CLINICAL FUNDING & BENEFIT NAVIGATION SERIES

Autism Therapy Insurance Handbook

A comprehensive practitioner and family guide to navigating private insurance coverage for Speech-Language Pathology (SLP), Occupational Therapy (OT), and Applied Behaviour Analysis (ABA) across Ontario.

1. DISCIPLINE BREAKDOWN & COLLEGE REGULATIONS

In Canada, private group and individual policies do not contain an umbrella "Autism Therapy" benefit. Rather, services are billed strictly under their clinical disciplines through regulated provincial colleges or designated psychological/behavioural categories.

Speech Therapy (SLP)

Regulatory College: CASLPO (Ontario)
Core Scope: Functional communication, receptive/expressive language, articulation, pragmatics, AAC devices.
Delegation: CDAs (Assistants) covered only under direct CASLPO supervision and specific carrier policy terms.

Occupational Therapy (OT)

Regulatory College: COTO (Ontario)
Core Scope: Sensory regulation, fine/gross motor skills, activities of daily living (ADLs), executive functioning.
Delegation: OTAs covered under direct COTO supervision; plan must explicitly cover support personnel.

Behaviour Analysis (ABA)

Regulatory College: CPBAO (Ontario)
Core Scope: Early intensive intervention, behavioral reduction, functional communication training, skill acquisition.
Classification: Billed under Registered Behaviour Analysts (RBA) or supervised Psychological Services.

2. BILLING ARCHITECTURE: HOW INSURERS STRUCTURE BENEFITS

- **Independent vs. Combined Paramedical Maximums:** Most comprehensive group plans offer separate allocations for SLP and OT (e.g., $1,000 for SLP and $1,000 for OT). However, smaller group or personal plans frequently lump all allied health into a *shared pool* (e.g., $1,000 combined across Physiotherapy, OT, SLP, and Chiropractic).
- **Per-Visit Caps vs. Percentage Reimbursement:** A plan advertising 80% coverage often includes a hidden "reasonable and customary" (R&C) or fixed per-visit maximum (e.g., paying 80% up to a maximum of $80 per session). Private clinic rates typically range between $140 and $220 per hour, leaving parents with a substantial balance.
- **ABA Category Realities:** With the formal establishment of the College of Psychologists and Behaviour Analysts of Ontario (CPBAO), insurers are increasingly recognizing **Registered Behaviour Analysts (RBAs)**. If a policy lacks an RBA category, claims are historically submitted under the **Psychologist / Psychological Services** bucket when supervised and countersigned by a licensed C.Psych.

> **Important Coordination Rule:** Always determine your benefit renewal date. Plans generally reset on **January 1st** (calendar year), but municipal, education, and university plans frequently reset on **July 1st** or **September 1st** (academic/fiscal year).

3. DIAGNOSTIC ASSESSMENTS VS. ONGOING THERAPY

Comprehensive initial assessments (including formal ADOS-2 reviews, sensory profiling, or multidisciplinary communication evaluations) are billed at multi-hour rates. Insurers generally draw these costs straight from the standard annual paramedical cap rather than offering an elevated diagnostic allowance. If an assessment costs $800 and your annual cap is $1,000, only $200 remains for ongoing treatment within that benefit year.

4. MAJOR INSURANCE CARRIERS: COVERAGE & CAVEATS

Coverage amounts depend on the custom policy selected by an employer. The matrix below outlines standard group and personal policy terms across major Canadian carriers for pediatric autism therapies.

