

Reimbursement & Revenue Opportunities



Sources of Revenue

- Physicians / Allied Health Care Providers
- Student Health Services
- Durable Medical Equipment (DME)
- Rehabilitation

Physicians & Allied Health Care Providers

- Team Physicians
- Chiropractors
- Massage Therapists
- Other Allied Health Care Providers
- Agency Relationship
- Employment, Licensing, Insuring & Credentialing of Providers and billing entity
- National Provider Identification (NPI)

Student Health Services

- Clemson Case Study
 - Bill for Services Rendered at SHS
 - Same Tax ID #
 - Athletic Training has own NPI
 - Average Recovery = 35%

Durable Medical Equipment

- Orthotics
 - Prescription & Letter of Medical Necessity
 - Orthotic Scanning/Casting/Molding (L3020)
 - Orthotic Management & Training (97760)
 - Orthotic Check-Out (97762)
- Braces
 - Prescription & Letter of Medical Necessity

Outsourcing of AT Coverage

- Clinic / Hospital-Based Outreach Programs
 - Allow access and billing of patient population in return for rent (Cannot be a % of revenue)
 - Positives / Negatives
- What are the obligations / expectations of institution? Clinic?
- What is the impact on budget?
- What is the impact of coverage / service?
- Options for supplementing ATs via clinic?

Rehabilitative Services Models

- "Incident To" Physician
 - Physician Extender
 - Must be in same physical space (Same Tax ID# and address)
 - Works better if Family Medicine
 - Coordination with SHS?
- In-house Athletic Trainer/Physical Therapist (PT/ATC)
 - PT/ATC = Rehabilitation Coordinator
 - Bill for all rehab services provided by PT/ATC
- Billing for Athletic Training Service

Questions to Consider for Reimbursement

- Philosophy – Service vs. Profit driven
- Patient Insurance Profile
 - Insured vs. Non-Insured
 - In-network vs. Out-of-network
- What is patient population?
- Which model?
- How will documentation change?
- How / who does billing and collections?
- Where does revenue go?
- What is business plan?