



PRACTICE ADVICE

BILLING THIRD PARTIES

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BILLING BENEFITS PROVIDERS

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CASLPO Registration statistics reveal that there is an increasing amount of SLPs and audiologists working in private practice, whether on a full-time or part-time basis. Private patients and clients, who are eligible, are accessing employee health benefits to pay for audiology and speech language pathology services. CASLPO's practice advice program has received many calls and e-mails from members as well as members of the public regarding billing third-party payers for professional services. The most common types of questions concerned whether or not a patient/client could claim coverage for a particular service or service provider.

In researching this article, a number of benefits providers (Insurance Companies) were contacted to gather background information. As each company's policies are slightly different, we strongly recommend that you advise your patient/client to contact their benefits provider regarding reimbursement for SLP or audiology services.

FREQUENTLY ASKED QUESTIONS

1. SPLIT BILLING

Q: I am working part-time in private practice with a child who has a severe language delay. Part of the treatment plan is to educate the parents on the most effective way to communicate with their child. The mom has recently asked me if she can access her own benefits coverage for parent education. Is that Okay?

Q: We are running a 4 week partner training group to help partners of people who have had a stroke and who live with aphasia to communicate more effectively. Can they access their employee health benefits to pay for the group?

Successful communication, by its very nature, requires partners to listen, understand, and to speak in a manner that can be understood. These are skills that sometimes have to be taught. Parent, partner and family education on communication and therapeutic strategies is frequently part of a treatment plan. When providing an invoice, you, the regulated health professional, must decide who is the recipient of your services for that particular session. CASLPO's proposed [Records Regulation](#) requires you to document the following:

5.(2) A financial record shall contain the following information:

- (a) the patient's/client's name;
- (b) each treatment, service or clinical product provided to the patient/client and the date provided;
- (c) the fee charged or received relating to each treatment, service or clinical product provided to the patient/client;
- (d) total fee charged or received;
- (e) a record of the receipt given by or on behalf of the member, where available.

While a member may be able to provide general information about typical benefits coverage, members should avoid advising on a particular patient's/client's coverage. Given that benefits coverage differs from company to company and person to person, patients/clients should ask their own provider if they have specific questions about coverage eligibility.

PRACTICES NOT ALLOWED:

If the patient or client's benefits coverage is used up or "maxed out" for the year, you cannot start providing invoices or bill providers under the guise that the service was provided to the mother, father, or partner, when the patient or client was the actual recipient of the service. Observation of a session and providing education and information at the end of the session does not mean that the parent or partner was the recipient of that session. These practices are in contravention of the [Professional Misconduct Regulation](#):

RECORD KEEPING AND REPORTS

22. Signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement.

BUSINESS PRACTICES

23. Submitting an account or charge for services that the member knows is false or misleading.

2. BILLING FOR SUPPORT PERSONNEL

More private companies are employing Communicative Disorders Assistants (CDA) to provide direct intervention under the supervision of a SLP or audiologist.

Q: In our audiology clinic, our CDA provides group sessions to maximise hearing. Can we provide invoices to patients/clients for her services so they can bill their benefits providers?

Q: When providing invoices for CDA services, do we put the SLP's name as the service provider as technically it is the SLP's patient/client?

Advise the patient or client to contact their benefit provider to determine if they have coverage for support personnel services. In our research with different providers, some provided coverage for services delivered by support personnel and others did not. Those companies that did accept invoices for support personnel wanted the invoice to reflect both

professionals: the name and registration number of the audiologist or SLP and the name and credentials of the support personnel (CDA).

PRACTICES NOT ALLOWED:

Billing must not be misleading as to who performed the service. Members must not provide an invoice showing only the SLP's name if the services for that session were provided by support personnel.

Again, these practices breach the [Professional Misconduct Regulation](#):

RECORD KEEPING AND REPORTS

22. Signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement.

BUSINESS PRACTICES

23. Submitting an account or charge for services that the member knows is false or misleading.

Also, CASLPO's [Code of Ethics](#) states:

4.1.3. Audiologists and Speech Language Pathologists shall be honourable and truthful in all of their professional relations.

3. BUYING MULTIPLE SESSIONS AT THE END OF A YEAR

Q: A parent of a client asked me if I can provide a block of therapy sessions that she could pay for in December, even though some of the sessions would be provided in January of the following year. The parent wants to submit the invoice to her benefits provider in December to max out her benefits for that year. What should I do?

Some SLPs provide treatment in blocks; for example, four weekly sessions paid at one time. These blocks of treatment might span one year to the next. However, the dates of each of the treatment sessions must be clearly written on the invoice, as stated in our proposed [Records Regulation](#):

5.(2) A financial record shall contain the following information:

(b) each treatment, service or clinical product provided to the patient/client and the date provided;

It is up to the benefits provider whether or not reimbursement will be provided for services billed in one benefit year but provided in the following year. Most group benefits providers stated that they reimburse based on the date the service was rendered. It is important to note that a patient's/client's benefits coverage entitlement may not follow the calendar year. Again, you should advise patients/clients to check coverage eligibility with their particular provider.

PRACTICES NOT ALLOWED:

You must not falsify or mislead as to the dates of service rendered. Members should not sign claims forms without reviewing them first. Members should also not sign claims forms that are blank or contain incorrect information.

4. BILLING ON BEHALF OF ANOTHER PROFESSIONAL

Recently this situation was reported to the College:

Q: I have been approached by an ABA (Applied Behavioural Analysis) therapist who is working with a child who has communication problems. The therapist asked if I would watch some of her sessions via Skype™ and give her therapeutic recommendations. She then asked if I could bill for the sessions using my name and registration number as they would get more money from the benefits provider.

This situation is problematic on several fronts. The member must determine whether or not a referral has been sought for SLP services and informed consent has been obtained. Again, you must not falsify or mislead as to who has delivered a professional service. The invoice should clearly indicate the nature of the service provided by the SLP, i.e. consultation or intervention. Whether this type of service would be covered by a group benefits plan would be up to the individual provider.

SUMMARY

Perhaps the most important message members should take from this article is to advise patients or clients or their parents/partners to contact the benefits provider with questions about benefits coverage. Remember, you may have a number of patients or clients with the same benefits provider, but they are likely to be on different benefit plans. The information in invoices must be truthful and complete and must adhere to the College's regulations and Code of Ethics. If you work for a private company, ensure that they have copies of the pertinent CASLPO regulations including the [Professional Misconduct](#).

Regulation, the [Code of Ethics](#) and the proposed [Records Regulation](#). If you have concerns about a situation regarding the submission of invoices or other billing practices, contact us here at CASLPO.