

ILLINOIS ATHLETIC TRAINERS' ASSOCIATION
COMMITTEE ON REVENUE (COR)

Reimbursement/Revenue Binder

Adapted in part from:
Connecticut Athletic Trainers' Association, Committee on Revenue
Wisconsin Athletic Trainers' Association, Committee on Revenue
National Athletic Trainers' Association

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Introduction

The Illinois Athletic Trainers Association, Committee on Revenue (IL COR) is pleased to present this "Third Party Reimbursement Binder" to our fellow athletic trainers. We feel that this Binder will serve as a valuable tool for any athletic trainer starting a program, seeking third party reimbursement for their services, seeking additional avenues of revenue and reimbursement, or simply to answer some basic questions. Seeking reimbursement for services as well as additional lines of revenue can be very confusing, time consuming, and a struggle, but can also be very rewarding both financially and professionally. Please note that the intention of this Binder is to serve as a basic tool and a resource; much additional work and education lies ahead for the athletic trainer seeking different avenues within revenue/reimbursement.

We, the IL COR, owe much gratitude to the Connecticut COR for developing their Reimbursement Binder which we adapted to create ours. They graciously allowed us to adapt to our needs within Illinois as we are all a part of the athletic training profession together. We would also like to extend a thank you to our friends in Wisconsin as their COR has also provided much assistance to both of us, Illinois and Connecticut, as well as other states. Last, but not least, the NATA has provided much valuable information to allow this Binder to become possible.

We hope that you will find the information within this Binder useful and valuable, that you take it and utilize it to the best of your abilities and that you not only become successful in the Business of Athletic Training, but that you assist others to become successful as well. Please report information, including your successes and failures back to us; let's work together, grow together, and succeed together...and never forget that a Certified Athletic Trainer is a Health Care Professional.

Jeff Petersen, MBA, ATC, LNHA
IL COR Chair, 2006-present

On behalf of the IATA Board of Directors and membership, I want to personally thank Jeff Petersen (COR Chair) and the COR committee for their hard work in presenting the IATA Reimbursement/Revenue Binder. This document should be used as a resource and one that can benefit athletic trainers in any setting. Valuable information can be found throughout the text. There are many tools that are at your disposal and available for reference. I encourage you to review the entire binder and offer successes and challenges with your COR and Board of Directors as we work collectively to pursue victories with the reimbursement for athletic training services.

IATA President

IL COR Mission Statement:

To develop, enhance & support avenues of revenue for the Profession of Athletic Training in the State of Illinois.

COR Objectives:

1. Obtain recognition by insurance companies as approved providers of physical medicine and rehabilitation services.
2. Educate, educate, educate
3. Improve communication and collaboration with IATA, GLATA and NATA

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The Value of Reimbursement

Mike “Sully” Sullivan, MS, ATC

Thank you for your request for this informational binder. Prepared over a number of years and developed from a variety of resources, this is meant to serve as a tool to your success in understanding and implementing procedures needed to obtain reimbursement for services provided by athletic trainers in the State of Illinois.

It is important to understand, just as there is not a single “right way” to treat an injury or medical condition, there is no specific “recipe” for putting in place the steps to guarantee reimbursement. The materials contained in the following pages highlight many steps that may be relevant to your institution, but just as many may not apply. They do, however, provide direction for you to begin the path down the road towards successful reimbursement procedures for the athletic trainer.

In order for us to fully participate in the health care industry, we must educate ourselves on the terminology, regulations, and policies involved in the business aspect of health care delivery. It is important to eliminate emotions and simply recognize as Donald Trump is often quoted, “It’s business; it’s not personal.” The more we can learn and understand to develop a business model and how to implement it, the more likely we will be successful in our quest.

That being said, if you consult any successful business leader, you will also note that he/she has suffered any number of setbacks, frustrations, and yes, failures in the development of their business. We must be mindful of this. Despite the need to eliminate personal emotions when facing these obstacles, we must also remain resolute and understand that our frustrations are common and to be expected. When we educate ourselves and prepare for these challenges, we are more likely to persevere. Again, remember our days as beginning clinicians-it was a challenge to get the right diagnosis, but eventually we learned how to become more consistent which evolved into more confidence-and hopefully more accuracy.

In closing, it is also important to understand that this is a work in progress. It’s accuracy, relevance, and success is dependent on keeping this information updated. Therefore, it is also just as important to get feedback from each of you on the value of the information contained in this binder. If you find something that does not work, that is not included and should be, or that certain information is extremely helpful, we need to hear that from you so we can continue to provide the most credible reference for all of us.

The IATA has been, and is, recognized as a national leader in the reimbursement efforts for athletic training. We did not achieve this without a team effort. We wish to recognize all of us who have contributed to this reputation both on the COR as well as from the daily delivery of health care to our patients. We look forward to maintaining this tradition of excellence and to the feedback you will provide to us in the days ahead. Please do not hesitate to contact us with your questions and comments.

Practicing Athletic Training in Illinois

In January 1996, the Athletic Trainers Practice Act was revised to provide full licensure rather than title protection registration (IDPR, n.d.). Since that time any individual using the Certified Athletic Trainer (AT, LAT, or ATC) title or credentials must be licensed in the State of Illinois or they are considered to be practicing illegally. Please refer to the IATA website (www.illinoisathletictrainers.org) for more information regarding Athletic Training in Illinois and the Illinois Athletic Training Practice Act (www.idfpr.com/dpr/WHO/athtrng.asp).

BOC EXPLAINS DIFFERENCE BETWEEN AT AND ATC

FOR IMMEDIATE RELEASE – May 4, 2009 – Omaha , NE – Over the past 40 years, Certified Athletic Trainers have referred to themselves in many different ways. Credentials are added because of state licensure, additional education and added qualifications, and individuals are often confused about the proper way to present their credentials. One of the most common "bad habits" developed over the years is using ATC as an acronym for a Certified Athletic Trainer.

ATC refers to the credential held by a Certified Athletic Trainer (AT). ATC should only be used when referring to the credential, and it should not be used in singular or plural form (ATC or ATCs) when referring to an individual Athletic Trainer (AT) or a group of Athletic Trainers (ATs).

The proper acronym to use when referring to a Certified Athletic Trainer is AT. The proper acronym to use when referring to two or more Certified Athletic Trainers is ATs (*with no apostrophe*). It is appropriate to list ATC (*without the registered trademark symbol*) after the name of a Certified Athletic Trainer.

Proper Term Usage

ATC	
May be listed after the name of a Certified Athletic Trainer (<i>without the registered trademark symbol</i>)	<i>Correct:</i> John Doe, ATC
May be used to refer to the credential (<i>with the registered trademark symbol</i>)	<i>Correct:</i> John Doe earned the ATC® credential.
Should not be used to refer to the certified individual	<i>Incorrect:</i> John Doe is an ATC.

Athletic Trainer (AT) or Certified Athletic Trainer (AT)	
May be used to refer to an individual ATC [®] credential holder	<i>Correct:</i> John Doe is an AT.