CARRIER	SPEECH (SLP) & OT COVERAGE	ABA / BEHAVIOURAL SERVICES	KEY RESTRICTIONS & INVOICING RULES
Sun Life	**Group:** $400–$1,500/yr per specialty. **Personal:** $250–$400/yr.	Recognizes CPBAO (RBA) under extended mental health riders or C.Psych supervision.	Receipts must clearly display CASLPO/COTO/CPBAO numbers. Some group plans group OT with Physiotherapy.
Canada Life	**Group:** $500–$1,500/yr. **Personal:** Standard paramedical tier.	Reimbursable under Psychological Services or designated Autism/ABA benefit riders.	Supports direct clinic billing via Telus Health eClaims. Pre-determinations recommended for multi-hour assessments.
Manulife	**Group:** $400–$1,000/yr. **Personal:** $250–$500/yr.	Supervised ABA covered under Psychological benefit; emerging RBA direct recognition.	**High frequency of per-session caps** (e.g., max $60–$90/session). Requires separate line items for assessments.
Green Shield Canada (GSC)	**Group:** $300–$1,000/yr. **Personal:** $400–$500/yr.	Coverage under Mental Health / Psychology; strict direct supervision protocols.	Rigorous validation of assistant (CDA/OTA) billing. Often requires an initial prescription or MD recommendation on file.
Medavie / Ontario Blue Cross	**Group:** $400–$1,200/yr. **Personal:** Optional health modules.	Covered under Psychological Services if supervised by registered psychologist.	Often operates on percentage co-pays (70%–80%) until annual ceiling. Clinical treatment plans occasionally audited.
Desjardins	**Group:** $500–$1,200/yr. **Personal:** Variable riders.	Supervised psychological benefit; check plan for RBA credential recognition.	Fast digital turnaround. Invoices must show exact face-to-face duration and clinician regulatory registration details.
OTIP / RTAS (Education Sector)	**Group:** $1,000–$2,500+/yr per discipline (typically generous).	Comprehensive mental health and behavioural support categories.	Often reimburses up to 100% per session with high annual caps. Highly favourable for intensive multidisciplinary therapies.
Chambers Plan (Small Business)	**Group:** $300–$600/yr. **Personal:** Core package limits.	Limited direct ABA unless paired with expanded executive health riders.	Commonly enforces pooled paramedical caps or lower per-visit allowances. Referral notes frequently required.

5. COMMUNICATING WITH ASSISTANTS (CDA, OTA, BEHAVIOUR TECHS)

Because direct therapy is often delivered by clinical assistants to maintain affordability, claims frequently run into administrative denials. To ensure claims are successfully processed:

- **Supervision Ratio & Documentation:** The invoice must state both the assistant's name and the supervising licensed clinician's college registration number (e.g., CASLPO # for SLP; COTO # for OT; CPBAO # for RBA).
- **Supervision Language:** Have your clinic append standard delegation language to receipts: *"Services delivered by [Assistant Name, CDA] under direct supervision of [Clinician Name, M.Cl.Sc., Reg. CASLPO #1234]."*

6. INTEGRATING PRIVATE INSURANCE WITH THE ONTARIO AUTISM PROGRAM (OAP)

The Ontario Autism Program provides direct Core Clinical Funding for eligible children. Navigating provincial funds alongside extended health benefits requires careful sequencing to maximize child contact hours.

Step 1: Primary Private Plan
Always bill your extended health carrier first. Insurers legally require that private benefits act as primary payors before accessing public relief funds.

Step 2: Secondary Insurance (COB)
If two parents have benefits, submit the unpaid balance to the secondary plan under the **Birthday Rule** (parent whose birthday falls earlier in the year).

Step 3: OAP Core Clinical
Apply remaining balances, co-pays, or hours beyond annual caps to your child's OAP expense allocation using detailed invoices and EOB statements.

7. HEALTH SPENDING ACCOUNTS (HSA) & MEDICAL EXPENSE TAX CREDIT (METC)

- **Health Spending Accounts (HSA):** HSAs provide 100% tax-free reimbursement for eligible medical expenses not covered by base plans. They can pay the remaining 20% co-pay, per-visit gap amounts, or continue funding therapy when annual paramedical caps are exhausted.
- **CRA Medical Expense Tax Credit (METC):** Any out-of-pocket therapy expenses not reimbursed by private insurance or OAP are claimable on your Canadian income tax return. Services delivered by registered SLPs, OTs, and psychologists/RBAs qualify as medical expenses under CRA guidelines.
- **Disability Tax Credit (DTC):** Securing DTC approval (Form T2201) unlocks additional therapy deductions, retroactive tax returns, and enables the opening of a Registered Disability Savings Plan (RDSP).

8. ANNUAL BENEFITS MANAGEMENT ROADMAP

QUARTER / TIMING	STRATEGIC ACTION ITEM	FINANCIAL OBJECTIVE
Q1 (Jan – Mar)	Update doctor referrals; verify new year benefit renewals; schedule initial evaluations.	Establish goals without exhausting allowances early.
Q2 / Q3 (Apr – Aug)	Execute core direct therapy blocks; monitor balance of paramedical caps; file secondary COB claims.	Maintain continuity while tracking plan exhaustion.
Q4 (Sep – Nov)	Audit remaining balances; transition billing to OAP Core Funding or HSA as caps approach.	Zero-out remaining annual benefits before Dec 31.
Year-End (December)	Compile all Explanation of Benefits (EOB) slips and unpaid clinic invoices for CRA tax filing.	Prepare documentation for METC tax deductions.

Documentation Retention Notice: Retain copies of all prescriptions, clinical progress reports, Explanation of Benefits (EOB) statements, and itemized receipts for a minimum of **7 years** for OAP audit reconciliation and CRA verification.