

# Supervisory or Incident to billing (2023-01-28 19:17 GMT-8) - Transcript

## Attendees

Dr. Tara Sanderson

## Transcript

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**Dr. Tara Sanderson:** Welcome back, everybody. I am so excited to talk to you about supervisory or incident to billing. This is one of the areas that I see come up on Facebook groups, and in, talking to other supervisors, all sorts of places, I hear it from supervisees, It is the question of the hour most times, because I think one of the biggest questions that we get to this from basically is the question of, How do we make money with supervises, because we can't feel insurance, but then somebody props up and says, Will you sure can will insurance? It's called supervisory billing or incident to billing? Well, let me give you some lowdown on this topic.

**Dr. Tara Sanderson:** I do want to say that I am very much on the side of the either or thinking on this. I very much am set on the letter of the law, I guess is the better term rather than the spirit of the law. And there are lots of people out there with lots of different beliefs but I don't like surprises and I don't like,

**Dr. Tara Sanderson:** I don't like the term I'm looking for is I'm risk. Averse, I want to make sure that my bum is covered all the time with no questions. So I'm gonna teach this in the method of, I'm hoping everybody's just on my side of the fence. If you're on a different side of the fence, that's fine. You're gonna have to work that out in your own way and it's not my practice that I'm worried about on that part of it. But I do want to talk a little bit about some of the pieces that I think are really important for supervisory billing. So the first thing I'm going to tell you, Is that you need to check your rules and your ethics about supervisory billing. Why is this important? Well, I shouldn't have to ask that question. And of course, it's important rules and ethics are vital to how we do what we do.

**Dr. Tara Sanderson:** Each state is going to have its own rules on whether or not. This is an appropriate way to bill right. The federal government has its own rules on whether or not. This is an appropriate way to bill and then each insurance company is going to have its own idea of whether or not that this is an okay thing to Bill. So you've got a lot of research to do before you even remotely start doing this thing. So you need to do this research First you need to make sure it's ethical and legal in your state. You need to be sure it's ethical and legal within the federal confines and you need to make sure it's ethical and legal through the contracts that you have with those insurance companies. Now I'm going to pause here

**Dr. Tara Sanderson:** And say, If you do not have a contract with an insurance company, the likelihood is, you are not going to be able to supervisory bill, right? Because they supervisory bill through the person who has a contract with that company. That is another question that I get all the time, can it work as a out-of-network provider? I don't know. Sometimes some insurance companies will do all sorts of things,

but when you qualify with them who is going to be billing, the insurance company, they're expecting that to be a person who's in network and so putting my name on it for insurance company that I'm not in network with and I didn't do the service with Does sound a little variety to me.

**Dr. Tara Sanderson:** So double check, if you are going to try and go that route, I am 99.9%. Sure that it is probably not good to do that. Going to avoid using the word unethical when there's not an ethical rule about it, but it may be against the insurance company's policies on that piece. But so, FYI, and remember that when you are choosing to do, supervisory, billing, you are choosing to do things by the by the insurance companies rules. That's the, that's the game that we play when we sign those insurance contracts. If you are not signing those insurance contracts for a variety of reasons, Then you probably don't want to get into the pool of billing insurance for supervisory billing, if you're already not wanting to play by the insurance company's rules, right? So like

**Dr. Tara Sanderson:** In my opinion, you may want to separate those two things out and decide if I'm not being a part of insurance, then this is how I do my practice. And if I am being a part of insurance, then I'm going to check to see if this is a part of my practice. So, the first place that I go look,

**Dr. Tara Sanderson:** Four rules about supervisory, billing from insurance companies, is in my insurance manual. My provider manual, if it says in my provider, manual that I can do incident to billing, I do a confirmation check with the insurance company, with my provider rep to get something in writing from them. To me personally, that says, Yes, you can do that. Here's our policy. This is how you do. It makes it fabulous for. If they ever decide to change that, or if somebody were to say That's enough, the goal. You can't do that. That's broad. I could say. Well, my insurance company has given me permission look, they wrote me this cute little letter that references, their policy, that tells me how to do it. And I am allowed to do it this way, right? Because there are lots of people who will go out into Facebook groups and say things like, Oh my gosh, This supervisor is allowing their person to build all of these insurance and it's unethical to do so. Well, it might be and we should check and that's supervisor. Should be able to tell people exactly what they've got going.

