

Credentiailling, Privileges and Enrollment



ASAM American Society of
Addiction Medicine

The Journey to Insurance Coverage of Claims

Any physician or other practitioner seeking to bill, independently, for their services must navigate credentialing, privileging, and network enrollment processes. While these three processes are often referred to as one process, they are three distinct, yet interwoven, procedures.

Credentialling

Credentialling is a process used by health insurers, healthcare facilities, ambulatory care centers, long-term care institutions, and urgent care centers to verify a healthcare practitioner's ability to meet patient safety and quality standards. This process also gives patients peace of mind that their healthcare professional has the necessary qualifications, training, and licensure. Credentialling is typically the first of a three-part process that practitioners must follow before they can bill and receive payment for care and services provided to a covered patient.

Who requires credentialling



Most state-licensed practitioners who independently provide care or services without supervision require credentialling if they plan to bill health insurance, including Medicare and Medicaid, for claims.

Credentialling Process



To review the AMA's preparation guide for the physician credentialling process, click [here](#). **Additional AMA resources include:**

[AMA FAQs](#)

[AMA Educational Resources](#)

[Navigating state medical licensure](#)

Privileging

Physicians and other practitioners practicing in, admitting patients to, or visiting patients at, a hospital will typically need to be granted privileges to do so. Additionally, some insurance networks may require a physician or other practitioner to have privileges with a participating hospital as a condition of network participation. Privileges are granted by a state-licensed hospital, allow the practitioner to treat and perform certain services on a patient in a hospital setting, and demonstrate a certain level of experience and competency. A hospital must be accredited by an approved third-party accrediting body to receive payment from Medicare and Medicaid. Maintaining a process for awarding privileges is essential to hospital accreditation. Many hospitals have a special committee of physicians that is responsible for awarding privileges. In general, there are three types of privileges that a practitioner may be granted:



Surgical: enables a practitioner to perform surgery at a hospital



Admitting: allows a practitioner to admit a patient to the hospital directly and without the patient first going to the emergency room



Courtesy: permits a practitioner to visit their patient in the hospital, but not treat them

Note: Privileging processes differ from facility to facility. Please check with your hospital or facility on their process to ensure ultimate success.

Credentiailling vs. Privileging

Credentiailling and privileging often go hand in hand. While a practitioner can be credentiailled without privileges, one usually cannot have privileges from a hospital or a facility without credentials.

Once a practitioner’s credentials have been established, privileges must be granted to practice certain services within the scope of the practitioner's license if the practitioner is seeking to admit patients to, or perform procedures in, a hospital and in some facility settings. Once a practitioner is awarded credentials, they may enroll with insurance carriers to bill and receive payment for services rendered to covered patients.

Network Enrollment

Once practitioners have their credentials verified by health insurers and have admitting privileges at a hospital, most health insurers will allow those practitioners to apply for enrollment. The enrollment process signifies the process of practitioners applying for inclusion in an insurance network’s provider panels.



Network Interest/Participation

The enrollment process may include an additional step whereby practitioners submit an additional application indicating their interest in a particular network. For example, although Dr. Smith may be enrolled in “Healthy Purple” as a provider, Dr. Smith may still need to submit a form indicating her interest in participating in Healthy Purple’s medical or behavioral network.

Preparing for Credentiailling, Privileging, and Enrollment

On average, it can take up to 90 days (3 calendar months) to move through the process of obtaining credentials, privileges, and enrollment in insurance networks. Therefore, it is important that practitioners prepare early for this process to limit professional and economic disruptions.

Below are some general tips for ASAM members as they navigate each step of the process:



Start the process as soon as possible. The process from start to finish can take months, so ASAM members should have as much information as possible on hand to expedite the process.



Have your information and documents on hand. Some examples of information you will need during this process include:

- *Work and medical staffing history*
- *Any existing practice privileges*
- *Medical license information*
- *Proof of medical practice liability insurance*
- *Education information*
- *Graduate medical training*
- *Any information on federal or state sanctions*
- *Proof of DEA registration*
- *Information on any board certifications*
- *Peer references*
- *CME information*
- *Clinical reports cards and performance reviews*



Provide complete information. Missing information can prolong the process of setting you up for participation in an insurance network.



Keep digital and hard copy files. It is important to have any necessary records you will need on-hand and readily available to ensure a swift completion of the process.



Check-in. After you submit your credentialing, privileging, and enrollment applications, regularly check the status of your application.



Payer policies. Each company has different policies and procedures regarding credentialing and enrollment. Please check the policies of each insurer to ensure that you are prepared.



Medical vs. behavioral networks. Some payers restrict practitioners to either the medical or behavioral network. Check each payer's criteria and let ASAM know if the criteria for network participation is inconsistent with ASAM's policies on the [Recognition and Role of Addiction Specialist Physicians in Health Care in the United States](#) or [Third-Party Payment for Addiction Treatment](#).

