

# Third Party Reimbursement for Services Provided by Athletic Trainers in the Collegiate Setting

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# Disclosures

President/CEO

The Clark Group Associates, Inc.

Consulting Clients:

National Associations



State Associations



University Sports Medicine Programs



# Billing Sports Medicine Services

## Learning Objectives

By the end of this presentation, the participant will be able to:

1. Explain the difference between AT billing autonomously, and billing under the supervision/NPI number of another provider.
2. Point out co-pay, deductible and co-insurance issues raised by insurance contracts and the Office of the Inspector General (OIG).
3. Classify what are appropriate medically necessary services to bill insurance carriers.

# Billing Sports Medicine Services Considerations

- ❖ University health care policies for student-athletes;
- ❖ Licensure/scope of practice of health care professionals;
- ❖ Health care provider designated as billing authority;
- ❖ Determination of the sports medicine services to be billed;
- ❖ Documentation meet insurance standards;
- ❖ Meeting insurance In-Network/Out-of-Network standards;

**“I am no longer young enough to know everything.”**

Oscar Wilde  
Irish dramatist, novelist, & poet (1854 - 1900)





# NCAA Division I Student-Athlete Insurance Coverage



- ❖ [http://www.ncaa.org/sites/default/files/2016DI-SA-Insurance-Survey\\_20160525.pdf](http://www.ncaa.org/sites/default/files/2016DI-SA-Insurance-Survey_20160525.pdf)
- ❖ NCAA bylaws - SA insurance coverage to \$90,000 (\$75,000 Group Basic Accident Medical Program)
  - Policies can be provided:
    - through the school
    - parent or guardian's policy
    - policy that student-athletes acquire themselves
- ❖ NCAA Catastrophic injury policy - up to \$20 million lifetime benefits
  - medical expenses, monthly disability cash payments, funds to modify homes to accommodate wheelchairs, etc

# NCAA Division I Student-Athlete Insurance Coverage



- ❖ 86% of institutions - SA do not have out-of-pocket expenses for athletics injury
- ❖ out-of-pocket expenses vary among institution and can be dependent on if they have a scholarship
  - out-of-pocket expenses for prescriptions or when they sought a second opinion for an injury.
- ❖ 93% athletics departments manage insurance programs
  - Athletic training staff 77%
  - Dedicated insurance coordinator 37%
  - Athletics administrator 25%
  - Other 7%
- ❖ 6% of institutions require SA to provide own coverage



# NCAA Division I Student-Athlete Insurance Coverage



- ❖ 44% do not provide coverage for illnesses, injuries or other medical costs not related to athletics
- ❖ 31% cover costs incurred after students leave school or exhaust their eligibility if the costs were due to an athletics injury while they were SA

# NCAA Division II Student-Athlete Insurance Coverage

- [Division II Student-Athlete Insurance Survey - Executive Summary](#)
- ❖ NCAA bylaws - SA insurance coverage to \$90,000 (\$75,000 Group Basic Accident Medical Program).
  - Applies to SA participating in covered event in an intercollegiate sport.
  - Applies to prospective SA participating in the covered event who has graduated from high school and signed an irrevocable commitment to participate in an intercollegiate sport at the institution.
- ❖ Sources for coverage:
  - Parents' or guardians' insurance coverage.
  - Participant's personal insurance coverage.
  - Institution's insurance program.



# NCAA Division II Student-Athlete Insurance Coverage

- ❖ 86% of institutions require SA to have primary insurance coverage
  - Considered best practice for institution control costs and cause the NCAA programs to pay on a secondary basis;
  - Stabilizes institution-purchased secondary insurance coverage;
  - 42% of DII institutions provide insurance if the SA does not have primary coverage.
- ❖ 42% of DII institutions provide insurance if SA does not have primary coverage
- ❖ 64% purchase accident insurance policy
  - Of those, 85% pay a premium between \$25,000 and \$200,000
- ❖ 21% require SA to provide their own coverage





# NCAA Division II Student-Athlete Insurance Coverage



- ❖ International SA frequently secure medical coverage, including athletic-related, from institution-wide insurance programs offered to entire student body;
- ❖ 51% pay 100% of the costs for athletically-related injuries if a SA does not have primary insurance coverage;
- ❖ The costs paid out-of-pocket by institutions varies from \$0 to \$200,000;
- ❖ 42% SA have no out-of-pocket expenses for an athletics injury (deductibles and co-pays, prescriptions, costs above "reasonable and customary").

