



## Types of Providers

As organizations work with health insurance funders, one of the most critical items to thoroughly understand is how to use the Rendering Provider appropriately on claims.

Contracts and payor policies determine the guidelines for how to submit claims and determine the difference between billing, supervising, and rendering providers.

Find additional information in the other parts to this series:

- Part 1 = Understanding NPI, Tax ID and Taxonomy Codes
- Part 2 = Payor Contracts and the Connection to Rendering Provider
- Part 4 = Details of the 1500 Claim Form
- Part 5 = Billing Scenarios and Potential Denials

## RENDERING PROVIDER

*What is a rendering provider?*

A Rendering Provider is an individual provider who renders services or care to a person/patient. The rendering provider is face to face with the patient in most circumstances.

It is critical to know the Payor Policy for who the Payor wants represented on claims in Box 24J.



## Key Takeaways



The ultimate responsible party for the service being submitted on the claim form to that client is the rendering provider.



Rendering providers must have the required credentialing to provide the services (BCBA credential) and be credentialed with the insurance payor. [See details of ABA Tiered Modeling.](#)



If multiple providers render services on the same day, each provider will need to be billed on separate claim forms. Having multiple NPI's listed in box 24J is not correct billing.



Multiple NPI's listed in box 24J is not correct.



Only one signature is allowed in Box 31 and does not have to be a wet signature.

## BILLING PROVIDER

*What is a billing provider?*

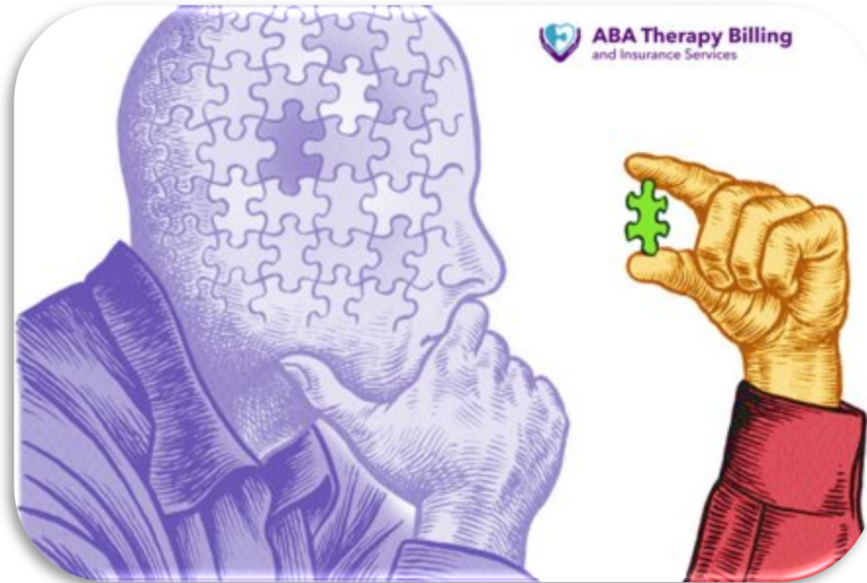
A Billing Provider can be a business, group, or facility.

The Billing Provider is instructing the insurance payor who is submitting the claims for payment and where reimbursement should be sent.

## SUPERVISING PROVIDER

*What is a supervising provider?*

The supervising provider is the individual who provides oversight of the rendering provider and the care being reported.



### **CRITICAL KNOWLEDGE**

As referenced in Rendering Provider – Part 1, credentialing providers and linking the providers to the group is mandatory and compliant to payor policies and Office of Inspector General (OIG) regulations.

If a BCBA/BCBA-D is not credentialed and they "oversee" or supervise services, they **cannot bypass these policies and regulations**. They cannot bill under another credentialed BCBA/BCBA-D while waiting for credentialing.



**HOW IS THIS APPLIED IN SUBMITTING CLAIMS?  
CMS-1500 CLAIM FORM BOX 24J**

<b>BCBA/BCBA-D</b>	<b>BCaBA</b>	<b>RBT</b>
Rendering	Rendering	Rendering
Supervising	Supervising (for some Funding sources under the Direction of a BCBA/BCBA-D)	Not Supervising
Used in Claims Box 24 J for almost all payers	Used in Claims Box 24 J rarely for some payers	Used in Claims Box 24 J only for payers that require billing under each rendering provider like TRICARE and some Medicaid states

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For additional information on working with health insurance funders, check out our book at [www.capecodcollab.com](http://www.capecodcollab.com) – Revenue Cycle Management for ABA Therapy.

If you are in need of Network Participation Management services (Contracting and Credentialing) or Self-Credentialing Consulting, please complete our Perspective Client Form at: <https://www.ababilling.net/new-client/>