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**Dr. Tara Sanderson:** On and how they're doing it. So, it is really important that we make sure we, we have all of those things in place. So as part of my practice, my system, my system is, these are the insurance companies that I work with. I have a spreadsheet. These are the insurance companies that I work with. Here's where it says in their provider manual that I can do this. This is the date that I got a letter from that provider rep, that says, I can do this. And usually I'll use the hyperlink option inside of Google Workspace to connect the letters so that I can easily click on it and be like, Yep, there's my letter. Yep, there's the provider manual, all included in that spreadsheet which is great. And then and then I also have a section

**Dr. Tara Sanderson:** That says, like, who in my practice is doing this so that I can make sure I, I have some dates and some times and some things assigned. So if anybody ever questions later who was the person that you were billing under your name, blah blah blah? I can say, Well, these are the people who are in my practice at the time and we can we can keep some of those records really straight, which I hope is going to help me someday if anything ever goes wrong. So again, I I create a spreadsheet that has my insurance companies where the provider manual is like that. I got a letter from the insurance company saying, It was okay. And who was working at my practice under that, and what dates and times, I think I can share my example with you. I'll try and do so we'll see how that goes or my example spreadsheet with you so that you can have kind of a set up for your system as well.

**Dr. Tara Sanderson:** So, once I get that system set up and I've got all the yeses and I'm like yes these are the however, many companies I can do this with your next step in the system or my next step in the system is to train my team. So in addition to having them, you know, do all the normal orientation and training stuff, I want them to read the provider manual. Want them to read the contract or the insurance company. I want them to know exactly what is expected of them, because it's going under my name, and I've read all of those things but I need to make sure they know what all those things are. My hope is, is that if enough people out there can take this step and train their team to. These are the contracts that have allowed us to do this. These are the expectations of those contracts. This is how we are to do it that we'll get less people in those Facebook groups thinking supervisors are doing things on ethical. And hopefully only the people who really are doing something unethical will be reported, but the rest of us can sit tidy with our little list and say like Nope. I've trained my people, My people know, it's not unethical my people.

**Dr. Tara Sanderson:** Know how to do it, right?

**Dr. Tara Sanderson:** So, part of my system is setting up that spreadsheet. Second part of my system is setting up some training with my team and then the third part of my system is all about the audit. So I not only audit files to make sure that my people are doing it correctly. But I audit myself, I check back in with those provider reps to say, like, Hey, are we still able to do this? I just want to make sure I check in with the people when we're calling on insurances that aren't are typical ones. So like some of the carve out plans. So even though maybe Regions Blue Cross Blue Shield is the main company, maybe they subcontract it out to cigna. So I want to make sure that I call Cigna again and say, Hey your client, who's part of this? Carve out through this you know is supervisory building still, Okay? Is this how this works? Because it is amazing to me how many times the carve out plans that we have won't authorize supervisory billing whereas the main component of their plan might so we do want to make sure that we're really double checking those

**Dr. Tara Sanderson:** So that's our double and triple check, right? We're auditing ourselves all the time. We're making sure that we're still in the green, we're making sure that we are still facilitating things. The way that we need to both on the What did we document side but also the can we side? I think that's really important. And then the next step from that is really advocacy. It's really working with other insurance companies with maybe some of those carve out plans or some of the other companies about what, what insurance companies aren't allowing it right now, and, and whether or not they could so teaching them advocating with them about why this is beneficial and what this brings to the table for access for their clients, right? A lot of times what I end up hearing from insurance companies is like, Nope, we only do license people because we can't trust that an unlicensed person isn't going to do something weird.