Athletic Trainers (ATs) or Certified Athletic Trainers (ATs)	
May be used to refer to a group of ATC [®] credential holders	<i>Correct:</i> John and Jane Doe are ATs.

Please do not use the following terms:

- ATCs
- ATC's
- A.T.C.
- ATC/L
- ATC/R

NATA Policy on ATC Terminology:

"NATA's policy is not to use the ATC acronym as a noun. ATC is an acronym that describes a credential, not a person, and it should only be used following the name of a certified individual. Using the ATC acronym as a noun inhibits the Board of Certification's ability to protect the ATC credential against misuse. In other words, NATA and the BOC cannot protect the copyright on the ATC mark if it becomes known as a common noun."

(Excerpt from *Athletic Training Terminology*, retrieved from the National Athletic Trainers' Association website: http://www.nata.org/about_AT/terminology.htm, April 15, 2009)

Reimbursement Checklist

The IATA COR recommends the following be considered as the reimbursement Process to be initiated in your setting:

1. Understand the Illinois Athletic Trainer Practice Act.
 - a. www.idfpr.com/dpr/WHO/athtrng.asp
 - b. www.law.justia.com/illinois/codes/chapter24/1291.html
2. Discuss reimbursement possibilities with supervisors and colleagues.
3. Discuss reimbursement possibilities with management teams.
4. Meet with medical directors and local physicians and educate them on the scope of athletic trainers (AT) and the opportunities for reimbursement.
5. Contact insurance companies via template letters and collect data on success and challenges. (Report all data to the IATA Committee on Revenue).
6. Involve front desk personnel and discuss athletic training reimbursement.
7. Ensure computers are in coordination with business office, accounting, and billing.
8. Develop a charge master.
9. Educate billing and accounting personnel regarding athletic training reimbursement.
10. Make sure facility name includes the practice of athletic training.
11. Make appropriate changes to include Athletic Training Services on physician referral/prescription pads.
12. Have standing orders signed by a physician in your setting.
13. Meet with compliance personnel to discuss the documentation standards for the organization and inform them about athletic training.
14. Be sure to use the Physical Medicine and Rehabilitation (PM&R) codes found in the Current Procedural Terminology (CPT) code book.
15. Report all reimbursement success and failure stories to IATA Committee on Revenue.
16. Avoid "turf battles" with other allied health professions at all costs!
17. Work together and learn from one another.
18. Be patient!! It is common for insurance providers to deny services initially to a new health care provider they are unfamiliar with—it takes time to build recognition and relationships with insurance carriers.

*Adapted from the Wisconsin Athletic Trainers Association

Reimbursement Models

*By Holly J. Odean-Carpenter, MS, ATC, CSCS
(IL COR Member, 2008-present)*

With the expansion of our practice settings over the years our ability to bill for our services is fundamentally important. In the current economic climate many insurance companies are limiting benefits for the people that they insure in order to try to contain costs. With these limited health care dollars that are available it is vital that Certified Athletic Trainers are reimbursed on an equal playing field with other providers of similar medical services.

With ever increasing competition from other professions such as massage therapists, acupuncturists and kinesiotherapists *trying to become* reimbursable providers, it is paramount that Athletic Trainers remain on a united front as reimbursable professionals regardless of your current practice setting. Athletic Trainers in all settings need to join forces in our competition for the available health care dollars and to support and work for reimbursement for **all** AT's. It is vital for our profession as a whole.

The Illinois Committee on Revenue is very thankful to the NATA, along with the Connecticut and Wisconsin Athletic Trainers Association's Reimbursement Committee's who have emerged in the development of several models for our expanded practice settings. Additionally, we are appreciative for all the resources that we have been able to use in research for this binder and specifically for these reimbursement models:

The Clinical Athletic Trainer: Independent Practice vs. Incident-To Billing Athletic Trainers, can bill directly to third party payors, citing your own contract or provider number. ATs may also have their services billed "incident-to". This term is used to designate a procedure performed incident to working with a physician, also in some cases a Physician Assistants (PA), Nurse Practitioner (NP) or Advanced Practice Nurse (APN). Under incident-to billing, the claim is submitted as though the physician had performed the procedure(s). Most third party payors reimburse for incident to procedures. Exceptions to this include Medicare / Medicaid, which at this point do not recognize athletic trainers as health care professionals. Prior to a recent change in Medicare's policies, Athletic Trainers could perform a procedure and have the physician bill for those services under incident-to for Medicare patients. For most other third party payors, all services provided incident-to a physician, may be billed incident-to. (National Athletic Trainers Association Reimbursement Manual).

A Cash-Based Reimbursement Model For Athletic Trainers

To ensure you have the most up-to-date information, please refer to:
<http://www.nata.org/revenue-resources>

University/College Reimbursement Model For Athletic Trainers

To ensure you have the most up-to-date information, please refer to:
<http://www.nata.org/revenue-resources>

A Reimbursement Model For High School Athletic Trainers

To ensure you have the most up-to-date information, please refer to:
<http://www.nata.org/revenue-resources>

A Reimbursement Model for Industrial/Occupational Athletic Trainers

To ensure you have the most up-to-date information, please refer to:
<http://www.nata.org/revenue-resources>

Physician Extender

To ensure you have the most up-to-date information, please refer to:
<http://www.nata.org/revenue-resources>

Third Party Payors Model

To ensure you have the most up-to-date information, please refer to:
<http://www.nata.org/revenue-resources>

Third Party Reimbursement
“Cliff Notes Version©”
By: Ivan Milton & David Johnston
NATA Committee on Revenue

Objective

For Certified Athletic Trainers [AT] to be readily viewed and accepted as reimbursable allied health care professionals by third party payors and to receive reimbursement from those organizations.

Typical Services Provided by Athletic Trainers

Rehabilitation therapies, mobility training, gait training, work hardening, counseling and evaluations. Note most third party payors 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 payors to include but not limited to, HMOs, PPOs, traditional insurance programs and third party administrators.

First Steps

Pursuing reimbursement from third party payors should not be taken lightly. NATA has two seminar manuals available, Reimbursement Seminar I and Seminar II, 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. ATs currently receive reimbursement working in a variety of settings, including hospitals, physicians’ offices, sports rehabilitation clinics and college and university settings. Some ATs have received reimbursement on 60 percent to 85 percent of billings. Some have fared less favorably. Licensure is key to successful reimbursement from third party payors. 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 [ATs].

Recommended or Required Tools

- Computer software and hardware systems used to track patients and maintain clinical records, a billing system and billing staff or a billing service.
- A policy and procedure book, HIPAA/FERPA compliance manuals (should be included in your P&Ps)
- The NATA produced reimbursement manuals both I & II
- Code manuals- HCPCS=healthcare common procedure coding system, CPT-current procedural terminology, ICD-international classification of diseases should be available.
- Training materials and guides for ATs 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 (see Appendix A). 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 payors, 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 ATs 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 BOC credential, you may want to take other adjunct classes [and workshops] to enhance your knowledge. The AT 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 payors.

