NATIONAL ATHLETIC TRAINERS' ASSOCIATION
HEALTH CARE FOR LIFE & SPORT

Implementing Effective, Compliant & Reimbursable Athletic Training Services

Steve Allison, ATC, LAT, CEAS
VP, CAO Aspirus North WI Division
Manager of Therapy Services
Aspirus Eagle River Hospital
Howard Young Medical Center

Where is Eagle River, Wisconsin?

Personal Life

Professional Life

- Athletic Trainer in Wisconsin for 30+ years.
- VP, CAO Aspirus North WI Division
- Manager of Rehabilitation Services.
- Implementation Lead and District 4/11 Regional Coordinator for the NATA Third Party Reimbursement Initiative.

NATIONAL ATHLETIC TRAINERS' ASSOCIATION

Objectives

1

Gain an understating of Implementing billable services

2

Mechanics of compliance with implementation

3

Navigating common barriers

4

Getting Started

Third Party Reimbursement Initiative What is it?

- *The Athletic Trainer performs;*
  - *Evaluation, establish POC, provide treatment and D/C of rehabilitation patients.*
  - *Submit charges to third party insurances for athletic training services and receives payor reimbursement for services.*
  - *Practice/function autonomously in the rehabilitation setting. No co-signature.*
  - ***Traditional Outpatient Rehabilitation Clinic.***

Licensure: Billing and Coding

State of Wisconsin
Department of Safety and Professional Services

- March 2001: Wisconsin Athletic Training Licensure

  10/2001: National Uniform Billing Committee of the American Hospital Association granted Licensed Athletic Trainers a UB04 code of 0951.

This Code enables Licensed Athletic Trainers to bill in the hospital setting.

1/2002: The CPT Committee of the American Medical Association granted the use of procedure codes 97005 and 97006. (New Evaluation Codes for 2017) 97169, 97170, 97171.

Successful Implementation Recognizes The Importance of Working as a Team

Coming together is a beginning.
Keeping together is a process.
Working together is success.
~Henry Ford

Getting Started

- Work through an implementation progression! Even if not a green light to move forward with TPRI at your setting, getting the pieces in place takes time.
  Identify an individual who can take the lead through this process.

You really need to do this right the first time!

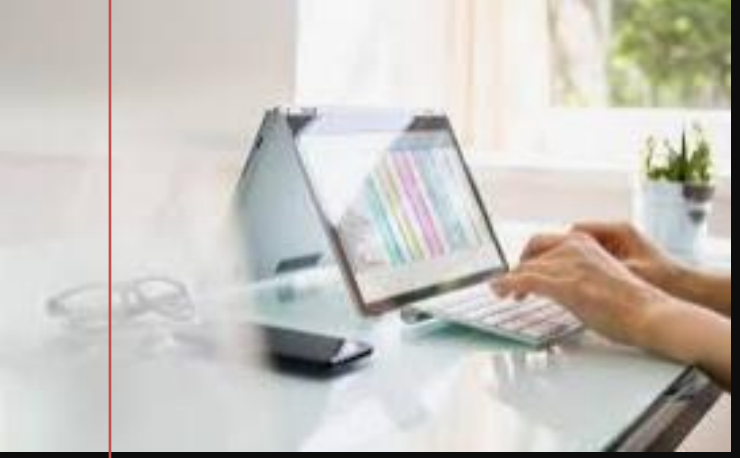
Checklist and Roadmap available on NATA Website.

Talking Points

- Approach rehabilitation director/manager
- Talking points: Words that Work.
- Improve access to rehabilitation.
- Generate direct revenue.
- Business decision.
- Working at the top of your license.
- Address competency.
- Discuss mentorship programs.
- ***Allow opportunity to discuss barriers, concerns.***

- Be very transparent with your intentions…
- Ensure you want to do this the “right way”.

- Building relationships – mutual respect and trust.