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**Dr. Tara Sanderson:** Totally understand that. I wouldn't want you to give it to any of my license person, but this is an unlicensed person under my supervision. I am going to watch this person like a hawk So you don't have to be scared because it's me and I do this for my clients and the same way that you would want me to because I am a licensed practitioner, right? Like this is a too fur, you're getting a great deal on this. By letting me do these these types of supervision to the insurance company. So I absolutely want to educate the companies that don't allow us to do this right now and see what we can do to bring that in. And the more companies that we bring in the less will be worried about it being unethical or irresponsible. If we're all following the guidelines to make sure that we're doing it in the right way.

**Dr. Tara Sanderson:** Now, something else to think about is as you are going through this process of getting ready to do. Supervisory billing, you've got your system set up, you've got your training set up, you are auditing yourself. You are educating and and doing some work for advocacy. You're doing all of these pieces but I missed a major component in there. The major component is actually one of the takeaways for today, which is know your why why do you want to do this? Because it adds a ton of extra work for sure.

**Dr. Tara Sanderson:** Why do you want to do this? Well, it could be that you see it as a way for more people to have access to therapeutic services. That's a great. Why it may be a way for you to have another income stream of money, a more, a more, an opportunity to make more money? Sure, that's a great reason. Why too? There's no shame in that piece of it, but I do think it's really important that you come up with your why that you really understand why you wanted to happen so that you can monitor your why, right? So, when we have students or supervises do supervisory billing, we are adding on to them a big pressure, right? So, it's not only enough pressure that they are learning how to do this, and they are figuring out the system. It is also A pressure of doing it in a certain timeline. It's also a pressure of doing it right to an insurance standard. It's also the pressure of like if the insurance company comes back and audits and does a claw back, like,

**Dr. Tara Sanderson:** It was their responsibility and that and that's a lot of pressure for a supervisy, right? So we want to make sure that as we're going through the process of educating our team and understanding why we're doing this. But we're really giving a clear and compelling reason to put more stress on our supervises because that's really what it is. The insurance company unfortunately has been built on a very big fear organization, all model right of audits and threats of not paying and even even when you call for like an insurance, check to make sure a client has it. You know, the first thing that you hear on there is like any quote from us is not a guarantee of service and payment and blah blah. Well and why am I calling in the first place? Like I'm trying to get authorization. I'm trying to get clear and the first thing you tell me is don't trust anything we say. Oh, insurance.

**Dr. Tara Sanderson:** ah, but I take insurance because I do want to give access to people Who may not?

**Dr. Tara Sanderson:** Excuse me. Who may not have access in other ways or who want to use their insurance benefit. I personally love having insurance and I love being able to use my insurance for a great many things in my life. And I think that it is beneficial for people to have it. Maybe someday across our fingers will get like universal health care or something. That will be just a lot easier than the shenanigans we are doing right now. But for right now, we have this multi-tiered system and and we're just gonna have to roll with it. So, one thing that we could or that that is really important as you're discovering your why is thinking about, as I'm adding this extra pressure onto my team onto my students onto my supervises. Like I want to make sure that this is actually beneficial for them. It's beneficial for me and that we, we have a system that makes it not super cumbersome. Right? That we want to make sure we're doing everything in a way that like makes sense.

**Dr. Tara Sanderson:** So one of the pieces of training that I do with my team is that we go through the insurance contracts and make sure that, you know, we know what each note is supposed to look like from each insurance contract and then we've developed our notes to make sure it covers all of them. So that we're not writing this note for cigna. And this note for this, we're writing this note for everyone because everybody gets what they need out of that note and we try and simplify it down in a way that like makes sense with checkboxes and different things, but not so much that the insurance company is going to ask

us to our explain ourselves. So we really want to make sure that That were simplifying the process as much as we can because we are adding that extra pressure of doing supervisory billing with our team.

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**Dr. Tara Sanderson:** Now what are the benefits of supervisory billing? Well, a big benefit is that you can take insurance for supervisees. That's great. I will say that in the supervisees, may not include students. Some insurance companies have said, Yes, for students. Some have said, No, I have personally decided that I am not going to bill for students to insurance companies because I think that students just don't have enough experience yet. For me to say this person is doing this on my behalf, right? Unless I'm sitting in on a lot of those sessions, I just really don't feel like they are prepared enough to do that. So it's really important for me to say if I'm signing off on this person, being a proxy of mine in that space that I really want to make sure that that person is ready for that level of trust, really? Because that's what it is that client, is my clients that supervise is my proxy and that space.

