

# **The No Surprises Act:** What Orthopedic Surgeons Must Know

Tom LaGreca, Esq – Attorney & NSA/IDR Expert

Michael Yoo, MD, FACP – Physician

2025 OAOS Annual Orthopaedic Conference

# Meet Our Guest Speakers



**Thomas LaGreca, Esq**

- Graduated with honors from the Pennsylvania State University
- Graduated from St. John's University School of Law where he served as Editor-in-Chief of the *St. John's Law Review*
- Attorney at Callagy Law for nearly 14 years
- Executive Director of Medical Revenue Recovery for Callagy Law
- Chief Growth Officer at Callagy Recovery Corp., a firm performing federal and state commercial insurance arbitrations on behalf of medical providers
- Speaker at several medical associations across the country on the No Surprises Act
- Wrote a book entitled *Removing the Surprises from the Surprise Medical Bill Laws*



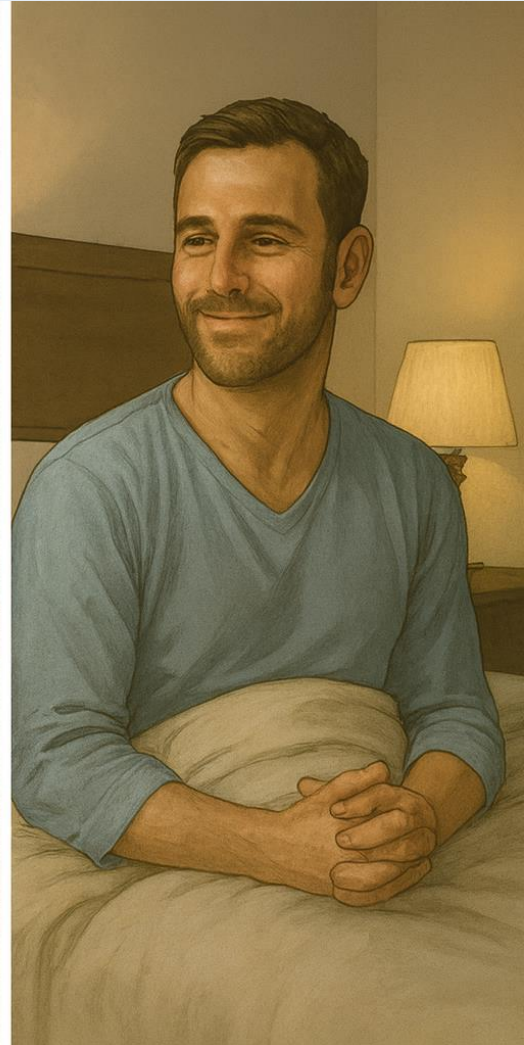
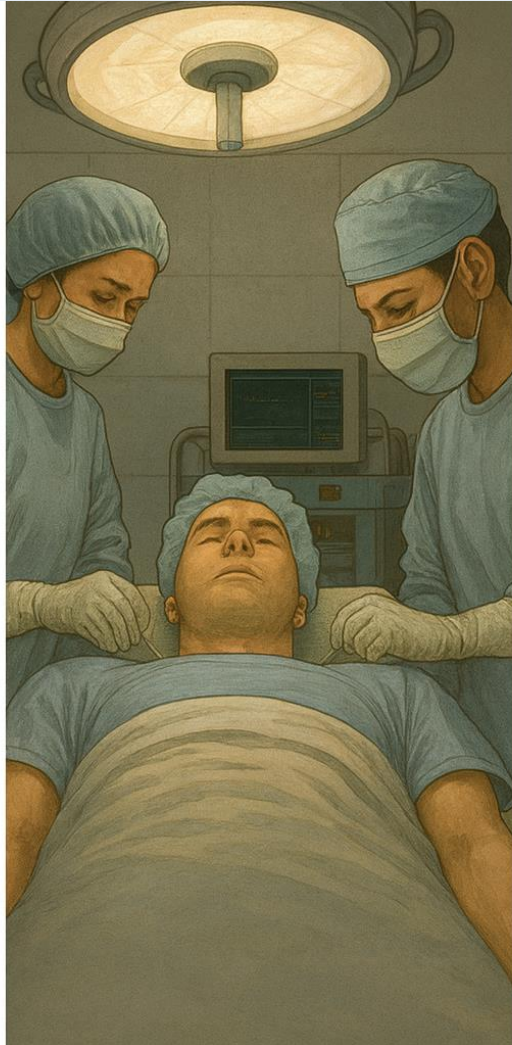
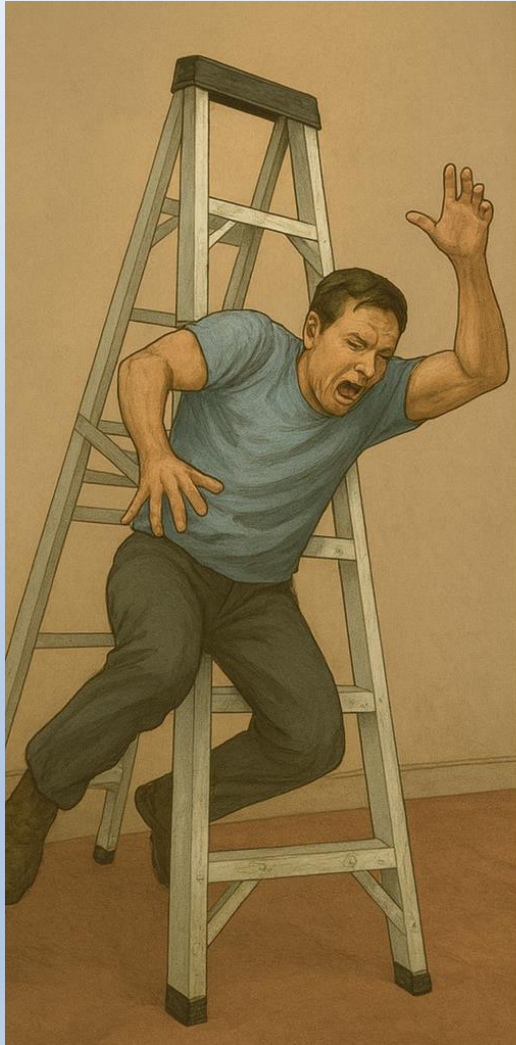
**Michael Yoo, MD FACP**

