Practice Guideline- Fees and Billing

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Introduction

Registered kinesiologists are obligated to provide safe, ethical and appropriate services. It is important that kinesiology services are available to the public and that the public has an opportunity to benefit from these services. An integral part of offering services to the public in an ethical and appropriate manner, while ensuring public protection, is transparency, fairness and reasonableness in what and how practitioners charge and how they inform patients/clients of their fees and billing practices.

While some services are covered by insurance plans which may have their own fee guidelines, in general, kinesiologists are not held to a common fee schedule. However, members are expected to adhere to the principles of fairness, reasonableness and transparency in setting fees. For example, a practitioner who is the only member practising in a small community should not charge more than what is deemed reasonable by the rest of the profession just because they are the only practitioner available. This is contrary to public protection because, effectively, the cost of the services may make the services unavailable to individuals who are in need of them.

This Guideline serves as a further elaboration on the College's Practice Standard– Fees and Billing.

Reasonable Fees

A regulated health professional must ensure that fees charged are reasonable enough that services are generally accessible to the public. It is considered professional misconduct to charge an excessive fee. What is reasonable is considered in light of what other practitioners in similar practice settings with similar skills are charging. This does not necessarily mean that because one practitioner charges more than another that the fee is automatically considered excessive. Factors that may be considered when setting fees include: the skills and experience of the practitioner; the location of the practice and associated overhead costs, such as rent in more densely populated areas, use of technologies, size of practice, practice setting (home or clinic), etc. If a member is

charging a higher rate than other similar practitioners or practices, the member should be able to explain the departure with objective and verifiable factors.

Members should not set fees based on a desire for profit that may be deemed excessive, nor on their patient's/client's ability to pay. Further, any other fees that members collect for travel costs, use of technologies, reports, etc. should be reasonable and transparent to the patient/client. Disbursements are meant to cover expenses and not to generate revenue.

Members are required to provide a full and accurate explanation of fees to patients/clients. The requirements for fees and billing explanations are outlined in the Practice Standard – Fees and Billing. Members must ensure that they receive informed consent from the patient/client regarding all aspects of the fees and billing process.

HST

Members are permitted to charge HST on their products and services. Members who are charging HST must have registered with the government for an HST number and provide this number on invoices if requested. Members must ensure that patients/clients are aware that HST is being charged and whether or not the fee is inclusive or exclusive of the tax.

Block Fees

As a regulated health professional, a member is permitted to charge block fees. A block fee is when a patient/client purchases more than one session at a discounted price per session. However, there are conditions on the utilization of block fees. Firstly, the price a member sets for a single session cannot be unreasonably high such that patients/clients are encouraged to purchase a block of sessions at a price per session that is, in fact, the reasonable price. The price for a single session or service should be in line with the rest of the profession.

Secondly, because it is professional misconduct to solicit or to provide unnecessary or excessive services, a member cannot encourage patients/clients to purchase more sessions than they may need. For example, a patient/client seeking rehabilitation after an ankle sprain may need only a few sessions before this goal is met. Greater caution should be taken with more sessions being sold as it may be difficult to ascertain a patient's/client's progress and goals over a longer period of time. A member must base his or her recommendations regarding number of treatment sessions on information contained in a full assessment. The patient/client must be given a full explanation of what is entailed in the purchase of a block of sessions as per the College's Practice Standard – Fees and Billing.

Additionally, continuation of services and changes to the treatment plan should be in response to needs identified through re-assessment. Consent to further treatment must be obtained every time there is material change or if treatment has continued for beyond the expected period without the anticipated improvement. The member must be honest with the patient/client and inform them when the goal has been achieved. If the goal is achieved prior to all sessions in a block purchase being used, the patient/client has a right to a refund on remaining unused sessions.

Further, a patient/client has the right to withdraw consent to treatment at any time. Therefore **refunds must be permissible as part of the contract** the patient/client signs when purchasing block sessions. Refunds can be subject to cancellation fees as long as this fee is reasonable.

If a member's employer sells a patient/client a set of block sessions before an assessment has been completed, the member must still conduct an assessment and make a reasonable estimate of how many sessions the patient/client will need based on the patient's/client's goals and condition. The member should be prudent and advise the employer that selling block sessions before an assessment is conducted is not according to the College's Standard.

Advertising of block fees must be clear and provide all necessary information according to the Standard. Block fees should also be denoted with an asterisk (*) which indicates that the block fee is subject to a prior assessment by a regulated health professional.

Discounts

Members are permitted to offer discounts to certain groups of clients such as seniors and students. Where discounts are offered based on belonging to a certain group, there must not be any hidden terms or limitations. The group should be defined and perceived by the public as requiring a discount – for example, seniors. If a senior is able to pay the full amount, this does not disqualify them from receiving the discount if it is advertised by the member or the employer.