**Dr. Tara Sanderson:** Make sure that they're good to go in that piece of it. And students, I just I'm not ready to give them that level of trust yet. In my practice, I have students super, it's super student. Supervises tape all of their sessions and when they move into associate level, which is postmasters or postdoctoral but pre-licensed we, we don't have them tape and we could and I'd love to get back into taping some but there is this space that I think happens when you graduate where you just think to yourself, like Oh my God, I never have to tape again and I kind of want to honor that deep breath, right? So maybe I'll add it back into my practice at some point, I really love taping. Some of my sessions and sharing them with my supervises about things that I could do better. Or having everybody write notes off of this session that I did just to give an opportunity for us, all to compare something to something that we're all singing, right? Which is a great way to do like a notes process and get different feed.

**Dr. Tara Sanderson:** Back from folks, but I'll talk about that another day. So, It's a great benefit to clients to have access. It's a great benefit to insurance companies to have more people that can see their their clients and it's a great piece financially if you are thoughtful about your process. So, one of the pieces that I think is really important is recognizing that you will have to spend more time doing all of this stuff, reading, all of those notes signing off on all of those things. In a different mindset and in a different timeline, sometimes for some insurance companies, then you would have to do if you just did cash pay for some of those folks. So, it is going to increase. Your timeline is going to increase your workload. So, whatever money you're making off of it, you'll want to make sure that it really is money. That's coming in and benefiting you. And not actually costing you more money because you have to do more work in that space.

**Dr. Tara Sanderson:** Here's a piece that I think comes up often too when we're talking about this is not just the pros and cons and not just the work in setting it up but like let's get specific who can do what? So one of the things that's come out in a lot of new agreements for supervisory billing, is that the person supervising has to be somebody who's in the same license group or license category through your board as a person who is being supervised? So in Oregon a licensed, professional counselor cannot be a supervisor for a psychologist. So in a practice where a licensed professional counselor is a supervisor and they want to do supervisory billing for a postdoctoral resident. That wouldn't work. According to insurance companies, they would say No thanks, we're not doing that.

**Dr. Tara Sanderson:** Even if that person was just the clinical supervisor, or the admin is supervisor, or whatever name you give it, um, they wouldn't, they would say. No, that's not the same title. That's not the

same supervisory group, that's not the same board, all of those pieces. They want you to be in the same category. Now, when I throw this into a medical model, I think it makes more sense. Right. So here's this person who's a podiatrist who works in a general clinic with a bunch of other doctors. And somebody comes in and they are, they graduated with the degree to be able to be a gynecologist and they need supervision. And so, then the clinic director says, How about we have this podiatrist, who's licensed supervise, the gynecologist, who is becoming licensed and we'll bill under the podiatrist's name.

**Dr. Tara Sanderson:** That doesn't work. The podiatrist uses a ton of different codes and different things. Then the gynecologist, right? Like that, that just doesn't work. They're different parts of of the medical field, right? So we could say that a psychologist and a social worker, a social worker and a licensed clinical mental, health person, or whoever they're in different boards. They're they are trained in different ways and although we use the same codes,

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**Dr. Tara Sanderson:** We do do things from different perspectives and some of us aren't able to supervise each other and so we need to follow those board guidelines. So in Oregon as a psychologist I can supervise licensed professional counselors licensed or or associate level. Folks, in those categories, I can supervise up to half of a social workers hours. I can supervise a lot of people. I can't supervise like psychiatrists, they would be able, or they are in a different category than me.

