NATA Third-Party Reimbursement Initiative
Implementation Strategies for Athletic Training Reimbursement in the Outpatient Rehabilitation Clinic Setting

A Checklist and Roadmap for Success

- Successful implementation of *Autonomous Athletic Training Reimbursement Services* starts with building good relationships within your organization.

- How a healthcare entity chooses to utilize athletic trainers can vary, however, meeting with your rehabilitation director/manager to propose the utilization of athletic trainers in an autonomous role is a good place to start within your organization. As more third-party payors are recognizing and reimbursing for athletic training rehabilitation, this discussion with the rehabilitation director/manager should be a business decision. Discussion points:
  - Promotes improved access to care.
  - Allows the athletic trainer to work at the top of their license and education.
  - Athletic trainers generating direct revenue for the department.
  - Developing a business plan for this model at your organization.

- Identify third-party payors recognizing and reimbursing for athletic training rehabilitation services; Specifically, those using athletic training evaluation/re-evaluation CPT codes.
    - Commercial insurance companies.
    - Workers' compensation.
    - Local business self-insured.
    - Cash based services.

- Meet with business office to place the Athletic Training Evaluation and Re-Evaluation CPT codes in the charge master with associated charges.
  - 97169 Low Complexity Evaluation
  - 97170 Moderate Complexity Evaluation
  - 97171 High Complexity Evaluation
    - It is strongly suggested that charges align with other disciplines within your organization (PT/OT).

- Establish an Athletic Training Referral Flowsheet for registration/scheduler staff.
  - This tool will assist schedulers with the referral process to athletic training rehabilitation.
    - List current payor recognition of athletic training rehabilitation services.
    - Define the patient type i.e. “Athlete”, “Physically Active” – that meets scope of practice for your State.
    - List what shouldn’t be treated by athletic trainers.
    - Identify a “go-to” individual who can train additional scheduler staffing.
    - Appropriate diagnoses (orthopedic/musculoskeletal injuries-conditions).
    - Post-Surgical considerations
    - Identify within your organization who they should call if questions.
    - Athletic trainers can accept prescriptions from MD, DO, DC, PA, podiatrist, APNP and dentist.

- Human Resources – Job description may need to reflect new job duties within the rehabilitation setting as an autonomous provider.
  - Performs evaluations.
  - Establishes plan of care.
  - Selects appropriate treatment modalities/interventions.
  - Documents to accepted standards.
  - Conducts discharge planning.
    - The job description should mirror the PT/OT disciplines.

- Electronic Medical Records (EMR)
  - EMR Headers need to reflect the service you are providing.
  - *Athletic Training Rehabilitation Services* needs to be listed as a header at the top. This describes the rehabilitation service being provided to the patient.
    - Initial Evaluations.
    - Plan of Care.
    - Daily Notes.
    - Discharge Summary.

- Referrals need to reflect that athletic training is being ordered.
  - Electronic referrals should be built into the EMR referral form.
  - Paper with signature referrals.
    - ___PT ___OT ___AT

- Meet with referring providers and build relationships. Discuss referrals/support for athletic training rehabilitation services. Request to speak/present at your physician staff meetings explaining athletic training rehabilitation services, and stress that this can improve access to rehabilitation and increase satisfaction for their patients. Ensure quality care for their patients.

- Understanding use of the UB04 0951 Revenue Code (in hospital setting).

Use of 0951 rev. code is used to bill for Athletic Training in the hospital setting (see example) – it is also used as an identifier of services provided by the athletic training discipline.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 N
0951	ATHLETIC TRAINING	97110	050216	3	38850	
0951	ATHLETIC TRAINING	G0283	050216	1	12950	
0951	ATHLETIC TRAINING	97110	050916	3	38850	
0951	ATHLETIC TRAINING	97110	051116	3	38850	
0951	ATHLETIC TRAINING	97110	051716	2	25900	
0951	ATHLETIC TRAINING	97110	052416	2	25900	
0951	ATHLETIC TRAINING	97110	053116	2	25900	

NOTE: Currently NO therapy modifier for AT outpatient services as CMS doesn't formally recognize ATs as a provider. Identifier is 0951 Revenue Code

- Assign a mentor to the clinical athletic trainer.
  - Set up weekly mentor time to review clinical work-flows.
    - Observe evaluations, re-evaluations.
    - Review documentation.
    - Discuss clinical goal writing.
    - Review/establish treatment plans.
    - Review/discuss modality use.
    - Review/discuss evidence based treatment approaches.

- Perform Clinical Competencies for the athletic trainer within your organization. Ensure the athletic trainer is competent with clinical evaluation and treatment.
  - Clinical Evaluations:
    - Create an evaluation competency checklist.
    - Observe other rehabilitation disciplines within your organization performing a clinical evaluation.
    - Perform a "mock" evaluation while being observed/critiqued by mentor.
    - Perform a "live" evaluation with your mentor present.
  - Clinical Documentation:
    - Review/Learn EMR processes and functionality.
    - Scribe for another clinician.
    - Review Medicare requirements of documentation with mentor.
    - Perform documentation reviews with mentor.

    - Perform documentation "chart audits" with mentor/supervisor.

- Collect Functional Outcomes – it is important to demonstrate our success to payors with our outcomes.
    - Measure your results.
    - Track visit count.
    - Duration of care.
    - Use a patient outcome tool.

- *Identify pitfalls along your journey through athletic training reimbursement:*
    - *Denial of reimbursement for AT services.*
    - *Decreased productivity due to small payor group reimbursing for AT.*
    - *AT staff at schools during peak clinic volumes.*
    - *Summer: Clinic overstaffed with AT.*
    - *Ensuring ATs are competent with clinical eval/treatment progressions.*

- Utilize available resources throughout implementation process:
    - NATA Third Party Reimbursement Initiative Team
        - Joe Greene (joegreene@orthovise.com)
            - Initiative Leader
            - NATA Coordination
            - Third Party Payor Advocacy
            - Employer Advocacy
        - Kyle Sharer (krscharer@gmail.com)
            - Operational Lead
            - Payor Advocacy
            - EHR Advocacy
            - Regional Coordinator
                - Central: District 5
        - Steve Allison (sallisontc@gmail.com)
            - Clinical Implementation Lead
            - Educational Lead
            - Payor Advocacy
            - Regional Coordinator
                - Central: District 4
        - Courtney Havens-Mitchell, MBA, MS, LAT, ATC chavensmitchell@gmail.com
            - Grant Program
            - Regional Coordinator
                - West: Districts 7, 8, & 9
    - NATA Third Party Reimbursement Regional Coordinators
        - Chris Young, MAT, LAT, ATC (christopheryoungatc@gmail.com)

- East: Districts 1, 2 & 3

▪ Erik Nason, MBA, MS, LAT, ATC, CSCA (eriknason@icloud.com)
  - South: Districts 6 & 9