

## BILLING FOR SERVICES IN THE ATHLETIC TRAINING ROOM MAY 2018

A number of Athletic Trainers have asked us questions on the issues associated with billing for services through the training room. In order to help with this, in January we hired a consultant to interview industry experts, insurance companies, ATC's who are billing for services, and ATC's who have stopped billing for services. This paper is the first in a series to provide insights on our findings.

### What Level of Documentation is Required?

If you are thinking of billing you need solid documentation. This does not mean a note about each visit. Insurance grade documentation means putting together an athlete and injury specific treatment plan that describes the injury and expected treatment regimen; as each treatment is rendered, it must be linked back to the treatment plan to show progress and changes in condition. Without solid documentation it is likely claims will be rejected and, depending on the carrier, there may even be an audit aimed at recovering prior payments.

### Is Physician Supervision Required?

Did you ever wonder why a doctor always stops by when you visit a hospital? In many cases it may be to meet insurance supervision requirements; it is critical that you are able to use the "incident-to" provisions in insurance coverage, which vary by state. CMS says the following about supervision:

*"Hospital outpatient therapeutic services and supplies must be furnished under the order of a physician or other practitioner practicing within the extent of the Act, the Code of Federal Regulations, and State law. They must be furnished by hospital personnel under the appropriate supervision of a physician or nonphysician practitioner as required in this manual and by 42 CFR 410.27 and 482.12. This does not mean that each occasion of service by a nonphysician need also be the occasion of the actual rendition of a personal professional service by the physician responsible for care of the patient. However, during any course of treatment rendered by auxiliary personnel, the physician must personally see the patient periodically and sufficiently often to assess the course of treatment and the patient's progress and, when necessary, to change the treatment regimen. A hospital service or supply would not be considered incident to a physician's service if the attending physician merely wrote an order for the services or supplies and referred the patient to the hospital without being involved in the management of that course of treatment."* (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R169BP.pdf>, Page 5).

If you do not have regular physician supervision over the course of treatment it is likely that you may run afoul of CMS guidelines leading to an audit or cost recovery actions if services are improperly billed as doctor supervised services. Specific insurance companies may have other requirements. It is important that you confirm with the insurer, doctor and university legal team to make sure that proper supervision is in-place.

## **Are Claims Rejected?**

Insurance rejections are part of the medical billing process. Even with great documentation and solid supervision it is likely that a significant portion of your claims will be rejected the first time they are submitted until you build up a credible track record with carriers.