

NSA Implementation Issues Are Failing Patients & Providers

Payers Are Denying Coverage to At-Risk Patients

Background

The *No Surprises Act* (NSA) was passed with strong provider support to protect patients from surprise medical bills, ensure good-faith contracting between insurance companies (payers) and providers, and preserve access to care – especially for at-risk patients. To achieve these goals, Congress worked hard to craft a law that would protect patients from lost coverage and higher out-of-pocket costs. As a result, both the letter and spirit of the NSA clearly require payers to cover services included within in-network insurance benefits, protect patients from additional financial obligations, and in every other way comply with the NSA. Recent evidence has come to light, however, indicating **several major payers are ignoring the new rules and putting patients at risk.**

Payer Noncompliance (or Worse)

Evidence has been compiled demonstrating that payers are rejecting key protections that Congress intentionally built into the NSA and may therefore be violating the law. As detailed in previous [Impact Alerts](#), this evidence includes payers [shifting the cost](#) of Independent Dispute Resolution Entity (IDRE) determinations on to patients, [ignoring](#) IDRE determinations altogether, undermining the integrity of the IDR process by establishing [financial ties](#) with IDREs, and destabilizing the delivery system by [slashing](#) reimbursement rates.

Payers Are Denying Coverage to Vulnerable Patients

Each of these abusive tactics poses a dire threat to patients and their providers as access to care is being lost. Worse still, new evidence has come to light that some **payers are now denying NSA-covered services to some of their most vulnerable enrollees.** AFHC members have compiled ~1,000 examples of actual payer denials of coverage, many of which directly target expectant mothers and vulnerable infants. Citing an out-of-network clinician, some payers are acting as if the NSA does not apply to them – denying coverage for such essential services as **childbirth anesthesia** and **neonatal resuscitation** of premature infants (see below).

CPT Code 99480: Care of a Recovering Low Birth Weight Infant (between 2501 – 5000 grams)

DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
11/19/22 - 11/19/22		99480	1	1	\$904.00		\$904.00	PR	242	\$0.00	NI

PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.

NI PAYMENT FOR THIS SERVICE IS DENIED. BENEFITS ARE ONLY AVAILABLE WHEN YOU RECEIVE MEDICAL SERVICES FROM A PROVIDER IN YOUR PLAN'S NETWORK.



(Supporting documentation for this and numerous other examples is available upon request.)