Frequently Asked Questions

1. Do I have to be credentialed if I do not accept health insurance?

Even if you do not plan to accept health insurance as payment for claims, health systems and state governments may require credentialing before you render care to patients.

A: Additionally, even if a practitioner was planning to bill incident-to services, some insurers (including Medicare) will not accept incident-to claims from non-credentialed practitioners.

2. Do I need to attain privileges even if I do not plan on working in a hospital/facility setting?

Some insurers require a practitioner to have privileges with a hospital as a condition of network participation. Therefore, you still may need to obtain privileges even if you do not plan to work in a hospital setting.

3. What if I only plan to participate in Medicare as a provider? Do I still need to go through credentialing, privileging, and enrollment?

A: Yes. Medicare requires them as a condition of participation. To learn more, click [here](#).

4. I am a physician, but not an Addiction Specialist Physician (ASP). What should I know about this process?

A: Even non-ASPs will likely need to navigate these processes at some point in their professional careers. If you are a physician planning to accept insurance, then you will need to be credentialled and go through the enrollment process. Some insurers may also require you to have privileges with a hospital.

5. I am an advance nurse practitioner. Do I need to be credentialed? What about privileging and health insurance network enrollment?

A: Each insurer's processes are different. At a minimum, you will need to be credentialed and enrolled in a health insurer's network to participate. Check with each insurer you plan to contract with to determine their requirements.

6. My health plan will not cover my claims because they say I'm not in the right network.

A: Many insurers have separate behavioral and medical networks. Behavioral networks allow inclusion of psychiatrist, counselors, and others who provide traditional mental health services, while medical networks allow participation from practitioners providing traditional medical care. Because the treatment of addiction involves a biopsychosocial model of care, the traditional medical and behavior domains often overlap. As a result, most non-psychiatrist physicians are typically placed in medical networks. This sometimes results in some of their claims being rejected because they are for services not included in the medical network. Some psychiatrists (usually part of the behavioral network) may experience a similar issue for services billed that insurers recognize as part of the medical network. It is important for ASAM members to raise these issues with the appropriate contact at the insurance network and if unsuccessful, to let ASAM know.

7. My health plan does not recognize Addiction Specialist Physicians (ASPs) as a specialty. What should I do?

A: Alert them to ASAM's public policy statement on the [Recognition and Role of Addiction Specialist Physicians in Health Care in the United States](#) and ask how they can incorporate this specialty into their networks. If the effort is unsuccessful, then please inform ASAM.

8. My health plan will not cover a specific service that I performed.

A: Each health plan is governed by different state and federal laws and may have significant leeway in what it covers. Additionally, there may be further restrictions such as whether you, as a practitioner, are eligible to bill the services, and whether the service is allowed under the network in which you participate. If there appears to be a system-wide disconnect, please let ASAM know.

9. I am a psychiatrist and my health plan will only let me enroll in the behavioral network. Therefore, I am unable to provide some services, because they can only be offered in the medical network. What should I do?

A: See question 6 and its answer above.

10. I am trying to provide a specific level of care, but my health plan does not cover this level. What should I do?

A: ASAM calls on all insurers to cover all ASAM Levels of Care. If you discover that your health plan is not covering a certain Level, please contact them to request coverage and let ASAM know.

11. My health plan tells me that I must submit an additional form and information to participate in their network. I already enrolled, so do I need to submit this additional information?

A: Each health insurer has different requirements for participating in their networks. Please follow the appropriate directions of each insurer to ensure that you have submitted all required information for participation.

12. Does ASAM help individual practitioners navigating the credentialing, privileging, and enrollment processes?

A: While ASAM cannot advise individual practitioners on the particulars of their situation, staff can provide general information on the credentialing, privileging, and enrollment processes to help practitioners navigate the processes.

13. How can ASAM help if I am having issues with credentialing, privileging, and enrollment?

A: If you are having problems with a particular insurer, and they have not been appropriately addressed, it is important that you raise these issues for ASAM. If ASAM discovers the issue is indicative of a systemic issue with the health insurer, ASAM may determine that additional advocacy is warranted. On a case-by-case basis, ASAM may work with individual practitioners to resolve issues that they are experiencing, but ASAM does not have a unit to conduct fact-finding and resolve issues on an ongoing basis for individual members, nor can ASAM offer legal advice.

About this document

This document is available to ASAM members as they navigate the credentialing, privileging, and health insurance enrollment process. It is intended for informational and educational purposes only. ASAM does not warrant the accuracy or completeness of this document and assumes no responsibility for any injury or damage arising out of or related to any use of this document or for any errors or omissions.