

## *Athletic Training Reimbursement in the Outpatient Rehabilitation Clinic Setting: A Checklist and Roadmap for Success*

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The successful implementation of autonomous utilization of athletic trainers as part of your overall rehabilitation program will take support, time, determination and patience. Through years of experience I have developed a roadmap for success in a “checklist” type format to assist in navigating through the process of implementation of athletic training rehabilitation services in the outpatient rehabilitation clinic setting.

The steps listed are not necessarily chronological but include important processes and milestones to have in place in order to support implementation of athletic training into your clinical rehabilitation program.

- Meet with rehabilitation director/manager and propose athletic trainers working autonomously in the clinic rehabilitation setting with a role of performing the evaluation, plan of care, treatment and discharge of rehab patients, and the billing of third party insurance providers.
  - Identify and address barriers/concerns.
  - Promote improved access of patients into the rehabilitation department.
  - Utilize available resources – “you are not alone.”
  
- Identify insurance companies covering AT services in your area.
  - Commercial insurance companies
  - Worker’s compensation
  - Local business self-insured
  - Cash-based services

### **Commercial Payor Status: Wisconsin**

#### **Full Recognition** (as of May 2017)

Payors that formally recognize rehabilitation services delivered by athletic trainers:

- Anthem Blue Cross and Blue Shield of Wisconsin (2018)
- Dean Health Plan
- Unity Health Plan
- Physicians Plus Health Insurance
- BayCare Clinic (Self Funded Plan)
- FortCare Cerner (Self Insured Plan)
- Sysco (Self Insured Plan)

## **Reimbursement with Prior Authorization**

These payors have recognized athletic training services when prior authorization has been secured. Payment approval is inconsistent and denials are likely or common if you have not obtained prior authorization.

- Cigna
- Group Health Cooperative
- Health Partners
- Humana
- Medica
- United
- WEA
- WPS

## **Workers' Compensation Payors that Recognize Athletic Training Services**

Workers compensation payors generally recognize rehabilitation services delivered by athletic trainers:

Acuity	State of Wisconsin
America WC	Travelers Indemnity
Amtrust North America	Travelers Property
Broadspire	Tyson
Chubb	United Heartland
CBCS	United WI
Heartland	Wausau
Horizon Management Group	West Bend Mutual
Liberty Mutual	Western National WC
Preferred	WI State Historical Society
Secura	Zurich American
Sentry	C.C.I. – Columbia County
Corvel	Aegis
AIG Insurance	Argent
Cincinnati Insurance	CNA Claims Plus
Frakenmuth Mutual	Gallager Bassett
Pekin Insurance	Sedgewick
Society Insurance	Berkley Agri-Business

- Rehabilitation staff – Establish a professional working relationship with all other disciplines within your organization.
  - Shadow other disciplines.
  - Develop mutual respect and trust.
  
- Build relationships with your local medical providers if you haven't done that already.
  - Support of medical providers for referrals to AT or willingness to include all three disciplines on rehabilitation prescriptions.
    - This hopefully will decrease the need to track down additional clarification signatures for AT rehabilitation.
  
- Front desk/reception/schedulers – Identify what patients are appropriate for AT.
  - Identify a “go-to” person.
  - Establish a working flowsheet for reception/scheduler staff.
    - Insurance considerations.
    - Appropriate diagnoses (orthopedic/musculoskeletal injuries-conditions).
    - Post-Surgical.
    - Scope of Practice (physically active).
    - Be available to answer questions promptly.
  
- Business Office Director/Manager – set up charge master.
  - Set up AT eval/re-eval charges in your system.
  - New for 2017.
    - 97169 AT Evaluation (Low complexity).
    - 97170 AT Evaluation (Moderate complexity).
    - 97171 AT Evaluation (High Complexity).
    - 97172 AT Re-Evaluation

**Use of 0951 rev. code, 0951 Identifies AT's are billing (for hospital setting)**

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 N
0951	ATHLETIC TRAINING	97110	050216	3	38850	
0951	ATHLETIC TRAINING	G0283	050216	1	12950	
0951	ATHLETIC TRAINING	97110	050916	3	38850	
0951	ATHLETIC TRAINING	97110	051116	3	38850	
0951	ATHLETIC TRAINING	97110	051716	2	25900	
0951	ATHLETIC TRAINING	97110	052416	2	25900	
0951	ATHLETIC TRAINING	97110	053116	2	25900	

- 2017: Some payors are requiring modifiers for rehabilitation services that require a modifier in accordance with CMS. Currently there are no therapy code modifiers for AT services. Most hospital/clinic entities are already including these codes.
  - GN: Speech-Language pathology
  - GO: Occupational Therapy
  - GP: Physical Therapy
    - Shouldn't have an effect on AT services?
- Make sure that all internal scripts have AT as an option, consider (PT or AT or OT) on top of the script – lets you as a clinic steer the referral to the appropriate discipline. Many systems have orders with PT and/or AT indicated.
  - Can accept scripts from MD, DO, DC, PA, Podiatrist, APNP
- Human Resources: Make appropriate modifications to AT Job Description (can mirror the PT job description)
  - Performs evaluations.
  - Establishes plan of care.
  - Selects appropriate treatment interventions.
  - Documents to accepted standards.
  - Conduct discharge planning.
- EMR – Ensure that the EMR program is adaptable or utilize I.T. to modify Evaluation, Plan of Care and Daily Note headers to read: ***Athletic Training Services***.
- Request to speak/present at your physician staff meetings or directly to local referral sources - make sure all are aware and stress that this can improve access and satisfaction for their patients.
- Meet with PT director/manager to finalize details of transition.

- Set up Clinical Competencies/Reviews – Evaluations, Documentation Reviews, and Modalities. Can be utilized for annual clinical competencies – based on how your individual clinic handles its competencies.
- Getting started: Worker’s Compensation.
  - Evaluation/Treatment of worker’s comp. patients.
  - Work Conditioning.
  - FCE’s
- Collect Functional Outcomes and/or Quality of Life Inventories on your patients.
  - Measure your results.
  - Keeps you on target.
    - Visit count.
    - Duration of healing.
    - Patient outcome.
    - Satisfaction of care.

**Identified pitfalls along the journey toward AT reimbursement:**

- Denial of reimbursement for AT services
- Decreased productivity due to small payor group reimbursing for AT
- AT staff at schools during peak clinic volumes
- Summer: Clinic overstaffed with AT
- Ensuring ATs are competent with clinical eval/treatment progressions
- Clinical documentation challenges
- Other disciplines concerned AT will get all the “fun” patients
- Trends of higher modality use with ATs
- Clinic outcome data showing ATs hanging onto patients longer
- Use and familiarity of EMR systems
- Diagnoses an AT can treat in the clinic
- Establishing clinical competencies

**Celebrate your successes:**

- Improved utilization of your athletic trainers
- Increased productivity
- Direct revenue generator
- Increased patient access to rehabilitation
- Increased employment opportunities for AT
- Salary considerations