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 payor's fee schedule. Most third party payors will reimburse Usual Customary and Reasonable rates (UCR). This is a fee schedule based on the average or UCR costs for procedures in a geographical region. Some payors are now using Resource Based Relative Value Scale (RBRVS). This fee schedule is written and maintained by Centers for Medicare and Medicaid Services (CMS). There are published UCR fee schedules, but some companies write their own so variances are always possible. If the payor 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:

$$[\text{cost} = \text{time} + \text{materials} + \text{overhead} / \text{expenses} + \text{profit}]$$

Revenue Potential

The revenue you receive from third party payors is limited by your setting, your time available to treat patients and what third party payors are reimbursing. Working in an AT 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 the IATA-COR can be assets. Go to the NATA web page (www.nata.org/sites/default/files/CORstateContacts.pdf, members only section, then click on directory, click on Committee on Revenue). The site has a plethora of resources for your use. You should also visit the IATA-COR web site as well. 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 payor information. The billing department at your institution is an additional resource to investigate use of web-based billing methods. The billing department should know the payors and can help you learn the billing process.

Adapted from the National Athletic Trainers Association Committee on Revenue

** Thanks and gratitude to Ivan Milton, ATC and David Johnston, ATC and members of the Committee on Revenue for their contributions.*

Step By Step Reimbursement Process

1. Obtain the packet entitled “Strategies for Approaching Third Party Reimbursement” from the NATA. Communicate with your facility Rehabilitation/Medical Director to explain the benefits of having Licensed Athletic Trainers treat patients and bill for their services. It should be emphasized that athletic trainers bill for Physical Medicine and Rehabilitation Services NOT physical therapy. The COR will be to assist you through this process, please contact us with questions.
2. Meet with the business office staff responsible for negotiating with insurance companies. Explain how ATs function in your specific setting and how the Illinois Practice Act guides ATs. Give the office staff the ‘template’ letter to be sent to insurance companies detailing how and why they should pay for licensed athletic training services provided within the scope of practice per the Illinois Athletic Trainers Practice Act. Explain that you will be contacting the main insurance companies your system works with and how you will use the ‘template’ letter as an educational tool in your contact with them. With your staff, design how the ATs will function side by side with the other therapy providers. Areas to consider in establishing the program include:
 - Preparation of charts
 - Re-do prescription pads & other forms your department uses
 - Dictation services
 - Some facilities may need to add ‘Athletic Training’ as a new department if it has not already been established and work with your billing department to set up athletic trainers with separate codes for evaluation and reevaluation and the subsequent CPT codes.
3. Learn from your business office staff what it takes within your ‘Preferred Provider Organization’ or other HMO, to be listed as a credentialed healthcare provider within your system. Once you have applied to be a panel provider, you will be listed in the manual of approved providers for that insurance provider. Upon you or the business office staff receiving word of ‘yes’ or ‘no’ for reimbursement of services, the information should be compiled into a database similar to Appendix E and then sent to the Committee on Revenue. The committee will be compiling an overall database of all the details. Companies who deny AT reimbursement (a ‘no’) should be requested to provide an explanation of denial of services. After this explanation is received, they should be contacted to explain that the athletic trainer is a valued provider for their customer’s health care needs and how ATs can reduce their costs. The Appeal Letter (Appendix D) can then be sent to the provider.
4. Meet with physician groups who refer to your facility and explain the process of referring patients to an athletic trainer at your facility. Enlist physicians to help you who are already advocates of AT to assist in this process. Be prepared to answer questions relating to appropriateness of referrals, etc.
5. Now that you have approval from insurance companies that they will pay for services rendered by an AT when prescribed by an MD or other qualified physician, you may begin billing for prescribed services you provide under your license as an athletic trainer in the State of Illinois.

Credentialing

An important component in the reimbursement process is credentialing of the individual who is billing for their services. Credentialing will allow the payor to recognize the health care provider. Once an athletic trainer is established as a provider through the credentialing process the payors will recognize the athletic trainer when they get bills. If you have not yet applied for your National Provider Identification number (NPI), do so now by following the directions below.

NPI Sign-Up Instructions

Click on the link below:

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

HERE ARE SPECIFIC DIRECTIONS FOR SIGNING UP:

- Navigate to the above website and click on "APPLY ONLINE FOR AN NPI".
- Then click "BEGIN APPLICATION FORM" at bottom of screen.
- Make up a NPI user ID that will be easy for you to remember (i.e., your e-mail screen name, etc) and choose a password per the directions.
- Choose a secret question and provide that answer. Then click "NEXT".
- Chose "TYPE 1" at left side of screen and click "NEXT" in the middle of the screen.
- Type in Name/Address, ATC for credential, birth date (mm/dd/yyyy), SS# w/o dashes, choose "STATE OF BIRTH" and then "COUNTRY OF BIRTH," click proper "GENDER," and click "YES" only if you own your own business and are the sole proprietor.
- Enter home mailing address with zip, click "NEXT." Then click "ACCEPT STANDARDIZED ADDRESS" on bottom left.
- Enter work Address/City/State/Zip Code if desired, if you would rather just have home info, click "SAME AS MAILING ADDRESS," and enter phone # without dashes & click "NEXT".

- On next screen (other provider identifiers) click "NEXT".
- Then click "ADD TAXONOMY," then choose provider CODE 22 (RESP/REHAB/RESTORATIVE SERV PROVIDERS).
- Then choose 2255A2300X SPECIALIST/ATHLETIC TRAINER.... & click "SAVE" & then "NEXT."
- Enter a contact person (most choose themselves) that you want to receive your NPI info then enter phone # and e-mail address, retype same e-mail address again.
- Check the box at the top of the certification statement.
- Click "SUBMIT" to complete the process. MAKE SURE TO PRINT OUT or WRITE DOWN Tracking #.
- You will get an e-mail confirmation saying that the NPPES received your application and you should receive your NPI # via e-mail in 5-7 days. **MAKESURE YOU PRINT OUT A COPY OF YOUR CONFIRMATION E-MAIL.**

If you need to follow up with the National Plan & Provider Enumeration System (NPPES), you can do so at 1-800-465-3203 (NPI Toll-Free) or via e-mail at: customerservice@npientumerator.com

If you need further help, please contact IL-COR member.

APPENDIX A

Illinois Athletic Trainers' State Practice Act

<http://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1291&ChapterID=24>

APPENDIX B

CPT Codes

CPT Codes

Description of Physical Medicine Charges Used by Athletic Trainers

***As established by the American Medical Association©:**

The following is a guide to Current Procedural Codes that may be used by athletic trainers when billing for athletic training services. It is important to have the proper ICD-9 diagnosis code prior to using the CPT codes. The current information is in reference to CPT codes 2010.

