



Billing 101: What You Need to Know

Billing Insurers & Third Party Payors for Services Provided by ATs

Reimbursement from third party payors is a complex issue. Obtaining reimbursement takes a concerted effort from individual athletic trainers (ATs), employers, referral sources, medical coders, Athletic Trainer State Associations and the NATA. Detailed in this document are issues that need to be addressed, questions that need to be answered and resources to utilize. This is not an exhaustive list and is meant only as a starting point in the reimbursement process. When these questions are answered, the answers and resources will lead to the next steps in the process.

Question: Are you licensed, certified or registered as an AT in the state where you are practicing or want to practice?

Question: Do you know and understand your state AT Practice Act? If not, contact your state regulatory board or AT association.

- Review your state practice act on [NATA's State Regulatory Boards](#) and watch [NATA's Scope of Practice Webinar](#).
- What is the definition of an AT in your state?
- Who can ATs treat?
- In what settings can ATs work?
- Which medical professionals can manage/supervise/refer to you?
- Are there restrictions in billing or receiving reimbursement?

Question: Are you aware of what third party billing/reimbursement activities are occurring in your state? If not:

- Visit your state association website
- Contact your state association president
- Contact your state Committee on Practice Advancement (COPA) or Committee on Revenue (COR) chair.

Question: Do you understand that referral/treatment orders must be for athletic training, sports medicine or physical medicine?

Question: Are you covered under a professional liability insurance policy for the services you are providing as an AT?

- Is your employer providing insurance coverage?
- Are you certain that your facility's blanket coverage covers your AT professional activities? You will need to investigate and ask questions to confirm.
- Do you need your own coverage as well? This is your own personal decision.
 - [NATA's Preferred Providers](#)
 - *These are not the only providers for professional liability insurance for ATs. Do your due diligence and shop for the best coverage and pricing.*

Question: What type of practice are you in?

- Why is this important? This will dictate which system needs to be utilized in billing.
 - Private Practice
 - Health System or Hospital Based
 - Academia

Question: Do you know and understand what billing form, billing system and AMA CPT codes to use?

- What forms will you or should you be using?
 - [HCFA - CMS 1500 Form](#)
 - [UB04](#)
- What AMA CPT billing codes should be used for services provided?
 - See "[Codes Used by Athletic Trainers](#)"
 - AMA Current Procedural Terminology Book - CPT 2014 Professional Edition
 - Call to order - 1.800.621.8335
 - www.amastore.com - product number EP888814 or EP054114
- What CPT codes can ATs use?
 - *"Throughout the CPT code set the use of terms such as 'physician,' 'qualified health care professional,' or 'individual' is not intended to indicate that other entities may not report the service. In selected instances, specific instructions may define a service as limited to professionals or limited to other entities (e.g., hospital or home health agency)." CPT Code Book - page xiii*
 - This statement means is that **CPT codes are not "profession specific."** Any qualified health care professional can utilize any code as long as the code description fits the procedure or service the professional is providing.
- Documentation must be appropriate to support the CPT code being utilized .
 - If not properly documented, code will be denied.
 - [NATA's Document and Coding Guidelines](#)

AT Billing Fact: ATs, PTs and OTs

Athletic trainers cannot be supervised by physical therapists or occupational therapists unless specifically designated by the state Athletic Trainer Practice Act (there are few states in which this is true). ATs, PTs and OTs are unique, specialty allied health professions which cannot supervise the other without specific state legislation.

Question: Do you have your National Provider Identifier (NPI)?

- For more information and how to apply, visit [NATA's NPI Resource Page](#).

Question: Whose NPI will you bill under?

- Will you bill directly as an AT under your own NPI?
- Will you bill as an extender under another medical professional's NPI?
 - Describe this service as billing services which have been provided by you, the AT extender, as delegated and supervised by the physician.

AT Billing Fact: "Incident To"

Athletic trainers should not use "Incident To" language. "Incident To" is Medicare specific, and ATs are not recognized as Medicare providers. If "Incident To" language is used, coders and billers will not approve due to lack of recognition by CMS of ATs as Medicare providers.

"All Medicare providers of professional services - To qualify as "incident to," services must be part of your patient's normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment. You do not have to be physically present in the patient's treatment room while these services are provided, but you must provide direct supervision, that is, you must be present in the office suite to render assistance, if necessary. The patient record should document the essential requirements for incident to service."

- CMS MLN Matters "Incident To" Services.

Question: What pricing strategy will be employed for your services?

- How are you setting your fees?
 - Many practice consultants set practice fees at percentage of the Medicare Physician Fee Schedule, which is public knowledge.
 - Many payors set reimbursement rates at a percentage of the Medicare Physician Fee Schedule. To look up MPFS in your geographic region, visit the [CMS Medicare Fee for Service Payment](#).
- Are you going to be an all insurance-billed business, or will cash payment be a part?
 - It is recommended that your practice or business have one master fee schedule for all patients.
 - It is not a good policy to have different fee schedules for different classes of patients. This can cause issues in "most favored nation" contracts with third party payors.
 - It does not mean every class of patient pays the same fee; designated class(es) of patients can be given a standard reduction off fees.
 - Must be a written policy (i.e., all patients paying cash will receive a 50% reduction of charges).

Question: Do insurers in your state recognize and accept ATs as qualified health care professionals?

- Check with your state COPA Chair to see if they have information on insurers in the state that recognize ATs.
- If your state AT Practice Act does not restrict ATs from billing or receiving reimbursement for services rendered, then it is legal to bill.
 - Employer should be informed and approve.
 - Must ensure proper referral, coding, billing form, etc.
 - Insurer will respond with Explanation of Benefits (EOB) that either pays claim or denies payment. The EOB will explain why payment was denied.
 - If a denial is due to lack of recognition of an AT as a qualified health care provider, there is a process to officially appeal the insurer's decision.
 - This is an opportunity to educate the insurer on AT licensure, education, skill, etc. The AT must demonstrate their worth and value.

Question: What insurers credential or contract with ATs or other allied health professionals?

- Not all insurers credential or contract with any allied health professional – they may only contract with physicians.
- Each insurer has their business process that the AT must learn and address as part of doing business.

Question: What is the process for obtaining a contract or getting credentialed?

- What is the difference between being contracted with and being credentialed?
 - Contract – contact between insurer and care provider for services rendered.
 - Provides the basic information, including state regulatory requirements, to become an approved provider of a specific insurance company
 - Credentialed – includes contracting plus protection for insurer's members
 - Providing full background of professional work and liability history, education, state regulatory requirements, citizenship, etc. Insurance company is verifying to members that the contracted professional has met requirements of licensure, expertise, professional history and liability.
 - Contract is just as good as credentialed for provider; credentialing provides protection for the insurer's member.

Visit nata.org for more information on billing and revenue.

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