- Double board-certified in Internal Medicine & Pediatrics
- Experienced hospitalist/continuum physician in northern California, 18 years of clinical experience
- Undergraduate & medical school at Emory University
- Combined residency at Yale, served as Clinical Instructor
- Educator of the Year & Physician of the Year at his medical center, local Chair of Research
- First authored multiple articles in *JAMA Network Open*, *The Journal of Hospital Medicine*, and *The American Journal of Medicine*, among others
- Volunteer Associate Professor at UCSF
- Passionate about advancing physician well-being and supporting clinicians as they navigate the challenges and opportunities presented by the No Surprises Act

# Disclosures

- The speakers, Mr. LaGreca and Dr. Yoo, have nothing to disclose
- All data are either publicly available or deidentified and evidence-based

# A Patient's Story



# What's In & What's Out



## Emergent

Emergency services, stabilization, and hospital-specialists



## Inadvertent

Non-emergency services by out-of-network providers at in-network facilities (e.g., anesthesiology, radiology, pathology assistant surgeons)

## Primary Elective?



Scheduled inpatient care at in-network facilities—  
out-of-network physician services only protected if written notice & consent are provided

## Not Covered



Medicare, Medicaid, CHIP, Veterans Affairs, Indian Health Service  
TRICARE  
Denied claims



# Inside the Federal Independent Dispute Resolution (IDR)

- Baseball-Style Arbitration
- IDREs: “The Umpires”
- Level Playing Field
- Strict Time Limits
- Binding Decision