**Dr. Tara Sanderson:** So in, in my camp, I can supervise a lot of folks so I can have a lot of different types of things that are going on, but maybe a social worker couldn't supervise in those same care areas or a licensed clinical mental health counselor couldn't supervise in other areas. So there's a lot of avenues that you have to think of, in that piece of it. So one of the things that so that comes up in, in topics all the time of like, well, who can do this thing and how do we make that work? A lot of times it comes up a question of So, if I have a licensed clinical mental health, counselor in my practice, and I've got a social work associate in my practice, and they have a supervisor outside of my practice. Can't. I have them? Be doing supervisory billing under the license, clinical mental health counselor even though they're getting supervision from an outside party. Well,

**Dr. Tara Sanderson:** Maybe. But here's the deal. That is a really nuanced way to run your practice, which is fine. There's like nothing wrong with that piece of it. But the insurance company is expecting that the person who is billing under, is the person who is responsible for those clients, right? And the person who's responsible for those clients, is the person who is inside of the practice and inside of the contract, with the company. so, You'll want to make sure that all of those things are in conjunction in that way, right? That it's really clear that the person who is saying, this is my client and this supervisee is my proxy doing this work and I supervise them right? Like That's the formula that the insurance companies are going for.

**Dr. Tara Sanderson:** Now, if we want that to be different, let's go back to advocacy. Let's figure out a way that we want it to look and advocate for that with insurance companies, when one of the local insurance companies up here was getting ready to offer, supervisory billing and I was chatting with them about the process. They brought me on as a consultant to talk about like the stuff about the boards that they didn't understand the original policy that they had sent me said that a psychologist can only supervise a psychologist and that LPC can only supervise an LPC. And it was just really it wasn't accurate to our boards. So I offered to teach them about each of those levels. They were able to rewrite the policy to say that we are going to basically follow the Board's rules on that.

**Dr. Tara Sanderson:** Which was great that made it put it back in line with everybody else that was doing supervisory billing. So if we want change to happen, if we wanted to be able to be okay for us to have an outside supervisor, be the person that we're building under or to have somebody internally, that is not the person's actual clinical supervisor, then our job is to advocate for it. I will say though, that, if I was going to a doctor and they told me, Well, I have a supervisor who's not part of this practice that I'm gonna be sharing my stuff with. And I'm building under this person who is a part of my practice.

**Dr. Tara Sanderson:** I definitely would have a question about shadiness. Like, what is happening here? That this is all happening, right? But sometimes it's done out of necessity. We don't have enough money to bring on a supervisor inside the practice, but we want to, like, expand our services and all sorts of things. I get it as a business owner, I get it as a client, I would have some questions. I would really want to understand like Why do you have two supervisors and Why is one outside the practice? And how does this all work? And because we have those informed consent statements, or the professional disclosure statements, or whatever, your state calls them, it is really important that we share with clients exactly what's happening with their money with their understanding of supervision with with what's going on with their file who has access. So it's really important for you to think about those pieces as you're getting started with the supervisory billing process.

**Dr. Tara Sanderson:** So let's recap I just told you a lot let's recap you want to make sure you understand the rules. You want to make sure you set up your system correctly. You want to make sure that you double and triple check, you audit yourself in the process of getting all this stuff down. You want to make sure that you educate your team that you advocate for any changes that you want to see. And that as you have said, all of this stuff up that you are really holding on to your, why? And that you're making sure to track that your why still makes sense, right? If your goal was to make money, make sure you're making money off of this venture. If your goal was to give more access to services, make sure that you are doing that and all the while making sure that you are doing it. Ethically, and responsibly,

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**Dr. Tara Sanderson:** So your takeaways today, number you, I believe. Oh my gosh, we have four. Here we go. Number one, identify your why take 10 minutes today to think about why do you want this model in your practice? Make sure that you understand what is going to come out of it. How much time it's going to take all of those pieces and that you really have the ability to do that in your world. Number two, you're going to need to make time in your schedule. Take a little bit of time today. Open up your calendar and add four new tasks into your calendar. Number one, add a task for getting permission and understanding the rules for all of the insurance companies. You work for, use my Google Doc or Google sheets or whatever it is.