97005/97006 ATHLETIC TRAINER EVALUATION and RE-EVALUATION (PER VISIT) Used for evaluation of athletic injuries to determine the appropriate plan of care by regulated Athletic Trainer. Re-evaluation to re-assess the patient's progress, with goals range of motion, and functional progress. This is not time based.

MODALITIES:

97010 COLD PACKS/ICE MASSAGE (APPLICATION TO ONE OR MORE AREAS) Application of cold pack or performance of ice massage to one or more areas used for pain reduction, edema reduction or muscle spasm reduction. Can only bill for this if used in conjunction with another therapy treatment or modality. Charged by the visit.

97012 TRACTION, MECHANICAL (NOT TIME BASED) Cervical or lumbar traction used to help decrease pain and improve mobility. Charged by the visit.

97014 ELECTRIC STIMULATION (APPLICATION TO ONE OR MORE AREAS) Used for pain modification, muscle spasm reduction and edema reduction. It is used when there does not have to be constant attendance by the provider through the whole treatment procedure. Charged by the visit.

97016 COMPRESSION PUMP (APPLICATION TO ONE OR MORE AREAS) Vasopneumatic modality used for edema reduction.

97018 PARAFFIN BATH

97022 WHIRLPOOL (APPLICATION TO ONE OR MORE AREAS) Used for treatment of wounds/debridement, pain reduction, muscle relaxation, edema reduction, and improving range of motion. Charge by the visit.

97024 DIATHERMY

97026 INFRARED

97028 ULTRAVIOLET

97032 ELECTRICAL STIMULATION (EACH 15 MIN.) Used for treatment of trigger points and muscle spasms to treat specific areas of pain using a combination of both ultrasound and electrical stimulation at the same time.

97033 IONTOPHORESIS (EACH 15 MIN.) Electrical stimulation that is used to drive a medication into the tissue. Used to decrease pain and inflammation. Includes the cost for medication, the electrodes and the direct therapy time.

97034 CONTRAST BATHS (EACH 15 MIN.) Modality used to help with edema/pain reduction.

97035 ULTRASOUND (EACH 15 MIN.) Deep heat modality used to decrease pain and muscle spasm. (ea 15min)

97039 UNLISTED MODALITY

THERAPEUTIC PROCEDURE CHARGES:

97110 THERAPEUTIC EXERCISE (EACH 15 MIN.) Used when performing therapeutic exercises to develop strength and endurance, range of motion and flexibility to one or more areas each 15 minutes. One-on-one interaction with patient. *(Example: Use this charge when performing initial ACL quad vmo and ROM exercises, or performing Lumbar Stabilization and the goal is strengthening muscles.)*

97112 NEUROMUSCULAR RE-EDUCATION (EACH 15 MIN.) Used when performing neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture and proprioception.

97113 AQUATIC THERAPEUTIC EXERCISE (EACH 15 MIN.) This charge is used for aquatic therapy when performing therapeutic exercise in water. Maybe charged if extremity is in pool and exercise is done in the pool.

97116 GAIT TRAINING (EACH 15 MIN.) Used when you are performing Gait Training Activities, including stair climbing, with patients.

97124 MASSAGE (EACH 15 MIN.) Used when performing massage, including but not limited to effleurage, petrissage and or tapotement (stroking, compression, percussion).

97139 UNLISTED THERAPEUTIC PROCEDURE

97140 MANUAL THERAPY (EACH 15 MIN.) Used for joint mobilization, manual lymphatic drainage, manual traction, myofascial release, soft tissue mobilization or desensitization techniques are utilized. Time based.

97150 THERAPEUTIC PROCEDURES – GROUP (EACH VISIT) Used when working with two or more individuals at one time on therapeutic activities/exercises. May be used with other charges. Group Lumbar Stabilization or Group Aquatic Therapy or Group Exercise Programs should use this charge.

97530 THERAPEUTIC ACTIVITIES (EACH 15 MIN.) Direct patient one on one contact using dynamic activities to improve functional mobility like physical and sports activities.

97532 Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct patient (one on one) contact by the provider, each 15min

97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct patient (one on one) contact by the provider, each 15min.

97535 Self-care/home management training (eg. Activities of daily living (ADL) and compensatory training, meal preparation, safety procedures and instructions on use of assistive technology devices/adaptive equipment), direct patient (one on one) contact by the provider, each 15min.

97537 Community/Work Integration training (eg. Shopping, transportation, money management, avocational activities &/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct patient (one on one) contact by the provider, each 15min.

97542 Wheelchair management (assessment, fitting, training), each 15 min.

97545 Work Hardening/conditioning, initial 2 hours

97546 Work Hardening/conditioning; each additional hour (list separately in addition to code for primary procedure) (use 97546 in conjunction with 97545)

97597 Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg. High pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel or forceps), with or without topical application, wound assessment and instructions for ongoing care, may include use of whirlpool, per session; total wound(s) surface less than or equal to 20 square centimeters.

97598 Total wound(s) surface greater than 20 square centimeters.

97602 Removal of devitalized tissue from wound(s), non-selective debridement without anesthesia, including topical applications, wound assessment and instructions for ongoing care, per session.

97605 Negative Pressure wound therapy, including topical applications, wound assessment and instructions for ongoing care, per session, total wound(s) surface less than or equal to 50 square centimeters.

97606 Total wound(s) surface area greater than 50 square centimeters.

97750 PHYSICAL PERFORMANCE TEST (EACH 15 MIN.) Used when performing specific musculoskeletal examinations, such as specific muscle strength, closed chain testing, vestibular/balance testing, isokinetic testing, other physical performance testing. Must have a written report/documentation to support this (*Example: Physician progress report for patient visit*). Also used for Functional Capacity Evaluations (each 15 min.).

97755 Assistive Technology Assessment, direct one on one contact by provider, with written report, each 15 minutes.

97760 ORTHOTICS MANAGEMENT AND TRAINING , (including assessment and fitting when not otherwise reported), upper extremity, lower extremity &/or trunk, each 15 MIN.

97761 PROSTHETIC Training, Upper & lower extremity (s), each 15 minutes.

97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes.

97799 UNLISTED physical medicine/rehabilitation service or procedure.

97802 Medical Nutrition Therapy, Initial Assessment and intervention, individual, face to face with patient, each 15 minutes.

97803 REASSESSMENT and intervention, individual, face to face with patient, each 15 minutes.

97804 GROUP (2 or more individual (s)), each 30 minutes

APPENDIX C

Documentation Guidelines

Documentation and Coding Guidelines **Adapted from the NATA COR: 12/24/04**

What is documentation and why is it important

Medical record documentation is required and needed to record pertinent facts, findings and observations about a patient. This could include past and present examinations, tests, treatments, therapies and outcomes. The medical record chronologically documents the care and treatment of patients and is an important element for quality care, for legal purposes and for billing and receiving appropriate reimbursement for services. Proper documentation also ensures the various providers of service a complete and accurate picture of the patient and their illnesses/injuries.