# IDR Deadlines

## **CARRIER PAYS (30 DAYS)**

Insurer must  
pay or deny  
within 30 days

## **PROVIDER RESPONSE (30 DAYS)**

Provider may  
object and  
invite negotiation

## **NEGOTIATION (30 BUSINESS DAYS)**

Parties negotiate  
in good faith

## **CHOOSE ARBITRATOR (4 DAYS)**

Either party  
may file after  
failed  
negotiation

## **SUBMIT OFFERS (10 DAYS)**

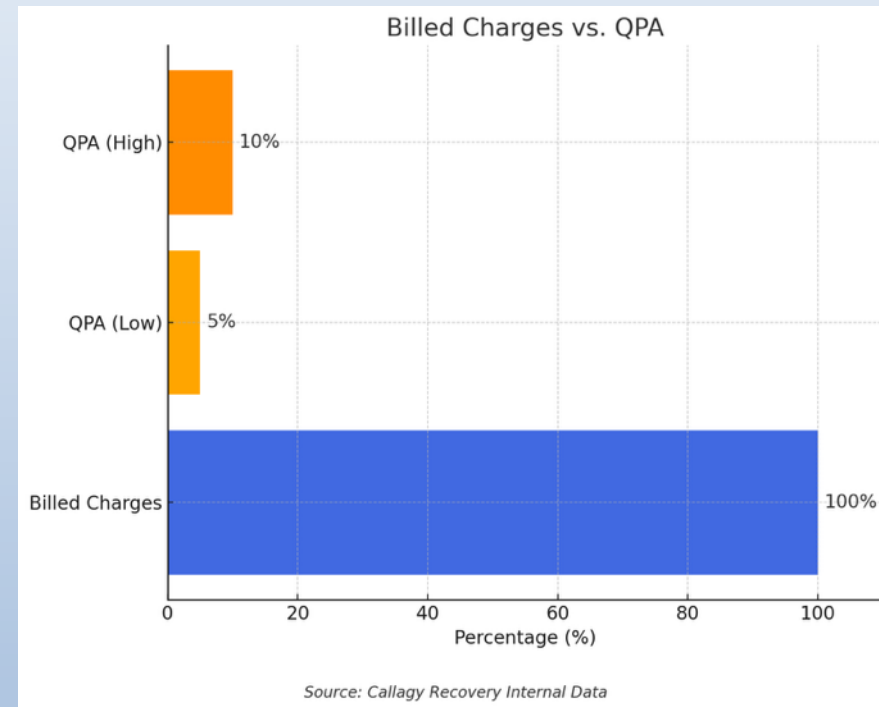
Both sides  
submit payment  
offers + info

## **DECISION & PAYMENT (30 DAYS)**

Arbitrator decides;  
carrier pays if  
provider prevails

# Understanding the QPA

- What is the Qualified Payment Amount (QPA)?
- Generally, for surgeons/anesthesiologists, the QPA is only 5-10 % of billed charges\*
- **Key Point: QPA ≠ Fair Market Value**