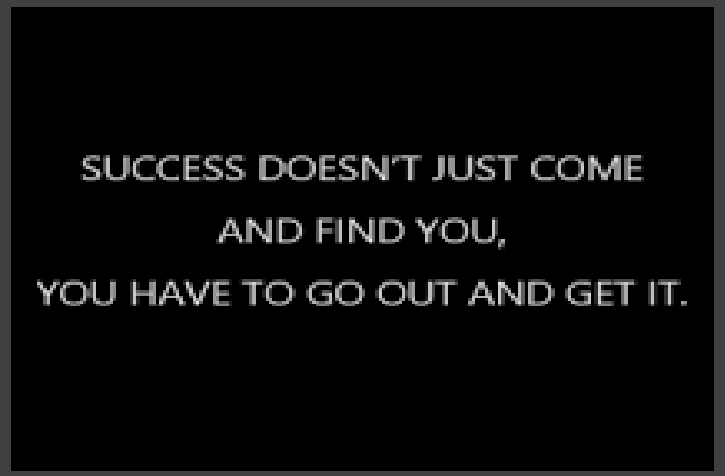


- Business/Revenue Office
  - Add **97169**, **97170**, **97171**, and **97172** to charge master.
  - Add charges to these eval codes.
  - Create CPT codes in charge master or revenue cycle specific to AT.
  - These charges will not have a discipline modifier.
  - We have been recommending health-systems to align AT charges consistent with PT/OT charges within your facility.

Prepare your scheduling team.
Creation of a referral triage algorithm

AT evaluation and treatment procedural *flowsheet:*

- Current insurance companies reimbursing for AT services.
- Does the patient meet your scope of practice?
- Questions than can be asked to identify scope of practice.
  - Are you physically active at work or home?
- Set clear expectations/guidelines for the schedulers. Ex: no neuro cases.
- If questions – call??? Identify a point person. within your business who can answer these questions.



ATHLETIC TRAINING SERVICES

In the clinical world; Athletic Training Services is referred to as AT

AT added to scripts for rehabilitation:

___PT ___OT ___AT ___PT and/or AT

- *Built into your EMR.*
- *Referral from outside sources may need clarification order.*

Educate your primary referring providers; discuss support/request referrals. Perhaps at a monthly provider meeting.

- *AT Rehabilitation Services.*
- *Rehab to triage patient to appropriate discipline.*
- *Take the decision of "who to refer" away from the provider.*
- *Make their life easier…not harder.*

Documentation Headers

EMR Headers: ***Athletic Training Services.***

Initial Evaluation.
Plan of Care.
Daily Notes.
Discharge Summary.

We need to be very transparent of the service we are providing.

Nothing can damage the progress more – we must promote full transparency.

Human Resources

Human Resources: Update ***Job Description*** related to Athletic Trainers:

- **Performs evaluations.**
- **Establishes POC.**
- **Selects appropriate treatment interventions.**
- **Documents to accepted standards.**
- **Conducts discharge planning.**

**Mirror the PT job description.*

Barriers/Hurdles

- State Practice Act.
  - Does your State Practice Act allow for it?
  - NATA working diligently to better align practice acts.
- Licensure
  - Payors not recognizing ATC, need to demonstrate licensure.
  - Payment for services based on LAT vs. ATC credentials.
- Denial of Services: Insurance companies not recognizing or reimbursing rehabilitation services by an AT.

Barriers/Hurdles

Rehab manager may have **productivity** concerns:

- Limited third-party payor's recognizing AT.
    - Emphasize you are improving access to therapy.
    - Generating direct revenue.
    - Continued payor advocacy.
    - Anti-discrimination language.