- Proper documentation enables the physicians and other health care providers to plan and evaluate treatments and to monitor the patient's progress, or lack of, over time.
- Documentation can facilitate communication and continuity of care between providers.
- Complete and accurate documentation can produce timely claim payment and clear audits.
- Documentation can be used for research and education, especially in the utilization and quality of care areas.

Documentation

Documentation is necessary and required for each episode of physical medicine and rehabilitative care and treatment. Documentation should be **Subjective**, **Objective**, include an **Assessment** and a **Plan**:

- *Subjective*-What happened to the patient, what occurred to cause this diagnosis or condition?
- *Objective*-What is the patient's degree of motion? What is their lack or range of motion?
- *Assessment*-What have you determined to be the patient's condition, illness/injury?
- *Plan*-How will you treat or correct the condition?

Additional elements to include in the documentation:

- General health status (self reported).
- Social habits (past and current).
- Family illness history as well as personal illness/injury history.
- Medical/surgical history.
- Chief complaint at this time.
- Functional status-patient perceived.
- Current activity level if any and current conditions preventing desired activity level.
- Any vitamins/minerals/supplements being used, any over the counter (OTC) treatments being taken should be noted as well as prescriptive medications.
- Patient's name and file number should be noted on each page of documentation.

- Dates and type of therapy contact should be listed.
- Using abbreviations when documenting is acceptable, as long as the abbreviations used are used consistently and their usage is commonplace.

There are a number of reasons for documenting services and patient's records:

- Documentation provides the rationale for the therapy services you are providing and should show the link between services provided and desired patient outcome.
- Provide the reader of the documentation with the rationale and reasoning behind your decisions.
- Documentation will communicate to other providers medical and other information regarding the patient from your perspective as the patient's rehabilitation provider.
- The file and the documentation should create a clean chronological record of the patient and their interactions with the provider.

The AT should document all services provided within the format and method established by the practice setting, the agency, and any external accreditation agencies and/or by payors. All ATs should maintain a permanent patient record for each case. This permanent file should be kept in a professional and legal manner. It needs to be organized, clear and concise, accurate, complete and most importantly legible. Whenever you document or work with patient's files confidentiality laws and HIPAA standards must be maintained.

What Do Payors Want and Why?

Payors may require documentation that services are consistent and in line with the benefits provided by the insurance contract. The documented medical record may serve as a legal tool to verify that care billed for was provided. Payors may request information on the site of service, the medical necessity and appropriateness of the diagnostic or therapeutic care provided. They may also demand documentation that services provided were accurately reported and provided. ATs must be truthful and as accurate as possible in their documentation and medical record keeping. This is especially true when it comes to billing for and receiving reimbursement from any federal or state agencies. Proper and complete documentation will increase reimbursement and quicken the claims process.

Guidelines For Medical Record Documentation

Guidelines for medical record documentation are listed below; these guidelines are appropriate for most therapeutic and medical settings. The specific documentation for services may vary depending on type of service or rehabilitation performed the site of service and the overall condition of the patient. These general guidelines may be modified depending on circumstances:

1. The medical record should be legible and complete. (Numerous third party payors report that illegible documentation is one major issue in slowing claims processing).
2. Each patient's documented record should include:
 - The reason for this encounter and any relevant history, any physical examinations and findings, any prior test results.
 - The diagnosis, assessment and clinical impressions.
 - The plan of care and treatment.
 - Date of service and clear identity of the provider.
 - The rationale for ordering any testing or diagnostic procedures should be documented.
 - Current as well as past diagnoses should be accessible to the treating or consulting provider.
 - Health risk factors should be identified and noted.
 - The patient's response to treatment, notes on any changes in treatment, the patient's progress or lack of and any revisions in diagnosis should also be documented.
 - The CPT, ICD 9-CM and HCPCS codes listed and billed to third party payors on the claim form should be supported by the documentation contained in the medical record.

Coding

Documentation and the patients' file should be accurate and maintained in a timely and concise manner. The documentation and patient's file is what professional coders and billing personal will use to correctly bill for the services you've provided. ICD-9-CM was re-designated in 2001, from its original version in 1979, as the official system for assigning codes to diagnoses for inpatient, and outpatient care. The National Center for Health Services (NCHS) and CMS are the U.S. Department of Health and Human Services agencies that are responsible for overseeing the ICD-9-CM system. This system was adopted and is now used by private insurance carriers.

- The appropriate codes from 001.0 through V82.9 must be used to identify diagnoses, symptoms, problems, complaints or any other reason for the patient's therapy visit.
- Accurate and complete documentation is necessary for the correct ICD-9-CM code to be assigned.
- Codes 001.0 through 999.9 are used to describe reasons for the therapy visit.
 - *These codes are from the classification of injuries and diseases in the ICD-9-CM.*
- Codes 780.0-799.9 describe signs and symptoms and ill-defined conditions these would be utilized when a physician has confirmed no definitive diagnosis.
- Though extensive they do not contain all codes for symptoms.
- V codes are used when patient encounters are for reasons other than because of an injury or illness. V01.0-V82.9

- For patients receiving rehabilitative services only, during a treatment, sequence the diagnoses listed in the medical record. First you would list the ICD-9-CM code for the primary diagnosis responsible for the outpatient services provided during that visit. Then you would list any additional diagnoses that describe comorbidities or conditions that were treated or medically managed or that may have influenced the patient's treatment or services provided.
- E-codes describe the external causes of injury, poisoning or other adverse reactions. E-codes are descriptors and while not affecting reimbursement amounts can expedite claims processing. Using E-codes gives the claim processors a more complete picture of what happened and where the injury occurred.
- You can use more than one code when filing a claim, sometimes more is better as the claims department then understands more about the case.
- CPT codes are the procedure codes, what treatment or physical medicine activity did you perform. These are the codes used for payment; the CPT codes are the codes that third party payors reimburse by.

You should always consult your professional coder/biller for further clarification of coding and billing issues. You will also wish to consult with your compliance officer for any clarification you might need regarding documentation and record keeping. Please note, effective October 1, 2013, ICD-10 will be used in the United States.

APPENDIX D

Sample Letters

AT Sample Letter to Insurers

Date

Individual Name

Insurance Company

Address

Dear _____;

I am a policyholder with _____(*Insurance Company*)_____ and I am also a Certified Athletic Trainer (AT) and licensed by the State of Illinois. I am writing to you requesting that Athletic Trainers be added to your company's list of approved providers. Certified Athletic Trainers are recognized by the American Medical Association as Allied Health Care Professionals and have been granted Correct Procedural Terminology (CPT) codes that are specific to this field. These codes are 97005 Athletic Training Evaluation and 97006 Athletic Training Re-evaluation. In addition, we are authorized to use physical medicine (97000 series) and rehabilitation codes among others. The services we provide to people include, but are not limited to, emergency care, rehabilitation, injury prevention, and case management. We are licensed in this State to provide this type of care. Individuals are referred to us from other health care professionals that are currently on your provider list. It is only right that Licensed Athletic Trainers be offered similar compensatory privileges as those who refer clients to us.