**Dr. Tara Sanderson:** To list out your insurance companies find all of the manuals email, all the people make room in your calendar for that first, right? Second, you're gonna make room in your calendar about six to eight weeks from now on, educating your team, on the process of doing all of the supervisory billing. I would say that that should take about a month to sit down and make sure that they understand the rules, they understand the guidelines, they understand all the different pieces and that they've had time to review it and make sure that they want to participate in it. Number three monitor the rules in case they change every month. Add it to your schedule to check on the rules whether that's as simple as shooting a quick email or it's rereading the guidelines to make sure nothing has changed or making sure that you're updating or you're getting the like newsletters from your, from your company, do something to make sure you're monitoring the rules in case they change.

**Dr. Tara Sanderson:** Number four track all the moving parts as if they were your own clients because they are take some time to add those things to your schedule, Add a component every week of looking at all of those notes of looking at all of the diagnosis and treatment plan of making, sure that you understand all of these clients, every clinician that has 20 clients that they are seeing under your license. Are your 20 clients. It is vital that, you understand that those are your clients and your responsible, for every single thing that is being done with them.

**Dr. Tara Sanderson:** Number three, set up a system that works. So, take away number one, Identify your reason, take away number two, make time in your schedule. Take away number three, set up a system that works starting from moment, one that you are able to do this billing. You need to have a tracking system that helps you keep in the know of what's going on. Keep your team up to par and keeps the insurance companies. Happy What that looks for me? Like, for me is I have an awesome assistant. I have a great biller and I have some savvy. Spreadsheets so taking from your goal all the way across to how each of those systems work and how you function with them, Make a road map. That helps you track and monitor each of the places where something touches. So, if that's a referral coordinator that says, You know, these are the clients that we serve or those pieces make a make a connection point for you. Of like, How are you tracking to make sure that all the clients who have all of the insurances that do this have access to services?

**Dr. Tara Sanderson:** Or have access because we give them referrals or whatever it is. Make sure you kind of put a section in place for that or when people complete their diagnosis and treatment plan, How are you getting that knowledge? When are you looking at it and getting it back to the client, all of those pieces based on the information that you gathered from your contracts and your provider manuals, This is a really important step. So this step to me is definitely not a 10 minutes today, kind of step. But this is a step that says like Hey once you've gotten permission to do these things, set aside, some time to really look through all of the outcomes for that. If you would like some help with this part, please feel free to grab a consultation hour of mine and I'd be happy to help you set up the system that works inside of your practice.

**Dr. Tara Sanderson:** The last takeaway for today is audit audit audit schedule, time in your calendar, for monthly reviews of your systems, your contracts, your state, and federal rules. Make sure you're still doing everything above the board. So when I look at to the takeaways for today, I see one that is very theory based, right? It's like, What do I want from this? Why do I want to have this, right? I see two that are all about your calendar and you need to get in there and make some room for some stuff. And then three, I see is when I get the, the go ahead from these things, I've got to create a system. So you need to set some timer in your calendar for that as well. So I guess that means three things in your calendar and one why today. Who.

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**Dr. Tara Sanderson:** That felt like a big meal that felt like Mama's meatloaf sitting there for a few days waiting to be consumed. I hope that that today you got really clear on what it takes to do, supervisory, billing and incident two billing. At some point, I'll probably do another episode on some of my systems and how I function in them. But I really wanted there to be some really clear takeaways in this, if you go to my How to Have Interns in Your Practice website, there is a download sheet that you can grab for how to, how to ask questions for supervisory, billing, how to navigate some of those pieces and you'll get some more training inside of the course that I teach, or you can grab me for some consultation hours and I'm happy to walk through your specific situation. all right, who



**Dr. Tara Sanderson:** if you are interested in being on the show as a guest, or if you have questions that you would like answered on the show, specific to Incident 2, billing or anything else. Please feel free to drop me a line on my website and take some deep breaths. Today's was a hard one. I hope that you take it away, really mull, it over, and make sure you are in the right place to do this. If you decide that you're going to do, supervisory billing. All right, everybody. Take care and we'll see you next time.

Meeting ended after 00:31:49 🙌