

Billing From Collegiate/Secondary School Settings



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Half of all athletic trainers work in a collegiate or secondary school setting, and many of these athletic trainers have questions regarding how to bill for services provided in their college or secondary school's athletic training department. For the purposes of billing, athletic trainers are considered non-physician providers (NPPs). Every commercial insurer, as well as Medicare, Medicaid, and TRICARE, develops its own rules for billing and reimbursing services provided by NPPs. Each state also has its own rules and regulations regarding reimbursement, scope of practice, and licensure of NPPs.

One of the most common billing questions for athletic trainers who work in the collegiate or secondary school setting is whether athletic training services should be billed under the athletic trainer's national provider identifier (NPI) or under the NPI number of the supervising physician. Unfortunately, there is not a clear cut answer to this question. Under most state practice acts, athletic trainers work under the direction of a physician. However, in most collegiate and secondary school settings, there is no physician present, and athletic trainers operate under standing orders and protocols agreed upon by the supervising physician.

Billing for NPP services under the NPI number of the supervising physician is commonly referred to as "incident to" billing. The "incident to" terminology and the corresponding guidelines were developed by the Centers for Medicare and Medicaid Services (CMS), the Agency which administers Medicare and Medicaid. While many commercial insurers recognize CMS's "incident to" guidelines, not all insurers do. Many commercial insurers have guidelines for NPP billing that differ from CMS's incident to requirements. Athletic trainers should not presume that the services they provide can be billed using the supervising or collaborating physician's NPI number.

As you may know, an increasing number of commercial insurers are beginning to credential athletic trainers. As discussed in greater detail in the ***Credentialing 101: What You Need to Know*** chapter, credentialing is a systematic approach to the collection and verification of a health care provider's professional qualifications. The qualifications that are reviewed and verified include, but are not limited to, relevant training, licensure, certification and/or registration to practice in a health care field and academic background. Becoming an insurer's credentialed provider should result in having a clear-cut process for billing for athletic training services.

However, not all insurers will credential athletic trainers. Before you bill for athletic training services provided in the college or secondary school's athletic training department, it is important to review the billing guidelines in the insurer's provider manual and verify whether you should bill under your NPI or the NPI of the supervising physician.

Specific questions to ask yourself prior to billing for services provided in the athletic training facility:

1. Do you follow state or insurance requirements as to definition of physician's presence when billing under the physician NPI number?

2. Do you have standing written protocols as to appropriate procedures the physician designates as appropriate for billing under his NPI number?
3. Are the services you provide reasonable and necessary? (Are you, as an athletic trainer, providing the same treatment and number of treatments that this patient would receive at an outside clinic? If not, can you justify with data that the provided treatments will lead to a better long term outcome? Earlier return to sport may not be a justification that an insurance provider or insurance auditor will accept as justification for billing).
4. Do you have mandatory or required treatments that a patient/athlete must attend and are those services billed for? (For example, are coaches requiring the athlete to come in for treatment, mandatory taping, mandatory post practice whirlpools, or ice?)
5. Are you or is the patient paying deductible or co-pays? In many situations, it is illegal to waive or not collect deductibles and co-pays.
6. If you as an institution are paying the deductible or co-pays, (i.e., one department is paying the other within an institution) do you allow the patient to receive the same treatment outside of your department? (e.g., do you allow the patient to do pre-practice preparation, treatment, and rehabilitation at any athletic training, physical therapy, or chiropractic clinic he/she desires and you pay the deductible and co-pay?)

Athletic trainers seeking reimbursement for athletic training services furnished in the athletic training department should review and understand their state practice acts, particularly in regards to scope of practice and physician supervision. It is highly recommended that athletic trainers learn and understand each insurer's billing guidelines to ensure billing compliance and secure proper reimbursement.

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