

Athletic Trainers in the Operating Room

NATA's Committee on Practice Advancement shares insight into this growing setting

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Research has thoroughly documented the value an athletic trainer adds to the physician practice. Athletic trainers have utilized similar skills to integrate themselves into the operating room and add value in a similar manner by creating efficiency and indirect revenue, adding consistency in an environment of rotating staff and providers and utilizing their athletic training certification and/or a supplemental credential to bill directly for their services.

How many athletic trainers are working in the operating room?

A survey recently conducted by the Committee on Practice Advancement's (COPA) Physician Practice Workgroup showed that 114 athletic trainers who are NATA members are involved in the operating room, and 20 athletic trainers spend 50 percent or more of their job in the operating room. Of athletic trainers who completed the survey, 25 percent indicated they would like to be involved in the operating room.

What roles can athletic trainers serve in the operating room?

First, operating room skills are not a standardized portion of an entry-level athletic training program. Therefore, athletic trainers must ensure they possess the skills necessary to successfully and safely work in the operating room. While physicians routinely teach surgical skills and preferences to the athletic trainers who work for them, specialized, formal operating room training is a preferred method of learning, such as that instructed through a residency program offered in a physician practice. Certain residency programs offer formalized, didactic training in surgical skills as part of their curriculum and it is important to investigate the educational components of

each program for an athletic trainer interested in gaining operating room skills. Surgical privileges must be approved through hospital credentialing boards, so that the facility can verify the quality of the athletic trainer's surgical skills prior to granting surgical privileges. No matter the method of learning, the facility will verify the athletic trainer's competence in surgical skills prior to granting operating room privileges and taking on liability for the athletic trainer's surgical credential.

Second, athletic trainers must closely research their state practice act to determine which duties they can perform in any practice setting and if any restrictions on their role exist in their state. Also, athletic trainers must consult with their facility's credentialing and human resource departments to understand any restrictions on their role placed by the facility. Then, the athletic trainer and their physician can develop their role and duties.

Athletic trainers can demonstrate value in the operating room without obtaining scrub privileges by adding efficiency and, therefore, indirect revenue to the physician and facility. Duties could include:

- Answering questions for the patient and family in pre-operative holding area
- Coordination of anesthesia team meet and greet with patient and family
- Discussion of post-operative medication options with patient
- Coordination of post-operative services (physical therapy, home health, clinic visits, etc.)
- Ensuring necessary durable medical equipment (DME) in the operating room (boots, braces, slings, etc.)
- Ensuring imaging is loaded in operating room for the physician's reference before and during surgery
- Patient positioning

- Monitoring patient draping
- Ensuring needed surgical equipment and instruments are present in the operating room
- Serving as point of contact for OR staff (nurses, scrub techs, residents, anesthesia)
- Applying DME to patient at the conclusion of the case
- Assisting with room turnover
- Answering post-operative questions for patient and family
- Providing appropriate lines of communication to the clinical team

How can athletic trainers generate indirect revenue in the operating room?

The athletic trainer can generate indirect revenue in the operating room by increasing operating room efficiency. By completing the duties outlined in the box above, athletic trainers perform non-billable operating room services to allow the physician to be involved in surgical procedures for a higher percentage of their block time. This has the possibility of creating downstream revenue by increasing the number of cases that are able to be performed in any given day therefore increasing the work relative value unit (wRVU) for the physician.

Athletic trainers can track the increase in the number of cases the physician can perform during their surgical block time to demonstrate the value the athletic trainer brings to the operating room. By minimizing the time utilized by the physician performing the non-billable tasks above, the athletic trainer helps to maximize the physician's efficiency and generated revenue. Even with the addition of one additional approximately 30-minute case (knee arthroscopy) each week can produce an additional 7.03 work RVU's totally 337.44 wRVU over the course of a 48-week work year for the physician.

CPT Code	Description	wRVU	Commonly allow AS modifier?*
29881	Arthroscopy Knee Partial Meniscectomy	7.03	N
29877	Arthroscopic Knee Chondroplasty	8.30	N
29888	Knee ACL Reconstruction	14.30	Y
29826	Arthroscopic Shoulder Subacromial Decompression	3.00	Y
29827	Arthroscopic Shoulder Rotator Cuff Repair	15.59	Y
29807	Arthroscopic Shoulder SLAP Repair	14.67	N
27792	Lateral Malleolus ORIF	8.75	N
28485	5th Metatarsal (Jones) Fracture ORIF	7.44	Y
27447	Total Knee Arthroplasty	20.72	Y
23472	Total Shoulder Arthroplasty	22.13	Y
27130	Total Hip Arthroplasty	20.72	Y
64721	Carpal Tunnel Release	4.97	N
25607	Distal Radius ORIF	9.56	Y
29860	Arthroscopy Hip, diagnostic	2.62	Y

Do athletic trainers require a supplemental credential to work in the operating room?

No. However, athletic trainers have utilized supplemental credentials, such as OTC, OT-SC, OPA-C and CST, to obtain scrub privileges and become recognized by hospitals and operating room facilities as health care professionals qualified to work in the operating room. Recently, athletic trainers have developed job descriptions to integrate the skills the AT credential encompasses, which are appropriate for the operating room and have obtained operating room privileges under their AT credential. Athletic trainers must consult with their facility to determine whether a supplemental credential is necessary to obtain scrub privileges in the operating room or whether the facility will grant operating room privileges under the AT credential. Duties performed with scrub privileges could include:

- Applying sterile drapes
- Holding sterile equipment
- Suctioning
- Maintaining hemostasis
- Graft and tissue preparation
- Placing and removing hardware
- Wound closure
- Passing sterile equipment

- Billing for Durable Medical Equipment (DME)
- Wound dressing

How can athletic trainers generate direct revenue in the operating room?

Physicians bill for the services performed by athletic trainers in the operating room and insurance companies reimburse for these services at various rates around the country. The addition of an assistant at surgery (AS) modifier to the surgical CPT code would be utilized when seeking reimbursement for the athletic trainer utilized as an assistant in surgery. When an athletic trainer actively assists a physician in performing a surgical procedure and provides more than just ancillary services, the athletic trainer may be eligible for payment as assistant-at-surgery services. If eligible, the payment schedule shall pay the covered athletic trainer at 80 percent of the lesser of the actual charge or 85 percent of the 16 percent that a physician assisting is paid under the Medicare physician fee schedule. Since physicians who assist are paid at 16 percent of the surgical payment, the actual payment that athletic trainers would receive for AS services is 13.6 percent of the amount paid to physicians.

Prior to obtaining reimbursement for AS services, athletic trainers must consult with

their facility's insurance coordinator to determine the appropriate billing codes and modifiers necessary to obtain the highest rate of reimbursement for their services within their institution. In most cases, if a physician and facility that are planning to bill for athletic trainers in the operating room, language must be written into their facility's contracts to be reimbursed for athletic trainers' assistant fees. Additionally, athletic trainers must consult with their physician and insurance coordinator to understand the types of patients, payers and procedures where athletic training services can be billed in the operating room. For example, although reimbursement rates are based on the Medicare physician fee schedule, it is illegal for a physician to bill AS services for an athletic trainer working with any Medicare/Medicaid patient.

The chart above displays common surgeries and their associated CPT codes and wRVUs. Each insurer and facility will have their own policies and procedures regarding billing and reimbursement for the AS modifier, therefore, this list is highly variable. For the most accurate billing and reimbursement rates, consult your institution's billing and coding office and payers in your area. §