

A new twist Using certified athletic trainers as physician extenders

A new health care model has evolved that uses certified athletic trainers (ATCs) as physician extenders. ATCs complement the work of other health care professionals such as physician assistants (PAs), nurse practitioners (NPs) and physical therapists.

An ATC is a health care professional with a bachelor's or master's degree who is educated in human anatomy, human physiology, biomechanics, exercise physiology, nutrition, psychology or administration.¹ ATCs become certified by passing an exam given by the National Athletic Trainers' Association Board of Certification. The profession of athletic training is regulated in 41 states, and at least five additional states sought regulation in 2003.²

The American Medical Association has recognized athletic training as an allied health care profession since 1990.³ As licensed health care professionals, ATCs can generate revenue in clinical settings. They are eligible

to use the physical medicine common procedural terminology (CPT) codes (97000 series).⁴

The daily tasks of an ATC physician extender vary widely according to patient load and physician directive. Typically, an ATC may take a patient's medical history, assess the patient and report the findings to the physician. Once the doctor makes a diagnosis, s/he may ask the ATC to arrange further testing, fit crutches or a brace, develop a rehabilitation program, prepare an injection or retrieve test results.

An ATC works directly under the physician, generally without close supervision. While most are commonly employed in sports medicine, orthopedic and musculoskeletal environments, ATCs also work in family medicine, primary care, physiatry, osteopathic and emergency medicine, as well as in military and industrial settings.

ATCs assist in patient education, communication

ATCs can serve as patient educators, having more time to spend with patients than physicians. A recent study showed that ATCs achieve a 98 percent or greater patient satisfaction rating—the same or better than other allied health professionals.⁵

ATCs can provide both obvious and subtle benefits to a medical practice. Because insurers reimburse for their services, ATCs bring revenue to physician practices. For example, a case study conducted in 2002 found that an orthopedic group using one certified athletic trainer in conjunction with two orthopedic surgeons and a physiatrist yielded a 62 percent reimbursement rate for charges billed for CPT code 97110 (therapeutic exercise).⁶ The table on page 28 shows an analysis of payer mix and reimbursement rates. The

By Leanne Holm, MS, ATC/L

about the author

Leanne Holm, MS, ATC/L, physician extender/research associate, OrthoIndy, Indianapolis, lhholm@hotmail.com

The daily tasks of an athletic trainer physician extender vary widely according to patient load and physician directive.



see **Know-How**, next page

MGMA Information Center

For more information on this topic, e-mail ic@mgma.com or call toll-free 877.275.6462, ext. 1887

e-mail us

Does your practice use certified athletic trainers as physician extenders? Tell us at connexion@mgma.com

Know-How from previous page

study demonstrated that an average of 60 percent of billed charges earned reimbursement for CPT code 97116 (orthotic/brace fitting). Furthermore, insurers denied less than 1 percent of charges billed by the ATC. And by freeing some of physicians' time, clinics can handle a higher patient volume, increasing efficiency and revenue.


In another case study, an orthopedic office showed that an ATC physician extender on staff allowed the office to see an additional 12 patients each day.⁷

Cost-effective physician extenders

Salaries for ATCs as physician extenders range from \$37,000-\$49,900 depending on patient care and management duties.⁸ The average salary for an ATC physician extender working in a sports medicine or physician clinic is \$39,750. Benefits typically add 25 percent to 30 percent of the base salary. An initial model financial analysis demonstrates that ATCs can generate approximately 50 percent of the cost of their salary and benefits through third-party reimbursement.⁹

An ATC makes approximately 40 percent to 50 percent less than a PA or NP, whose responsibilities are significantly different based on training and scope of practice. PAs and NPs can work independently of a physician, write prescriptions and provide

surgical assistance, depending on state regulations. ATCs provide services that may complement but not replace those provided by PAs and NPs.

Practices that use ATCs — and other physician extenders — often gain more patient care time for their physicians and more revenue through reimbursement of CPT codes. Certified athletic trainers are flexible, multiskilled workers who can attend to patients in different phases of care and document treatment to ensure the continuum of care and payment of services. 

notes

1. National Athletic Trainers' Association Inc. 2952 Stemmons Freeway, Dallas, TX 75247, 2003.
2. Ibid.
3. Ibid.
4. Albohm MJ, Campbell D, Wilkerson GB: Reimbursement for Athletic Trainers. SLACK Inc. p. 38, 2001.
5. Albohm MJ, Wilkerson GB: An outcomes assessment of care provided by certified athletic trainers. *J of Rehabilitation Outcomes Measurement* 1999; 3(3): 51-56.
6. Albohm MJ: Orthopaedics Indianapolis PC, Indianapolis, 46278, 2003.
7. Greene J: The revenue generation models for athletic training services at the University of Wisconsin Hospital. Madison, WI, 2003.
8. National Athletic Trainers' Association, 2952 Stemmons Freeway, Dallas, TX 75247, 2003 salary survey.
9. Albohm MJ: Orthopaedics Indianapolis PC, Indianapolis, 2003.

Payer mix and reimbursement rates for a certified athletic trainer

Certified athletic trainer with orthopedist and physiatrist; 3 days per week (.6 FTE)

Code billed – 97110: therapeutic exercise

Reimbursement rate = 60% (approximate)

Insurance	Visits	Charges	Payments	Adjustments	Open	% Paid	% Adj	% Open
BCBS	170	\$7,655.05	\$3,508.70	\$2,904.06	\$1,242.29	46%	38%	16%
Work Comp	104	\$4,522.75	\$2,944.56	\$903.19	\$675.00	65%	20%	15%
Medicare	87	\$3,664.10	\$1,764.35	\$1,225.20	\$674.55	48%	34%	18%
Sagamore	68	\$2,829.10	\$1,484.41	\$702.66	\$642.03	52%	25%	23%
Cigna	40	\$1,823.65	\$1,147.10	\$495.99	\$180.56	63%	27%	10%
United Healthcare	33	\$1,320.00	\$576.89	\$495.89	\$247.22	44%	38%	19%
Aetna	29	\$1,269.55	\$969.86	\$199.94	\$99.75	76%	16%	8%
Medicaid	10	\$400.00	\$79.69	\$200.31	\$120.00	20%	50%	30%
All other payers (57)	109	\$4,933.75	\$2,319.35	\$617.04	\$1,997.36	47%	13%	40%
Totals	650	\$28,417.95	\$14,794.91	\$7,774.28	\$5,878.76			
Average per visit		\$43.72	\$22.76	\$11.91	\$9.04			

Source: Orthopaedics Indianapolis PC