Barriers/Hurdles

- **Insurance or authorization companies self-interpreting the role of the AT and/or defining a limited scope though internal policy.**
  - **“Athletic Training” = “Personal Training” education needed.**
    - **Athletic Trainer providing rehabilitation services.**
    - **Athletic Trainer is our name, NOT what we do.**
  - **Athletic Trainer not qualified to evaluate and treat post-op patients.**
  - **Educating our Payors:**
    - **Reimburse for AT services that other disciplines are being reimbursed for within the traditional rehab setting. Considered a “like” service.**

Barriers/Hurdles

- **Other disciplines concerned AT's get all of the "fun" patients.**
  -Ensure the athlete population is spread evenly with other disciplines.
  -Can AT's share patients with PT's? Depends on State practice act for each discipline. TPRI is advocating for full autonomy for Athletic Trainers.
  -Trends of higher modality use by AT's as compared to other disciplines.

  Medically Necessary treatment considerations when treating athletes.

Payor Advocacy

- Athletic Training Rehabilitation as its own “benefit” could be seen as an additional cost to the payor.
- Talking points are that AT is considered a “like” service.
- It is a cost savings or at least a cost transfer.
- AT services historically share visits from the PT benefit.

This was a recent hurdle/barrier in MI.

Staffing Concerns and Considerations

AT staff covering schools/events in the afternoon:

Difficulty with patients/scheduling during this time.

Split AT positions Clinic/Schools can offer challenges; “burn-out”

Peak clinic volumes early a.m.'s/after 3pm.

AT’s need to be initially flexible/creative with clinic scheduling.

Some Athletic Trainers are resistant to add more to their plate.

- Health system in WI gave the green light for TPRI and the AT’s said NO…they are too busy.
- Generating direct revenue helps to justify FTE requests.
- Summer: Staffing in clinic grows heavy.

Treatment Considerations

Early Clinical outcome data demonstrated that athletic trainers were hanging onto patients longer vs other disciplines.

- Increased WC patient loads.
- Increased number of athletes on case load, trying to return to full sports participation…Medical Necessity?
- AT schedules not as busy compared to other disciplines.
  - hanging on to patients longer to keep schedule full?

2016 outcome data in the TPRI pilot study showed efficiency of an episode of care. In line with other disciplines.

Competencies

What is the comfort level of the athletic trainer in the clinic setting?
What is the competency of the athletic trainer in the clinic setting?

- ***What is the level of clinical rehabilitation training within the ATEP program.***
  Clinical student placements.

- ***Clinical evaluation skills vs athletic training room evaluation.***

- ***Clinical documentation vs athletic training room documentation.***

Competencies

A question often mentioned by the healthcare employers:

How does a hospital/clinic know that an AT is competent in a clinical rehabilitation setting?

Competencies

Ensuring the AT is competent with clinical evaluation and treatment.

What competencies do you have in place?

Mentorship/shadowing program.

Must demonstrate clinical documentation and goal writing that adheres to CMS guidelines for compliant documentation.

Clinical Documentation – who is the audience?

Insurance.

Physician.

Competencies

Evaluations

- Observation of other disciplines.
- Clinical evaluation observed (non-patient).
- Mock Evaluation – Critiqued by supervisor/clinical mentor.
- Live evaluation with observation by supervisor/clinical mentor.

Documentation

- Review/Learn EMR system.
- Consider scribing for another clinician.
- Assign clinical mentor to review documentation.
- Attend or hold a “documentation” webinar.

Coding and Billing

Understanding coding and billing??

- *ICD-10 Treatment and Diagnosis Codes*
- *97000 series CPT codes; "Qualified health care professional"*
- *Only codes specific to a discipline are the evaluation/re-evaluation codes. Utilization of 0951 revenue codes*
- CPT codes CMS 8-minute rule to coding.
  - 1 unit ≥ 8 minutes to < 23 minutes
  - 2 units ≥ 23 minutes to < 38 minutes
  - 3 units ≥ 38 minutes to < 53 minutes
  - 4 units ≥ 53 minutes to < 68 minutes
  - 5 units ≥ 68 minutes to < 83 minutes

Coding and Billing

Therapy Modifiers

Some Insurance Companies requiring a therapy modifier code in 2017

Modifiers are added to billing to delineate discipline for insurance company

Therapy Code Modifier Key:

GN: Services provided outpatient Speech-Language Pathology.
GO: Services provided outpatient Occupational Therapy.
GP: Services provided outpatient Physical Therapy.

