that claimants understand these conditions when initiating a claim through the submission of an OCF-1.

Should the claimant require more information about the consent and their obligations, please refer him/her to their insurance claims adjuster.

Tab 4

Additional Comments and/or Attachments

- HCAI permits health facilities to do the following:
 - Offer more information to adjusters by using the space provided in Tab 4.
 - Advise adjusters that additional documentation (attachments) is being sent which the insurer requires to adjudicate the form.
 - Attachments cannot be sent electronically via HCAI.
 - To indicate an attachment is being sent to the adjuster, tick the box beside “Attachments being sent, if any.” If this box is ticked, the health facility must use the space below to describe the attachment being sent.

Figure 10: Additional comments and attachments

Create OCF23 HCAI

STEP 1 2 3 4 ← BACK ? - User Manual

DELETE CANCEL PRINT SAVE SUBMIT

Claim Identifier	Return this form to:	Plan Identifier
Applicant Name: Jones, Jason Claim Number: 1234 Policy Number: 1234 Date of Accident: 2009/04/01	ins_test dfsd sdf, Ontario m3m3m3	Document Number: Plan Number: N/A OCF Type: 23 Date: 2009/05/14 Source: Web OCF Effective Date: 2006/03/01

Additional Comments

Please note that the document is not considered complete until the attachments, if any are indicated, are received by the insurer. It is mandatory to indicate the number and types of documents/reports that are being sent.

Attachments being sent, if any.

X rays are being forwarded by family doctor's office.

When is an OCF-23 deemed “received”?

- Insurers are required to respond to OCF-23s within 5 business days after receipt of the form.
- The day the form is received is counted as day 0.
- Health facilities are advised to speak with insurers about the status of forms to ascertain whether there are circumstances that may “stop the clock” and extend the time available for the insurer to respond.

How do I know my form has been submitted?

Figure 19: Successful submission confirmation notice

Claim Identifier	Return this form to:	Plan Identifier
Applicant Name: Test, Case Claim Number: 456 Policy Number: 345 Date of Accident: 2008/04/22	_Prof. Assoc. Insurer 1 Main St. Toronto, Ontario M1M 1M1	Document Number: 09042000001 Plan Number: N/A OCF Type: 23 Date Submitted: 2009/04/20 Source: Web OCF Effective Date: 2006/03/01

You have submitted document number 09042000001. Please note that the document is not considered complete until the attachments, if any are indicated, are received by the insurer.

[CLOSE WINDOW](#)

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- Figure 19 is an example of what you will see when your form has been successfully submitted to the insurer.
- Each form is assigned a unique document number by HCAI (see Figure 19) that can be used to track the form and distinguish it from others submitted for the same patient.

What if HCAI won't submit the form?

- HCAI validates data entered in the OCF 23 as you move through the four tabs. HCAI will not submit forms that contain errors.
- Errors will be flagged by an orange tab (see Figure 11) or through error messages in yellow (see Figure 12).

Figure 11: Error notice [orange tab]

STEP 1 2 3 4 ◀ BACK ? - User Manual

[DELETE](#) [CANCEL](#) [PRINT](#) [SAVE](#) [SUBMIT](#)

Figure 12: Explanation of error

Part 11: Other Goods or Services Within the PAF Guidelines Requiring Insurer Approval

Please fill out all Goods and Services and associated information.
- Payment by auto insurer is secondary to available collateral benefits.
- Refer to the User manual at www.hcaiinfo.ca for coding information. Attribute codes are described in the manual.

Line 1 has the following errors:

- The measure (GD) is invalid for the goods and services code (PWWOR).

GS Ref#	Code	Attr	Provider Ref.	Quantity/Measure	Cost
1	P.WW.OR Onsite work/home/...		smith, jane	1.00 GD	418.98

Note: When insurers respond to an OCF 23, HCAI will indicate that the form has been responded to. However, if the amounts charged on the OCF 23 exceed the Superintendent's Professional Fees Guideline, be aware that insurers are not obligated to pay fees in excess of the Guideline.