Reductions

Discounts or reductions may be made on an individual basis for reasons of hardship. Members should take great care when reducing payments for patients/clients. Members must balance the need of the services to the individual patient/client with fairness and objectivity to all patients/clients. Members should be very cautious when allowing for reductions and examine the reduction in the context of the therapeutic client relationship. Members should not grant discounts to patients/clients based on the member's personal feelings as this could be seen as a breach of the therapeutic client relationship.

Some factors to consider:

- The necessity of services to the patient/client
- The degree of financial hardship experienced by the patient/client
- Availability of other related services or health care professionals at a lesser rate

Members may also offer patients/clients deferred payment plans or installment plans to alleviate any financial hardships that they may be experiencing.

Any reduction of fees or divergence of payment plans should be well documented by the member.

Members should also be cautious when reducing fees based on a patient's/client's lack of insurance coverage. This could be seen as having higher rates for patients/clients with insurance. A lack of insurance coverage may not necessarily amount to hardship on the part of the patient/client.

While discounts are permitted in the proper circumstances, it is considered professional misconduct to raise rates for individual patients/clients based on their ability to pay.

Non-payment and Discontinuance

Members are not required to provide treatment to patients/clients who are unable or unwilling to pay; however, the member should not immediately cease treatment upon failure to pay an account. Where a patient/client has failed to pay an account, the member should initiate a discussion with them to review expectations and ascertain whether it would be a case of a reduction or change in payment plan. In certain cases, where a patient/client is no longer able to pay, the member may assist in finding alternative services for them before discontinuing service.

If, after a reasonable effort to collect the fees have been unsuccessful, it may be appropriate to require payment in advance or even to discontinue treatment. Where a member is contemplating discontinuing service, they should review the College's Practice Standard – Discharging a Client. Generally, discharging a patient/client for financial reasons should be a last resort option after other avenues have been explored.

Billing and Third Party Payors

Members must ensure that their billing practises are accurate and complete, and that proper records are maintained at all times.

When billing third party payors, members must always ensure honesty and full disclosure and compliance with any additional requirements of the third party payor being billed. Members must bill for the services that they have provided and members should not alter the description of their services to correspond with a patient's/client's insurance plan if that description is not accurate. The member should itemize the bill and be clear about what types of services are being provided. The decision is left to the third party payor as to whether they will cover one service or another under a certain funding category. Members should contact third party payors directly if they have specific questions about coverage or other billing requirements beyond the standards of the College.

Where a patient/client is not under the direct care or supervision of another regulated health professional, the member should not bill for those services of another profession regardless of whether the patient/client has coverage for it

The College does not have a specific position on whether different rates should be charged depending upon who is providing the service. Particularly in multi-disciplinary settings, it is important that the member be transparent both to patients/clients and third party payors as to what is being billed and by whom. Third party payors may restrict what can be billed and members should adhere to this.

Increase in Fees

Members are permitted to raise their fees provided that the increase is reasonable and is carried out in a transparent and sensitive manner. It may be necessary for a member to increase fees because overhead costs have increased or to reflect other inflationary costs of living. A member who has undertaken additional education and training may also be justified in raising fees to reflect an increased level of service and experience. Another example is if the member invests in new and better technology that offers better care but is more expensive to operate.

It may be more difficult to raise fees with existing patients/clients and a greater duty of care is owed to them. A member has a duty to continue care when it is needed until new services can be procured. An increase in fees may make some patients/clients unable to pay. This does not mean the member can never increase fees for existing patients/clients, but it does mean that they cannot discontinue services immediately simply because the patient/client cannot afford the increase. The member may want to consider keeping the fees the same for existing clients, if possible, limiting the increase, or implementing the increase in stages. Existing patients/clients should be notified of a potential increase well in advance so that may have time to prepare financially or seek services elsewhere.

Administration

A member is permitted to assign the task of billing and invoicing to office staff. Office staff is permitted to explain to patients/clients the member's fees and billing practices; however, the member always retains accountability for ensuring that the information is provided accurately, that the patient/client understands the information, and that the patient/client has the opportunity to ask questions.

Often members are part of an interdisciplinary clinic where billing practices are managed by administrative staff. While this is permissible, it remains the responsibility of the member to ensure that the billing practices meet the practice standards. Members should understand the fees that are being charged for their services, how their registration or billing number is being used and the organizational policies that exist with respect to billing. It is also important that members periodically monitor invoices and billing practices, to ensure accuracy and should any inaccuracies be discovered, that reasonable steps are taken to remedy the error.