



CY 2019 Proposed Rule

In addressing CMS-1693-P: The Athletic Trainers in the Physician Practice Society (ATPPS) will be making comments addressing documentation strategies on history, exam and MDM, identified as unnecessary administrative burden (82 FR 34078 through 34080). Athletic Trainers (ATs) are Health care professionals who render service or treatment, under the direction of or in collaboration with a physician. The AMA recognizes certified athletic trainers as healthcare professionals, as well as, recognizing that accredited educational programming follows the medical model. ATs have been used as part of the care team working in collaboration with and throughout various physician practice settings. Although clinical assessment, diagnosis, and documentation are identified within the core competencies of athletic training education, CMS has yet to recognize athletic trainers as qualified Practitioners. There is significant peer-reviewed evidence demonstrating both physician and patient satisfaction, as well as improved clinical efficiencies and reduced administrative burden, when ATs are incorporated into the clinical patient care team. ATs are qualified to perform, complete, and document identified criteria within E&M guidelines, thus reducing provider's administrative burdens. ATs possess the education, hands-on and didactic learning, board certification, continued education requirements under evidence based practice to be considered as qualified Practitioners through CMS, similar to that of other healthcare colleagues.

1. I.2.a.i: We welcome public comments on the removal of the requirement that medical record must document the medical necessity of the furnishing a visit in the home rather than in the office. (Include any potential, unintended consequences of eliminating this requirement.
 - a. We agree this is a positive step to remove this requirement. We believe it will increasingly allow beneficiaries to receive care by bringing care to the patient. We also believe that this would provide opportunities for developing creative care models, maximizing patient care. With increasing challenges related to patient access, this would provide opportunity for additional regulated healthcare professionals to provide patient care in the future. Such as Certified Athletic Trainers, and other AMA recognized healthcare professionals

2. I.2.a.ii: We are soliciting public comment on whether we should eliminate the manual provision given the changes in the practice of medicine or whether there is concern that eliminating it might have unintended consequences for practitioners and beneficiaries.
 - a. We feel that eliminating the manual provision would be advantageous for providing best patient care. We feel that with the shift to value based team care approaches provided optimal patient care. This becomes extremely evident when considering care for patients in rural or underserved areas. One example would be patient(s) seen by an orthopedic surgeon who may require advanced diagnostics that can be completed by another orthopedic partner. Same day care would eliminate patients burden to return another day for required care

3. I.2.b.i(1): We are soliciting public comment on whether and how guidelines for MDM might be changed in subsequent years
 - a. We agree with and applaud CMS to allow practitioners the choice of documentation for the purposes of coding E/M visit levels. For the option related to documentation on MDM alone, we feel that the changes in the coming years allow for lessening the documentation burden on providers. The documentation of MDM completed by the provider can physically be entered by appropriate healthcare provider(s) and subsequently reviewed by the Practitioners to affirm accuracy. Such as Certified Athletic Trainers, and other AMA recognized healthcare professionals, within their scope of practice.

4. I.2.b.ii: We are seeking comment on whether there may be ways to implement a similar provision for any aspects of medical decision-making, or for new patients, such as when prior data is available to the billing practitioner through an interoperable EHR or other data exchange.
 - a. We believe there needs to be language that information can be entered by appropriate healthcare provider, ATs, who are part of the care team visit, specifically certified athletic trainers. With regards to the new patient visit for History, Exam and MDM elements of the office visit. We feel that the burden for practitioners can be lowered by allow them to focus on what is clinically relevant with diagnosis and plan of care. We also believe that the physical documentation of the providers MDM can and should be completed by appropriate healthcare providers allowing practitioners to exercise greater clinical judgment and discretion on what is relevant to the documentation, related to patient care.