I strongly request that AT services be reimbursed. Reimbursing ATs will make a very cost effective allied health care provider available to my patients. Of major significance, ATs can provide your customers with outstanding return to normal function in a short period of time utilizing a specific and cost -effective plan of care. Many insurance companies are already taking advantage of AT services and are extremely satisfied with the patient outcomes and cost containment. As a health care professional and a policyholder, I feel it is appropriate that I have the opportunity to receive reimbursement for the care I provide in the same manner as would happen if I sought care from another provider. I welcome your questions and am grateful for your attention to my request.

Additional information can be obtained from the National Athletic Trainers Association at 1-800-TRY-NATA or www.nata.org. Thank you and I look forward to your response.

Sincerely,

Name

Address

Sample Patient Letter to Insurers

Date

Individual's Name & Title

Insurance Company

Address

Dear _____;

I am a policyholder with _____ (*Insurance Company*) and I am writing to you requesting your company include Certified Athletic Trainers (AT) as approved providers under your health care plans. Family members of mine regularly seek medical care from Athletic Trainers and are referred to them for much of their care. It is proper therefore that these health care professionals be reimbursed for their services.

Licensed Athletic Trainers deliver expert medical attention from emergency care to rehabilitation to injury prevention. They are recognized as allied health care professionals by the American Medical Association and have been granted Correct Procedural Terminology (CPT) codes specific to their field. They are authorized to use physical medicine (97000 series) and rehabilitation codes among others. I have family members who are student athletes that are regularly referred to Athletic Trainers for much of their health care needs. As such, I feel it is right that these professionals be granted the same consideration as any other provider under your plans and be allowed to bill for their services and receive suitable reimbursement for the services they deliver.

As a policyholder this is important to me and I strongly urge you to add ATs to your list of approved providers. With the type of medical supervision my family receives from Athletic Trainers, I realize this is appropriate use of my health care dollars.

I strongly request that AT services be reimbursed. Reimbursing ATs will make a very cost-effective allied health care provider available to my patients. Of major significance, ATs can provide your customers with outstanding return to normal function in a short period of time utilizing a specific and cost-effective plan of care. Many insurance companies are already taking advantage of AT services and are extremely satisfied with the patient outcomes and cost containment.

If you have questions, please contact me. Another source for information is the National Athletic Trainers Association at 1-800-TRY-NATA or www.nata.org. Thank you.

Sincerely,

Name

Address

Policy Number

Phone

email

Sample Athlete Letter to Insurers

Name of Athlete

Address

Phone

Email (optional)

Date:

To whom it may concern:

My name is _____. I am an athlete at _____ (location or school/University). I am writing this letter in support of Certified Athletic Trainers (AT) and their efforts to secure third-party reimbursement for the health care services they provide. I believe as well as many other athletes, community members, and allied health care professionals that the AT provides a unique function in provision of health care to the active individual through the prevention, treatment and rehabilitation of musculoskeletal injuries and athletic related illnesses. Certified athletic trainers are allied health care professionals recognized by the American Medical Association. Licensed athletic trainers must meet stringent educational and clinical qualifications in order to pass a national board examination.

I have been very pleased with the medical services I have received from my Certified Athletic Trainer and if it was not for their unique abilities to treat and rehabilitate the active individual, I would not be in the excellent physical condition am in today. I am secure in the knowledge that a health care provider such as the AT is looking out for my health. I feel the AT is the most qualified health care professional to care for my athletic related injuries and illnesses and they should be compensated for the provision of this care. As an individual who relies on sound medical care to perform at the highest level, I feel it is critical that I receive my primary athletic health care from an AT. They have been there for me and without their expertise; I would undoubtedly incur additional health care costs and injuries or illnesses, limiting my abilities as an athlete and as an active member of my community.

I also understand that my insurance premium or my parent's could go down if AT were recognized and utilized by my insurance company. I strongly request that AT services be reimbursed. Reimbursing ATs will make a very cost-effective allied health care provider available to patients. Of major significance, ATs can provide *your* customers with outstanding return to normal function in a short period of time utilizing a specific and cost -effective plan of care. Many insurance companies are already taking advantage of AT services and are extremely satisfied with the patient outcomes and cost containment. Therefore, I support the need for the AT to be incorporated into my health care plan and receive due compensation for the excellent health care they provide to my family members and myself.

Sincerely,

Mary or John Doe Athlete

Sample Physician Letter

DATE

Re: Licensed Athletic Trainer Insurance Reimbursement

Dear _____:

I am a practicing physician in the State of Illinois. Depending on the diagnosis, many of my patients are in need of structured rehabilitation with a licensed allied health care provider. With a specific diagnosis, the physician depends upon a licensed allied health care providers to provide the patient with pre- and post-operative therapy and a return to normal function. As a practicing physician in Illinois, I would like to mention the importance of utilizing athletic trainers (AT). Recent changes to the Illinois Medical Practice Act have included the AT as a recognized provider of rehabilitation services that includes the athletic and/or recreational population and the industrial patient. The AT has extensive knowledge in anatomy and physiology, rehabilitation, nutrition, ergonomics, and counseling techniques, which makes this allied health professional invaluable to my practice. Recognized by the American Medical Association, the AT is an important part of the allied health care arena providing the physician with unique skills in assessment and management of athletic, recreational, and occupational injuries.

Licensed Athletic Trainers can provide my patients with a number of prescribed rehabilitation techniques. With nearly 20 physical medicine codes available for ATs, a few of the commonly used treatment codes utilized by physicians on the AT referral form include modalities, therapeutic exercises, functional training, gait training, and orthotics/bracing. With respect to the use of Physical Medicine Codes (CPT), the Physical Medicine Codes are not "therapy" specific and consequently ATs are able to utilize these CPT codes. As a matter of fact, ATs have their own evaluation and re-evaluation codes (97005 and 97006 respectively). Not only do ATs have a great breadth of knowledge and experience in assessment, managing, and rehabilitating athletic, recreational, and occupational injuries, they are readily available to my patients in a variety of settings. One setting by which the physician can utilize the AT is that of the physician extender role. Hospital, clinics, college/universities, corporations, and professional sports teams also employ licensed athletic trainers. The combination of ATs' education, training, experiences, and availability to patients make them extremely valuable and a very cost-effective means to treat patients. Due to the ATs' vast experience and education in dealing with rehabilitation techniques to assist a safe and rapid return to normal function, I am encouraging my patients to take advantage of AT services in all the settings.

I strongly request that AT services be reimbursed. Reimbursing ATs will make a very cost-effective allied health care provider available to my patients. Of major significance, ATs can provide your customers with outstanding return to normal function in a short period of time utilizing a specific and cost -effective plan of care. Many insurance companies are already taking advantage of AT services and are extremely satisfied with the patient outcomes and cost containment.

