

The Office of the Superintendent of Insurance

Bulletin 3-2024

Notice of Change in Fees and Disbursements under the *Automobile Insurance Diagnostic and Treatment Protocols Regulations*

May 31, 2024

Pursuant to Section 8 of the *Automobile Insurance Diagnostic and Treatment Protocols Regulations*, effective July 1, 2024 the following amounts are the maximum fees and disbursements payable for services, activities or functions authorized under the *Automobile Insurance Diagnostic and Treatment Protocols Regulations*.

Service	Fee Effective July 1, 2024
1. Completion of an assessment of the patient by a physician, physiotherapist or chiropractor	\$115
2. Provision of first three treatment visits for treatment authorized for a whiplash I injury, a first degree or second-degree sprain or strain by a physiotherapist or chiropractor	\$86 per visit
3. Provision of up to seven additional treatment visits for treatment authorized for a whiplash I injury, a first degree or second-degree sprain or strain by a physiotherapist or chiropractor	\$52 per visit
4. Provision of first seven treatment visits for treatment authorized for a whiplash II injury, a third-degree sprain or strain by a physiotherapist or chiropractor	\$86 per visit
5. Provision of up to fourteen additional treatment visits for treatment authorized for a whiplash II injury, a third-degree sprain or strain by a physiotherapist or chiropractor	\$52 per visit
6. Completion of an Injury Management Consultant Report by a physiotherapist or chiropractor ¹	\$260
7. Completion of an Injury Management Consultant Report by a physician ²	\$173
8. Completion of a Treatment Plan by a physiotherapist or chiropractor	\$58

¹ This amount includes fees for up to one hour of an Injury Management Consultant's time. If the time taken to complete all aspects of this service, including an assessment, is expected to exceed or exceeds one hour, the physiotherapist or chiropractor may seek authorization to spend additional time from the appropriate insurer.

² This amount includes fees for up to one-half hour of an Injury Management Consultant's time. If the time taken to complete all aspects of this service, including an assessment, is expected to exceed or exceeds one-half hour, the physician may seek authorization to spend additional time from the appropriate insurer.

9. Completion of a Treatment Plan by a physician	\$144
10. Completion of a Progress report ³ by a physiotherapist or chiropractor	\$46
11. Completion of a Progress Report ⁴ by a physician	\$144
12. Completion of a Concluding Report by a physiotherapist or chiropractor	\$46
13. Completion of a Concluding Report by a physician	\$144
14. Completion of a Referral Form by a physiotherapist or chiropractor	\$58
15. Completion of a Referral Form by a physician	\$144

The treatment visits under the Automobile Insurance Diagnostic and Treatment Protocols Regulations are intended to be free of any financial barriers that might limit patients seeking early, appropriate treatment for their injuries. “Extra” (or balance) billing practices pose a financial barrier as well as stress to a patient, therefore practitioners may not extra-bill. This prohibition is derived from section 8(1) of the Automobile Insurance Diagnostic and Treatment Protocols Regulations.

All descriptions of services, activities and functions in this Bulletin are premised on the rules, criteria and descriptions which currently exist under the Automobile Insurance Diagnostic and Treatment Protocol Regulations under the Insurance Act (Nova Scotia), which are subject to amendment from time to time.

This document explains the maximum fees and disbursements payable for services, activities and functions provided under the Regulations, but all legal rights and obligations under the Regulations (other than the amount payable which are authorized to be set out in this Bulletin under the Regulations) are described in the Regulations, and the final determination of whether a service, activity or function is authorized is determined by the Regulations.

³ A Progress Report should only be prepared at the request of an insurer. Progress reports that are prepared in the absence of such a request are not required to be reimbursed.

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