APTA Practice Advisory: Commercial Insurance Out-of-Network Repricing Alert

July 31, 2025

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The Issue: Several large national insurers, including Aetna, Cigna, Kaiser, Horizon, Elevance, and United Health Care/Optum, have contracted with companies that provide repricing services for out-of-network providers. These companies often significantly underprice physical therapist care based on very vague calculations associated with geographic average costs. This can result in significant underpayment to the provider and possibly significantly higher than anticipated out-of-pocket costs for the patient.

What you need to know: Companies include Data iSight, a subsidiary of Multiplan (now rebranded as Claritev), and Zellis. Since the provider has no contract with the repricing entity or the payer, there is no contractual obligation for them to work with the provider nor for the provider to work with these companies. This is an issue of a contract between the patient, or their employer, with the payer and the payer's contract with the repricing entity.

How can a provider manage out-of-network billing when a repricing entity is involved? If the patient has out-of-network benefits, you may protect yourself by collecting full payment up front and providing them with a superbill to submit to their health plan. Or you can create a courtesy billing for the client (after being paid in full for the session), on the CMS-1500 claim form. Box 13 should be left blank, since this box authorizes payment to the provider. Indicate "no" in Box 27, indicating you do not accept assignment (payment), and in Box 29, indicate the total amount the client paid. Box 29 should equal the total amount billed in box 28.

What should a provider do if they have already accepted a discounted rate?

If you have already accepted a discounted rate, call the health plan. If they instruct you to call the repricing entity to negotiate, tell them no, you would like them to "pull back" the claims from the repricing entity and reprocess them at the non-repriced normal rate. If they refuse, call the repricing entity and inform them that you never agreed to the lower rate.

About APTA Practice Advisories

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Physical therapists, physical therapist assistants, and students of physical therapy are responsible for clinical practice that is consistent with their scope of practice, and for complying with licensure laws and other regulations, all of which vary by state. The information provided is not meant as a substitute for legal or professional advice on any subject matter.

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They may offer to negotiate a special rate for you. Ask for the offer in writing via email, and if it is unacceptable to you, reject it via email so you have a paper trail of your rejection. At this point, ask them to create a case number and to send the claims back for reprocessing to the health plan, indicating that you have rejected the repricing entity's offer.

What else do providers need to know?

If you accept a negotiated rate in writing from a repricing entity for one patient, understand that this may have implications for other patients. Signing a discount-rate agreement will potentially apply to your other enrollees from that health plan or even others that have the word "Multiplan" (or similar organization) on their insurance cards.

What actions can a provider take?

You may advise the patient to contact their human resources or benefits management representative and ask them to reach out to the health plan directly about this issue. Insurance plans are generally more responsive to employer complaints on behalf of their employees.

You also may want to reach out to your state insurance commissioner or your department of insurance to complain about these underpayments. Note that allegations of price fixing, collusion, and other antitrust violations have been brought against Multiplan. APTA will monitor developments on these fronts.

APTA Resources

Members can reach out to APTA Advocacy with questions.

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Contact: advocacy@apta.org