***Currently **NO** therapy modifier for AT outpatient services as CMS doesn't formally recognize AT's as a provider.*
Pilot in Indiana utilizing GP modifier with CPT codes.
NATA is not advocating use of GP modifier with billing.

Coding and Billing

UB-04 Billing Form

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0951	ATHLETIC TRAINING	97169	010317	1	29650
0951	ATHLETIC TRAINING	97140	010317	1	13100
0951	ATHLETIC TRAINING	97110	010617	1	13100
0951	ATHLETIC TRAINING	97140	010617	2	26200
0951	ATHLETIC TRAINING	97110	010917	1	13100
0951	ATHLETIC TRAINING	97140	010917	1	13100
0951	ATHLETIC TRAINING	97110	012317	1	13100
0951	ATHLETIC TRAINING	97140	012317	1	13100
0951	ATHLETIC TRAINING	97110	012617	1	13100
0951	ATHLETIC TRAINING	97140	012617	1	13100

Evaluation Complexities

- **Clinical Evaluation: Jan. 1, 2017, *Level of Complexity* Evaluation Codes:**
- American Medical Association implemented 3 levels of evaluations, to capture the complexity of a patient.
- How difficult a patient presents – comorbidities.
  - Low Complexity.
  - Moderate Complexity.
  - High Complexity.

- Evaluation & Re-evaluation Codes for PT, OT and AT professions.
  - **AT 97169, 97170, 97171 and 97172**
  - PT 97161, 97162, 97163 and 97164
  - OT 97165, 97166, 97167 and 97168

Hospital Billing

Hospital Based:

- Malpractice provided.
- Hospital tax ID number used.
- Hospital NPI# for billing.
- UB-04 claim form.
- Likely no additional credentialling.
- Hospital has contract with payors.

Provider Billing

Provider Based

- Malpractice Insurance.
- Secure a tax ID#.
- Obtain NPI for billing purposes.
- Licensure in your state.
- CAQH Credentialling.
- Payor Credentialling.
- Set agreed upon fee for services.

Getting Started

The Low Hanging Fruit

- Worker's Compensation is friendly to athletic trainers.
  Evaluation/Treatment of WC patients, more like traditional therapy (acute injury).
  Work Conditioning:
    A transition from therapy to prepare for RTW.
    Return to sports closely mirrors return to work.
    Industrial athlete.

- FCE's:
  Dept. of Vocational Services.
  Industrial Services – Job agility testing.
  Determination of permanent job restrictions.

Why is TPRI Important

- As we continue our work to secure State and National Payor Recognition/Federal Recognition.
- Generate Direct Revenue.
  - = More jobs!
  - = Increased Market Value!
  - = Increased Salaries!
  - = Job Security!

Moving Forward

Relationship Building

- Approach with mutual respect and be approachable.
- Be confident.
- Assurance you are treating according to your practice act.
- Work together for the benefit of the patients.
- Break down silos.
- Create collaboration.

Resources

- ***Athletic Training Reimbursement in the Outpatient Rehabilitation Clinic Setting***

  - ***A Checklist and Roadmap for Success***
  - ***Now live on the NATA Website***
  - ***https://www.nata.org/sites/default/files/9._checklist_and_roadmap_for_athletic_training_reimbursement.pdf***

  - ***Frequently Asked Questions: Implementation FAQ's***
  - ***https://www.nata.org/implementation-autonomous-athletic-training-rehabilitation-services-faqs***

  - ***Dealing with Reimbursement Denials (on the NATA Website)***
  - ***https://www.nata.org/guidance-billing-and-reimbursement-athletic-trainers***


NATIONAL ATHLETIC TRAINERS' ASSOCIATION
HEALTH CARE FOR LIFE & SPORT

THANK YOU!