# NCAA Division III Student-Athlete Insurance Coverage

**No Division III insurance survey conducted at this time**



- ❖ NCAA bylaws - SA insurance coverage to \$90,000 (\$75,000 Group Basic Accident Medical Program).
  - Applies to SA participating in covered event in an intercollegiate sport.
  - Applies to prospective SA participating in the covered event who has graduated from high school and signed an irrevocable commitment to participate in an intercollegiate sport at the institution.
  
- ❖ Sources for coverage:
  - Parents' or guardians' insurance coverage.
  - Participant's personal insurance coverage.
  - Institution's insurance program.



# NAIA Student-Athlete Insurance Coverage

**NAIA member institutions are required to participate in the NAIA's catastrophic injury insurance as a condition of membership.**



- ❖ NAIA Catastrophic injury policy:
  - \$25,000 deductible per accident
  - \$5,000,000 aggregate limit per accident



**NJCAA – could not find documentation of SA insurance coverage policies**



# Billing Sports Medicine Services

## Autonomous billing vs “incident-to” billing

- ❖ AT autonomous billing - AT billing as a stand along provider under their own NPI#;
  - Same procedure a physician or PT uses;
  - Dependent upon state AT Practice Act & recognition of ATs by insurance business community;
- ❖ “Incident-to” billing - performing services that the AT is allowed by law, regulation, and facility policy to perform, under the supervision of a physician or other qualified health care professional, and is billed under said professional’s NPI;

# Billing Sports Medicine Services

## Autonomous billing vs “incident-to” billing

- ❖ AT autonomous billing - preferred methodology
  - Recognition as Qualified Health Care Professional
  - Gives professional recognition and freedom
  
- ❖ Legal in majority of state practice acts
  - Kentucky and South Dakota are exceptions
  
- ❖ Business issues
  - Majority of states insurance companies do not recognize AT as QHCP in their plans
  - Exceptions:
    - IN
    - WI
    - VT
    - MO
    - GA



# Billing Sports Medicine Services

## Autonomous billing vs “incident-to” billing

- ❖ “Incident-to” billing - Medicare sets standards in industry
- ❖ Minority do not follow Medicare policy concerning “incident to” billing;
- ❖ Compliance is ensured if Medicare guidelines are followed;
- ❖ NATA recommends that the ATs should align with Medicare’s policies and processes when billing services under supervision of the physician
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf>

# Billing Sports Medicine Services

## Medically Necessary

- ❖ Insurers definition of Medically Necessary – *“Health care services that a Physician, or other Qualified Health Care Professional, exercising prudent clinical judgment, would provide to an athlete for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms”;*
- ❖ Insurance companies policies pay for medically necessary treatment and procedures included in the beneficiaries contract;
- ❖ Policy benefits do not include prevention, education and maintenance care;

# Billing Sports Medicine Services

## Medically Necessary

- ❖ Medically necessary sports medicine examples:
  - Surgical intervention;
  - Minimum of five (5) days of lost time from practice and/or games;
    - examples include, but not limited to, second and third-degree sprain/strain/contusions, fractures, dislocations, spinal injuries
  - PPEs;
  - Medical procedures such as sutures, casting, IV administration;
  - DEXA scans performed for Medical Necessity;
  - Durable Medical Equipment – injury/rehab – not prevention;
  
- ❖ Recognized that coverage is governed by terms of applicable Insured Plan Documents.

# Billing Sports Medicine Services

## Medically Necessary

- ❖ Presenters experience - multiple sports medicine program injury surveillance assessments:
  - 20 – 25% of treatments completed in ATR meet medical necessity definition for billing
  - Billing non-medical necessary treatment could be reimbursed on short term – **bad for AT profession long term.**

*We do not have to change,  
because staying in business  
is not mandatory.*

W. Edwards Deming



# Billing Sports Medicine Services

## Documentation

- ❖ Specific orders for AT physical rehabilitation treatment of each SA injury – standing orders will not do;
- ❖ SA treated by licensed AT for billable services;
- ❖ Billable services must meet CPT coding guidelines for service and time;
  - Service description and time of treatment should be documented each session;
- ❖ Plan of Care by AT and signed by referring physician;

# Billing Sports Medicine Services

## Documentation

- ❖ Documentation of evaluation and treatment:
  - Subjective – chief complaint, why athlete is being treated,
  - Objective – the facts (repeatable and trackable),
  - Assessment – the “diagnosis” or status,
  - Plan – what will be done to treat;
    - Includes S.M.A.R.T. goals:
      - Specific
      - Measurable
      - Achievable
      - Realistic
      - Timely

# Billing Sports Medicine Services Documentation

- ❖ Appropriate documentation takes time/resources;
- ❖ Professional documentation should be done regardless of billing services or not;
- ❖ Policies entire staff should follow:
  - Injury type;
  - Injury severity;
  - Injury loss of time;
  - Surgical intervention;
  - Treatment description/listing;
  - Length of time per treatment;
  - Who delivered treatment;

# Billing Sports Medicine Services

## Documentation

- ❖ EMR resources – evaluate and assess for AT efficiency and ease of use, cost, and institution IT Security policies:
  - Athletic Trainer System (ATS)
  - Cerner
  - eClinical
  - Epic
  - Mediat
  - NExTT
  - Point'Click
  - Presagia
  - SportsWare
  
- ❖ EMR that meets HIPAA is medical standard – AT must join the game regardless of billing!

