

## Guide to Completing Goods & Services in the OCF-23

### OCF 23, Part 9 – Guideline (pre-approved) Services

Part 9	Category	Description	Maximum Fee	Estimated Fee
Guideline Services	Identify which Guideline is applicable)	Minor Injury	\$1,581.00	\$1,075.00
	**Supplementary Goods & Services	Psychosocial Risk Factors Management	\$400.00	\$400.00
	**Other Pre-approved Services (including radiology)	3SC10 - X-ray 2 views C spine	\$36.90	\$36.80
	Part 9 Sub-Total		\$2,017.90	\$1,511.80

### Guideline Services

Part 9 asks for an estimate of the cost of pre-approved goods and services you anticipate will be required for the claimant (applicant).

There are three possible pre-approved components. You are not required to complete all three rows of Part 9:

- Guideline Services
- Supplementary Goods & Services
- Other Pre-approved Services (including radiology)
  - You MUST use an x-ray code here if you plan to propose diagnostic imaging
- At least ONE of these rows must be completed – but, for example, if you do not feel Supplementary Goods and Services are required, you can leave the middle row blank.
- Under maximum fee, insert the maximum fee payable as per the Minor Injury Guideline
- Under Estimated Fee, insert the amount you believe will be utilized in treating this applicant (patient).
- Calculate the sub-totals. Remember that all totals must be calculated to 2 decimal places

### HST

HST should be included in the amounts proposed and in your total “Estimated Fee”. The actual breakdown of HST will occur when you invoice for the services on an OCF-21C.

### OCF 23, Part 10 – Other Health Providers

*Part 10 Other Health Providers  (required only if Part 11 services are rendered by other providers)	Provider Reference	†Provider Type	Provider		Regulated (College Registration Number)	Unregulated (AISI Number if applicable, or blank)	Hourly Rate (if applicable)
			Last Name	First Name			
	A	DC	Smith	Mary	8567		\$106.73
	B	MT	Jones	Mark	7568		\$55.05
	C	SW	McDougall	George	7458		\$95.00
	D						

Note †: Refer to the User manual at [www.hcaiinfo.ca](http://www.hcaiinfo.ca) for ICD-10-CA coding information.

- **Provider Type.** Use Appendix E (Provider Type Codes) and insert the correct provider type code in the column. List all health providers that will deliver care as part of this treatment plan.
- **Provider.** Insert each provider’s last and first name.
- **Regulated /Unregulated.** For regulated providers, insert their health regulatory college registration number. For unregulated providers, leave the field blank.
- **Hourly Rate.** Insert each provider’s hourly rate.