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## Third-Party Reimbursement for Athletic Trainers— Not Quite “Living the Dream”



More than 10 years ago, the National Athletic Trainers’ Association (NATA) embarked on an ambitious mission to incorporate evidence-based medicine (EBM) into both educational and clinical environments. In fact, in a 2005 editorial written by Dr. Jay Hertel of the University of Virginia, “Research Training for Clinicians: The Crucial Link between Evidence-Based Practice and Third-Party Reimbursement,” he stressed the need for clinicians to incorporate EBM in their clinical practice in the hope that third-party reimbursement would follow.<sup>1</sup> Hertel stated that “the stark reality is that without documented evidence showing the effectiveness of clinical interventions rendered by [certified athletic trainers], reimbursement is a pipe dream.”

Fast forward to 2017, 12 years later. Are we any further along on the third-party reimbursement front than we were back in 2005? I would argue that no, we are not. I do believe strongly that EBM has made tremendous progress in our educational processes and that students graduating with athletic training degrees (entry-level and/or post-professional) have a much higher level of understanding of EBM than previous generations of athletic trainers. This certainly has led to a greater awareness of the use

of EBM in clinical practice settings and an explosion of peer-reviewed articles appearing in the scientific literature. The latter has undoubtedly been supported by an influx of meta-analyses, systematic reviews, and randomized controlled trials, all of which are on the higher end of sound EBM. Greater awareness and understanding has been welcomed, yet it has not necessarily translated into more revenue and reimbursement for practicing athletic trainers.

Third-party reimbursement is classically defined as reimbursement for services rendered to a person in which an entity other than the receiver of the service is responsible for the payment. Third-party reimbursement for the cost of a subscriber’s health care is commonly paid in full or in part by a health insurance plan, such as Blue Shield or Blue Cross, Medicare, or Medicaid. In today’s health care world, third-party reimbursement is a complex issue and requires significant training and understanding to navigate.

To their credit, the NATA has established an online source for athletic trainers seeking reimbursement.<sup>2</sup> Sports health care professionals can tap into a variety of resources to assist them in the world of reimbursement for athletic training services. The NATA has also been instrumental in pushing its members to secure a National Provider Identifi-

fier (NPI) number, thereby allowing for Health Insurance Portability and Accountability Act standard health care transactions. According to their website, the NATA believes that “an NPI number is a professional requirement that adds credibility to the individual and the profession.” A primary goal of the effort to get members set up with NPI numbers is in support of the association’s reimbursement efforts.

Perhaps the greatest hurdle to reimbursing athletic trainers for services they render is the lack of understanding on the part of insurance companies (third-party payers) as to exactly what services we

render. Reimbursement is regulated by each individual insurance company, with state legislation and laws also playing a role in the process. Although we’ve made great strides advancing our understanding and use of EBM in clinical practice, realizing the dream of reimbursement will remain elusive until a better recognition of the nature of the duties performed by athletic trainers and the services that they provide. I believe that if and when third-party reimbursement is universally accepted, athletic trainers will see a dramatic shift in their working conditions, quality of life, and advancement in salary, each of

which has ranked among the lowest relative to peer health care providers. I can only hope that our “pipe dream” will become a reality before another 12 years pass!

## REFERENCES

1. Hertel, J. Research training for clinicians: the crucial link between evidence-based practice and third-party reimbursement. *J Athl Train*. 2005;40:69-70.
2. Revenue and Reimbursement. National Athletic Trainers’ Association Web site. <https://www.nata.org/practice-patient-care/revenue-reimbursement>. Accessed August 17, 2107.

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