Third Party Reimbursement-Cliff Notes Version

Definition-Athletic training programs in various settings that use full or part-time certified athletic trainers and that want to bill third party payers and receive financial reimbursement for services provided to their policyholders and members.

Objective-For certified athletic trainers to be readily viewed and accepted as reimbursable allied health care professionals by third party payers and to receive reimbursement from those organizations.

Typical Services Provided-Rehabilitation therapies, mobility training, gait training, work hardening, counseling and evaluations. Note most third party payers only reimburse for covered (by benefit design) and medically necessary services.

Audience and Patient Population-Any third party insured or covered individual, including those covered by PPOs, Indemnity plans, HMOs*, and self insured programs.
**To bill an HMO you normally must be a member of the network. You must have a contract with the HMO and your contract would spell out how much and under what conditions you would be compensated. To bill services to a PPO or indemnity program you do not have to be a member of their network.*

Who Pays-Third party payers to include but not limited to, HMOs, PPOs, traditional insurance programs and third party administrators.

First Steps-Pursuing reimbursement from third party payers should not be taken lightly. If you did not attend Reimbursement Seminar I or Reimbursement Seminar II, you should attend either or both of these seminars. The seminars are designed to provide you with the technical and tactical information you need to obtain third party reimbursement. NATA has both Seminar I and Seminar II manuals available to members for a minimal cost. The critical question that needs to be asked is "who is my patient and what will I bill for?" This makes the reimbursement process become reality. This "cliff notes" version provides information to assist your decision of whether to pursue reimbursement. ATCs currently receive reimbursement working in a variety of settings, including hospitals, physicians' offices, sports rehabilitation clinics and college and university settings. Some ATCs have received reimbursement on 60 percent to 85 percent of billings. Some have faired less favorably. Licensure is key to successful reimbursement from third party payers. Most insurance/managed care contracts are filed with the state declaring whom the company will reimburse for services. A large number of these organizations list "licensed health care professionals" as the only reimbursable entities, which typically encompasses certified athletic trainers.

Recommended or Required Tools-

1) Computer software and hardware systems used to track patients and maintain clinical records, a billing system and billing staff or a billing service.
2) A policy and procedure book, HIPAA/FERPA compliance manuals (should be included in your P&Ps)
3) The NATA produced reimbursement manuals both I & II
4) Code manuals- HCPCS=healthcare common procedure coding system, CPT-current procedural terminology, ICD-international classification of diseases should be available.
5) Training materials and guides for ATCs and other staff on documenting files, submitting claims and working with reimbursement and the insurance industry.

Licenses and Regulations-It is essential to review and know your practice act and licensure law. As the services you provide must be within the legal limitations. However, the legal limitations of each state's practice act are, many times, open to interpretation.

There are states where a legal review can be helpful in defining scope of practice, setting and audience. Prior to billing third party payers, check your state insurance commission codes. Check for anti-discriminatory or any willing provider laws or regulations, as these would prevent a health care company from arbitrarily not including athletic trainers in their provider panels. You also need to verify that any other city, county or state licenses would not be required for you to legally bill for services.

Determine Costs/Set A Budget-Practice settings for ATCs are varied so projecting accurate costs is difficult. The following are some items or costs that will probably be universal.

- Computer & set up, accounting and billing software, $4000-$7000.
- Billing service-Flat fee rates can vary between $175-$400 per month and percentage of collections fees range between 7-11%.
- Added staff for working with insurance companies and others and for maintaining accounting data and files, expect to pay at least $8-$12 per hour plus benefits if they work full time.
- Extra phone/Internet and fax lines, privacy and security of the patient's privacy are essential.
- A secure fax machine and computer printer due to privacy regulations.

Education and Training-In addition to maintaining and renewing your NATABOC certification, you may want to take other adjunct classes to enhance your knowledge. The ATC and staff will need to know the third party reimbursement process, how to complete and maintain clinical records, how to document and how to bill and work with third party reimbursers.

Documentation-For medical and legal reasons the medical documentation criteria listed should already be a part of your daily work habits. When you are billing and receiving reimbursement, these guidelines definitely need to be followed.

- Initial evaluation, including plan of treatment and goals (SOAP notes)
- Appropriate patient medical history
- Patient examination results
- Functional assessment
- Type of treatment and body part(s) to be treated
- Expected frequency and number of treatments
- Prognosis
- Goals-should be functional, measurable and time based
- Precautions and contraindications should be noted
- A statement that the treatment plan and goals were discussed and understood by the patient and possibly by the guardian
- Maintain daily treatment records
- Record any changes in physical status, physician orders or treatment plan or goals
- Weekly progress notes especially on goals should be kept (SOAP or function based)
- Copies of notes to or from the referring physician's office whether by fax, e-mail, and U.S. mail or by phone.
- A prescription or other state mandated documentation from a physician.

Pricing-When you determine your fee schedule for services, understand they probably will not match the third party payer's fee schedule. Most third party payers will reimburse UCR-usual, customary and reasonable. This is a fee schedule based on the average or UCR costs for procedures in a geographical region. Some payers are now using RBRVS-resource based relative value scale. This fee schedule is written and maintained by CMS (Centers for Medicare and Medicaid Services). There are published UCR fee schedules but some companies write their own so variances are always possible.

If the payer has reimbursed you up to the contracted amount, additional amounts owed would have to be collected from the patient. You may also wish to use your cost(s) for services, cost=time+materials+overhead/expenses+profit.

Revenue Potential-The revenue you receive from third party payers is limited by your setting, your time available to treat patients and what third party payers are reimbursing. Working in an ATC friendly state with broadened insurance regulations and laws helps tremendously. The size and abilities of your staff is a factor in increasing revenue.

Resources-There are resources available to assist you the NATA staff and volunteer members working with COR can be real assets.

The NATA Web page (www.nata.org, members only section then click on directory, click on Committee on Reimbursement) has a link to listings of state, district and national COR members. The reimbursement manuals developed by NATA are available to members for a minimal fee. The Web is another great source of billing and third party payer information. The billing department at your institution is an additional resource. The billing department should know the payers and can help you learn the billing process.

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