Sincerely,

_____, MD

Sample Appeal Letter

DATE

COMPANY
ADDRESS
CITY, STATE ZIP

To Whom It May Concern:

We are contacting you upon receiving a denial for a request of insurance reimbursement for physical medicine and rehabilitation by a licensed, certified athletic trainer. Specific information is available as needed, but (at this point) our request is specific to the *GROUP NAME, GROUP NUMBER*. Upon the request for patient benefits, we were informed that rehabilitation of the patient's injury needed to be provided by a licensed physical therapist (LPT) only. We feel this policy not only denies the patient's right to access appropriate medical care, but also discriminates against a duly licensed health care provider (AT) and the patient's physician; the Illinois insurance code ILCS 215 5/ states that a non-institutional provider may not be unfairly discriminated against by an insurance provider. This is inconsistent with modern medical practice and overrides the physician's freedom to choose appropriate providers. Treatment by a certified athletic trainer was requested by both this particular patient and the overseeing physician. We are thus requesting a change to your policy, and that a licensed, certified athletic trainer be recognized as a healthcare provider and reimbursed for the services rendered.

Illinois Compiled Statutes (225 ILCS 5/) recognizes AT's as healthcare providers to practice athletic training as defined in the Illinois Athletic Trainers Practice Act. The scope of practice includes physical reconditioning of injuries as directed by a licensed physician and more specifically the practice act allows for the evaluation and rehabilitation of injuries. Additionally, the athletic trainer is authorized to utilize modalities such as heat, light, sound, cold, electricity, exercise, or mechanical devices related to care and reconditioning. <http://ilga.gov/legislation/ilcs3.asp?ActID=1291&ChapterID=24>. The CPT codes, 97005: Athletic training evaluation and 97006: Athletic training re-evaluation, for athletic training services are recognized and available for use. The CPT code, 97110 for therapeutic exercise will also be utilized. The physician's orders will be carried out by a licensed athletic trainer and under that physician's directions.

We are requesting that the section of your group policy stating that "physical therapy must be provided by a licensed physical therapist only", be changed to "allow physical medicine and rehabilitation" so that a Certified Athletic Trainer may evaluate and treat the individual as so directed by the physician. If you have any further questions, please contact me. Thank you for considering this request and for your assistance in assisting our patients and your customers.

Sincerely,

NAME

APPENDIX E

Database to Track Insurance Acceptance/Denial

APPENDIX F

Example of Telephone Script to Verify Coverage of Benefits for Athletic Training Services

**Script requesting Physical Medicine and Rehabilitation provided
By a Licensed Athletic Trainer in the clinical setting**

Hello, my name is _____ from _____.
I am calling to verify if a patient's plan (group) will cover physical medicine and rehabilitation services provided by a licensed athletic trainer.

(Provider, person on the other end, generally will ask for: patient's ID number (and name), date of birth and the federal tax ID number for your business)

Patient Insurance ID No.: _____ Name: _____

DOB: _____ Organization Tax ID No.: _____

Provider will come back with one of two answers:

1. No, this is not covered under the patient's current plan, or
2. Yes, the patient's plan does cover physical medicine and rehabilitation services provided by a Licensed Athletic Trainer (other verbiage: Certified Athletic Trainer or Athletic Trainer)

Please record the following information:

Person with whom you are speaking and position/title: _____

Time and date of call: _____

If the answer is No:

Any rationale for denial of services:

Is it possible to receive written explanation:

Name and phone number of supervisor:

If the answer is Yes:

Length of benefit (visits per year, per diagnosis or dollar amount?):

Any other necessary information:

When the answer is no ask to speak with a supervisor and explain to the supervisor that athletic trainers are licensed in the State of Illinois to provide physical medicine and rehabilitation. This allows licensed athletic trainers to provide physical medicine and rehabilitation services under the direction of a physician.

Depending on the answer...which is usually that the plan only allows for physical medicine and rehabilitation to be administered by a physician, physical, occupational or speech therapist. Ask for any information in writing that provides explanation of denial regarding this provision. We ask them to please pass along our concerns to someone that can address them as we will advise the policy holder (**and physician requesting the services**) that their request for services provided by an athletic trainer has been denied as a result of _____ (i.e., not covered under the current plan or other reason for denial.)

Return this information to a IL COR member (**Person(s) remain TBD**)

APPENDIX G

Example of Physician Script including Athletic Training

Please consider adapting this example script as needed for your facility.

All specialties fall under “Physical Medicine and Rehabilitation”
as in accordance with the CPT Guidelines.

ACME Therapy Services Prescription

Therapy Services Registration Center

(888) 555-1234

FAX (888) 555-1234

- Main Office
(888) 555-1234 FAX (888) 555-1234
- Physical Therapy Department
(888) 555-1234 FAX (888) 555-1234
- Occupational Therapy Department
(888) 555-1234 FAX (888) 555-1234
- Sports Medicine Department
(888) 555-1234 FAX (888) 555-1234
- Speech Therapy Department
(888) 555-1234 FAX (888) 555-1234
- Inpatient Therapy
(888) 555-1234 FAX (888) 555-1234

Patient Name _____

Clinic # _____

Patient's Phone (_____) _____

DIAGNOSIS _____

Athletic Training / Sports Medicine Evaluation and Treatment

Occupational Therapy Evaluation and Treatment

Physical Therapy Evaluation and Treatment

Speech Therapy Evaluation and Treatment

Other _____

Treatment / Comments _____

Referring Provider's Signature _____

Print Referring Provider's Name _____

Date ____/____/____

Thank you for this referral.

APPENDIX H

Frequently Asked Questions

Q. Do athletic trainers have provider numbers?

A. Yes, athletic trainers will use the National Provider Identifier issued by the federal government. In order to apply for an NPI visit <https://nppes.cms.hhs.gov/>. There is no cost, and you'll need one to practice in this setting.

Q. What efforts are being made to obtain Medicare recognition for athletic trainers?

A. NATA and the Council on Revenue are working diligently to accomplish this. Currently Medicare states that for athletic trainers to receive recognition and payment from Medicare a change in federal law (statute) needs to take place. A change in the statutes can only be accomplished through Congressional action. NATA hired a full-time Washington D.C. lobbyist in June of 2004, and has a full-time federal legislative manager on staff. The NATA team's primary goal is to gain Medicare recognition of athletic trainers as "covered providers."

Q. Which commercial insurance companies currently reimburse athletic trainers?

A. This varies from state to state and company to company. A company may reimburse in one state and not in another because of state laws/regulations or practice patterns. It may also vary from setting to setting. You should check with your state association or directly with the insurance company for information.

Q. Whose provider number can be used for billing?

A. See previous question/answer 1. Additionally in some instances an AT may be able to bill under the physicians number when working as a "physician extender." "Incident to" is the term used for this type of billing. Athletic trainers may also bill under a facility's number.

