Collegiate Billing and Reimbursement
Best Practice Considerations

Introduction

This document has been developed to set forth the critical considerations that should be deliberated when a collegiate employer of an athletic trainer is evaluating its policy, processes and overall value of billing an insurance company for healthcare services that are rendered by an athletic trainer. Additionally, this document is intended to provide an overview of what NATA considers to be best practice specific to billing and reimbursement in the collegiate setting. It is not intended to be construed as legal guidance, nor is it not intended to define all billing practices. However, it is intended to outline what NATA believes is in the best long-term interest of the membership of the association and the profession at large. Each NATA member and each NATA member employer is free to make its own independent decisions regarding specific approaches to billing and reimbursement matters.

The guidance provided in this document addresses questions and issues specific to the collegiate environment. It is intended to serve as a reference for athletic trainers, athletic departments and insurers specific to billing and reimbursement practices for athletic trainers who deliver physical medicine and rehabilitation (PM&R) services and desire to bill insurance providers for these services. Because NATA is supportive of efforts that align with services rendered in accordance with the Centers for Medicare and Medicaid Services (CMS) policy and processes, NATA currently resources advancement of these efforts from a philosophical, financial, advocacy and educational perspective. It does not resource efforts that fall outside of this philosophy at this time. The best practice considerations contained in this document are in alignment with NATA philosophy and are also aligned with what NATA supports from an educational and financial resource perspective, regardless of the location of care or area of health care service delivery.

NATA and subsequently, the NATA Third Party Reimbursement Initiative, has placed a priority on efforts that advance transparent autonomous billing as an athletic trainer under consult or referral of a physician or other allowable provider under state law. Athletic trainers desire to be reimbursed consistently with other allied health providers. For this reason, NATA philosophically recommends that athletic trainers bill from a process and policy perspective consistent with other allied health providers that are reimbursed by insurers for PM&R services. While athletic trainers are not currently recognized as providers by CMS, NATA recommends athletic trainers practice in alignment with CMS policies when they seek reimbursement from payors of all types. These policies, defined for other allied health providers, are detailed in Chapters 12 and 15 of the Medicare Benefit Policy Manual for physical therapy (PT) and occupational therapy (OT) services. Although a priority has been placed upon advancing autonomous billing recognition by athletic trainers for medically necessary services, NATA does also philosophically support physician based billing that is in alignment with CMS “incident-to” policy.
NATA realizes that it cannot control or dictate all billing activity, but strongly hopes to align any billing processes around CMS guidelines to the greatest extent achievable regardless of setting. NATA does recognize that some, but not all, employers and payors desire to follow CMS policy strictly, but that variance does exist.

NATA Best Practice Considerations for Collegiate Billing

1. A Comprehensive Legal and Regulatory Review is Imperative

Before starting any due diligence with respect to billing within your athletic department, it is imperative that your institution identify and engage the services of health care attorneys and/or health care compliance and billing experts that specialize in billing compliance and regulation. The attorneys that represent your educational institution often may not have sufficient background to adequately identify compliant billing practices. In this case, external resources should be considered and contracted. Legal review should be rigorous and address employment structure, federal and state regulatory guidelines and state practice act considerations. This type of review is especially critical due to the emerging nature of billing for athletic training services and due to variances in athletic training state. In order to protect employers, athletic trainers and the physicians they work with, NATA cannot emphasize the importance of this review more strongly, regardless of the direction of billing strategy your institution decides to pursue.

2. Athletic Trainers Should Bill Only for Services When Medical Necessity is Established

It is strongly recommended that the services athletic trainers’ bill for in collegiate environments are for services that are medically necessary and appropriate. Additionally, you should strongly consider providing the same style of treatment and relative number of treatments that a patient would receive within a health system or independent practice. It is NATA’s philosophy that athletic trainers bill only for medically necessary services rendered that allow patients to return to activities or daily life. This does not include maintenance therapy or return to sport treatment, or performance training. Additionally, payors will continue to develop a more favorable impression toward athletic training as a profession over the long term.

3. Exceptional Documentation Standards Should Be Implemented

Documentation standards established by athletic trainers working in collegiate environments should be developed with a goal of being reimbursed. This type of documentation is generally more rigorous than traditional types of documentation performed in athletic training environments and sports medicine departments. Components of essential documentation should include the history, physical exam and assessment, and should demonstrate that medical necessity is met for billable activity. The plan of care should include goal setting and ongoing documentation should demonstrate progress toward established goals. The documentation should support that activities of daily life (ADL’s) have not been achieved, and the plan of care should focus on the return to ADL’s, and not toward full sport activity. When ADL’s have been achieved, it is the recommendation that billable services be discontinued. Return to sport and performance training can then be instituted along with any maintenance treatment that is indicated.
4. **NATA Prioritizes Autonomous and Transparent Billing Practices**

At this time, NATA has prioritized recognition and reimbursement activity that is delivered autonomously by athletic trainers with applicable athletic training evaluation codes and subsequent physical medicine and rehabilitation (PM&R) codes. However, NATA also supports physician-based billing consistent with CMS “incident-to” policy. Regardless of the path your institution chooses, it is imperative for your institution to consider the critical need for our profession to be exceptional stewards to third party payors. Although there is opportunity for financial benefit to employers in the collegiate environment, this should not outweigh the goal of delivering medically necessary, indicated and well-documented care. Our future success with reimbursement and our relationships with commercial, government and all other types of payors depends on it.

5. **NATA Does Support Provider-Based Billing in Alignment with CMS “incident-to” Policy and Process When Medical Necessity is Established**

Dependent upon multiple factors, a collegiate employer of athletic trainers may decide to pursue provider-based billing opportunities. If this is the case, NATA supports and resources efforts that are in alignment with CMS policy and process. CMS would require that physician supervision is within the facility is established, and that the athletic trainer is employed by the same entity as the provider. Billing under physician standing orders is currently not recognized Medicare but may be recognized by other commercial insurance carriers. To learn more, please visit the CMS web presence for more detailed information on policy related to “incident-to” or physician based billing.

6. **Collegiate Institutions Should Have Consistent Billing Processes for All Athletes**

The primary insurance carrier of an athlete should not be a consideration in whether or not they are billed for rendered services. When denials occur, the process that is followed for all should be consistent and extremely well communicated in policy. Additionally, co-pay or deductible administration should be consistent across all that are cared for in accordance with contracted payor agreements.

7. **All Billable Activity Should be Delivered Within the State Scope of Practice of the Athletic Trainer**

Traditionally, medically necessary PM&R services delivered by athletic trainers have been provided without associated billing and documentation processes being associated with them. This is particularly true in the collegiate environment of care despite nearly all state athletic training practice acts allowing for billing to potentially occur. There is both opportunity and risk associated with establishing billing processes in any environment. This opportunity and risk is specific to the athletic trainer and their employer, but also to the profession at large as the athletic training profession looks to establish meaningful and long term relationships with insurance providers.

As the profession of athletic training evolves and changes, it is critical for billing processes to be established that are compliant, transparent and accompanied by rigorous documentation that support the health care services that athletic trainers deliver. NATA hopes that this document assists administrators and athletic trainers alike as they perform their due diligence and decision making regarding their use of athletic trainers as a billable provider.