# Billing Sports Medicine Services

## Co-pay/deductible/co-insurance

- ❖ Professionals or groups contracted or credentialed as preferred providers(In-Network) with insurance providers must follow insurance contract;
  - These contracts almost universally contain language that require preferred provider to collect co-pay, deductible and/or co-insurance from insured.
  - It is considered fraudulent billing to “write-off” (not collect) said contracted amounts.
  - There are circumstances when fees may be waived:
    - Hardship Waiver – owner of policy
    - NCAA Student Assistance Fund (NCAA DI schools)
    - University Student Health Fee – Dependent upon state



# Billing Sports Medicine Services

## Co-pay/deductible/co-insurance

- ❖ Professionals or groups **NOT** contracted as preferred providers(Out-of-Network) with insurance providers:
  - “tortious interference” - where a person or entity intentionally interferes with a contract between two other parties;
    - When an out-of-network provider waives a patient’s financial responsibility, insurers have argued that the provider is in essence trying to steer the patient away from in-network services, and thus “tortuously interfering” with the coverage agreement between the insurer and the patient.

# Billing Sports Medicine Services

## Co-pay/deductible/co-insurance

- ❖ State Insurance Fraud Laws - Most states prohibit the submission of claims to an insurer that contain “false” or “misleading” information;
  - Provider submits a claim to an insurer, the provider is stating that it is charging “\$X” for the service;
  - Pursuant to the terms of the insurance policy, the insurer has agreed to pay a certain percentage of “\$X”, with the patient being left responsible for the remaining balance;
  - By waiving a patient’s balance, the waiver may be viewed as causing the initial submission to the insurer to be “false”;
  - Insurers have claimed that because the provider never intended to collect the percentage owed by the patient, “\$X” was not the provider’s “real” or “truthful” charge for the service.

# Billing Sports Medicine Services

## Co-pay/deductible/co-insurance

- ❖ Common Law Fraud - States also have prohibitions against general common law fraud - generally requires that:
  - a misrepresentation was made,
  - the party which made the misrepresentation knew or should have known that it was false,
  - the misrepresentation was made with the intent that it be relied and acted upon, and
  - the misrepresentation was actually relied upon by another party to that party's detriment.
  
- ❖ Waiving a patient's financial responsibility while submitting a claim to an insurer listing the "full" charge could constitute common law fraud.

# Billing Sports Medicine Services

## Do I or Don't I?

**Based upon what your answers are concerning the following – you should be able to make your determination.**

- ❖ University health care policies for student-athletes;
- ❖ Licensure/scope of practice of health care professionals;
- ❖ Health care provider designated as billing authority;
- ❖ Determination of the sports medicine services to be billed;
  - How much revenue can be expected?
- ❖ Documentation meet insurance standards;
  - Will require additional time and resources.
- ❖ Meeting insurance In-Network/Out-of-Network standards;
  - Can this legally be met?

# Revenue Enhancement Opportunities

## Considerations

- ❖ Conducting and billing for pre-participation athletic physicals (PPE)
- ❖ Partnership opportunities with external physical therapy/sports medicine provider – “Select Medical” model
- ❖ Partnership opportunities with local orthopaedic surgery & sports medicine group, or other local health systems



# Resources

## NATA Member Web Site:

- ❖ *Guidance on Billing and Reimbursement for Athletic Trainers*
- ❖ *Billing from Collegiate/Secondary School Setting*
- ❖ *Best Practice Guidelines for Athletic Training Documentation*
- ❖ *Billing 101 Fact Sheet*

## CSMi

**contact at [www.csmisolutions.com](http://www.csmisolutions.com)**

- ❖ *Billing Insurance for Athletic Training Services:  
Waiver of Co-Payments and Other Patient Responsibilities*



*Never tell people how to do things.  
Tell them what to do (what needs  
to be done) and they will surprise  
you with their ingenuity.*

Gen. George S. Patton

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**Thank You for Your Attention!!**

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