Q. Are Athletic Trainers able to bill under the physical therapy evaluation/re-evaluation codes, codes 97001 and 97002?

A. No. Athletic Training has been issued its own evaluation/re-evaluation codes by the American Medical Association (AMA). Athletic Training evaluation and re-evaluation codes should be used. Athletic training evaluation code is 97005 and the re-evaluation code is 97006.

Q. Can reimbursement language be written into state athletic training legislation?

A. Yes, the Georgia legislature in 1999 passed athletic training legislation that includes a reimbursement mandate. Other states have passed legislation against practice discrimination. Check with your state committee on revenue or your state government affairs committee representative for the most up to date information regarding your state's legislation. (The NATA Web site has a link to a directory of District and State Representatives for Revenue: www.nata.org/sites/default/files/CORstateContacts.pdf.)

Q. What CPT codes can athletic trainers use to bill third party payors? A.

Athletic Trainers would normally bill using the physical medicine and rehabilitation codes, series 97000, found in the CPT manual. There is a list of frequently used codes by athletic trainers on the Reimbursement Tools page on the Website.

Q. How are athletic trainers different from other allied health care professionals? Why are they unique?

A. Athletic trainers are experienced physical medicine and rehabilitation health care providers. An athletic trainer's approaches to treatment and rehabilitation ensure their rapid and safe return to pre-injury level of function; these are a generally higher level than basic activities of daily living (ADLs). Athletic trainers are also known for their skills in injury prevention. This expertise has a tremendous positive value and may reduce expenditures of health care dollars.

Q. What type of education is required to become an athletic trainer?

A. Students of athletic training study a wide range of topics including human anatomy, exercise physiology, biomechanics, emergency care, injury/illness prevention, nutrition, psychology, pathology, pharmacology and administration. To obtain certification by the Board of Certification Inc., athletic trainers must pass a national exam after graduation from a bachelor's or master's program in athletic training. To maintain the BOC Credential, athletic trainers must complete 75 continuing education units every three years.

Q. Are athletic trainers regulated in this state?

A. Yes, Illinois maintains a licensure practice act in order to practice as an athletic trainer. In general, most states have either a licensure law or a practice act statute in force. To check other states visit <http://www.nata.org/legistators/map.htm>; 47 states have either licensure laws or regulations in place for athletic trainers.

Q. How much are we able to charge or bill for athletic training services? A.

There are no national fee schedules set for the evaluation codes athletic trainers would use. We suggest you use either UCR (usual customary and reasonable) fee rates based on what physical therapists are charging for their services using similar codes. Currently RBRVS (Resource Based Relative Value Scale, developed and maintained by CMS/Medicare) sets the rates that most insurance/managed care organizations and other payors use. However RBRVS does not set any rates for AT evaluation/re-evaluation codes because Medicare does not reimburse for those codes. You can check online for RBRVS rates for similar physical therapy codes and use those figures as a starting point. A link to RBRVS and other Medicare provider fee information can be found at <http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria/asp>

Q. If I billed am I guaranteed payment?

A. No, billing for services even with preauthorization does not guarantee payment.

Q. How do I know which claim form is required?

A. Ask the carrier you are seeking reimbursement from. Most third party payors will accept and use the CMS 1500 claim form, available on the web and through distribution centers.

Q. Do I need a prescription to bill for services?

A. In most cases you may. It really depends on your states licensure/practice act, who and how patients are to be referred to you and the insurance carrier. In Illinois, yes, a physician's prescription is required to bill for services.

Q. What recourse do I have if the third party payor refuses to pay for my services?

A. You have a number of means and ways to try and overrule a denied claim for payment. Most importantly find out specifically why they are denying payment. In some cases the carrier does not recognize that athletic trainers are allied health care professionals. Educating the carrier may rectify that issue. The Reimbursement Manual has a number of techniques you can use to challenge a denial. You can also contact your state or regional Council on Revenue representative for assistance. You also may contact the Patty Ellis at NATA. She is the National Manager for Markets and Revenue. She can be reached via e-mail at PattyE@nata.org or by phone at 1-800-879-6282 ext. 133 or (972) 532-8833.

Q. Can I bill for AT services?

A. Yes, at this time we do not know of any reason why you should not bill a third party payor except Medicare. Always check your state practice act or licensure law for state specifics and limitations.

Q. Can I accept cash for AT services?

A. Yes. If the patient pays in cash they can then submit the bill to their insurance company for reimbursement.

Q. I work in a Secondary School setting. Does reimbursement affect me? **A.**

Yes, you may have opportunities to be reimbursed for AT services. For more information regarding how reimbursement affects us all, view the presentation at: <http://www.nata.org/athletic-training/job-settings/secondary-schools-setting>. What affects one AT generally affects us all, so if we are denied reimbursement that is disrespectful to our training and profession.

Q. I have been told that athletic trainers cannot treat patients in a clinical setting. Is this true?

A. Not true in most cases. Refer to the NATA Role Delineation document posted

on the NATA web site. Also refer to your state practice and licensure laws.

Q. I do not wish to pursue reimbursement for my services, do I have to?

A. No, absolutely not.

Q. Other health care professionals are upset that we are seeking reimbursement for services, why?

A. We believe it is mainly due to unfounded fear. Fear that we will become competitors for jobs in the health care industry and take revenue away from other professionals. It may also be from misinformation and lack of knowledge of the qualifications, skills and abilities of ATs. A lot of our peers in other professions do not know about how the profession has evolved in its training and education. Others simply may not understand the vital role ATs play in the U.S. health care system. It's our job to educate them—whether it is insurance companies, physicians, other health care professionals or members of Congress.

APPENDIX I

Helpful Links & Resources

References

References

Illinois Athletic Trainers Association

www.illinoisathletictrainers.org

Connecticut Athletic Trainers Association

www.ctathletictrainers.org

Wisconsin Athletic Trainers Association

www.watainc.org

Legislative Toolkit

<http://www.nata.org/sites/default/files/legislative-toolkit.pdf>

National Athletic Trainers Association

www.nata.org

National Plan and Provider Enumeration System (NPI Number)

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

NATA: Strategies for Approaching Insurers

<http://www.nata.org/sites/default/files/StrategiesForApproachingInsurers.pdf>

American Medical Association. CPT Codes 2000 and 2001.

Fearon, Helene M. Reimbursement for Rehabilitation Services PT 11/4/00

Milton, Johnston. *Third Party Reimbursement, Cliff Notes Version.*

<http://www.nata.org/sites/default/files/third-party-reimbursement-cliff-notes.pdf>

Recommendations for Reimbursement Strategies. WATA Reimbursement Committee.

http://www.watainc.org/legislative/reimb_docs/reimb_strategies.html

Reimbursement Checklist. Borrowed from WATA Reimbursement Committee.

http://www.watainc.org/legislative/reimb_docs/checklist.pdf

Connecticut Athletic Trainers Association

http://www.ctathletictrainers.org/userfiles/file/Reimbursement_Guidelines%5B1%5D.pdf

The Resource. Newsletter of the SOA/APTA