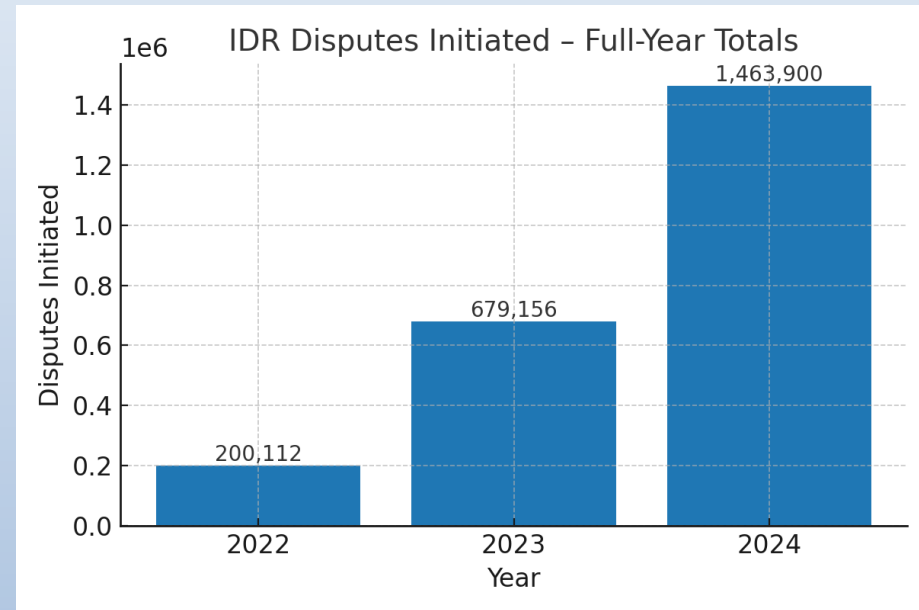


\*Callagy Recovery internal data



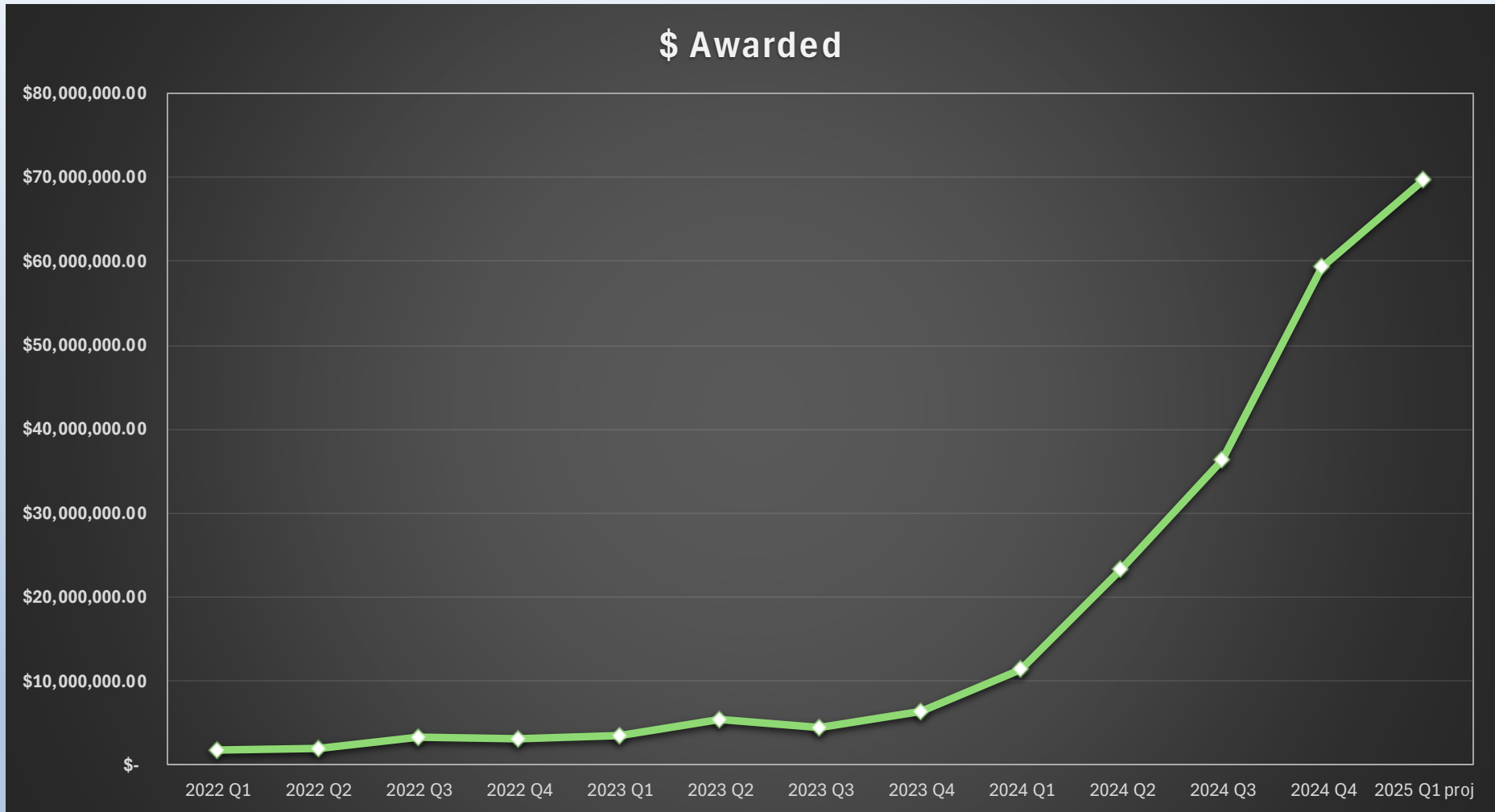
# CMS National IDR Data

- > 3.3 million disputes since 2022
- Backlog peaked at >600,000; now declining
- Providers win 80-85% of disputes
- Payments often far above the QPA
- Majority Disputes: ER, Radiology, Anesthesia
- **Surgery: 5-10% (Orthopedics high \$\$\$\$)**
- Hot Spots: TX, FL, GA ≈60% of disputes; nearly all filed by providers
- Delays from eligibility fights & litigation; Throughput improving 2024-25
- 2025 (Jan-May): 980,681 disputes initiated



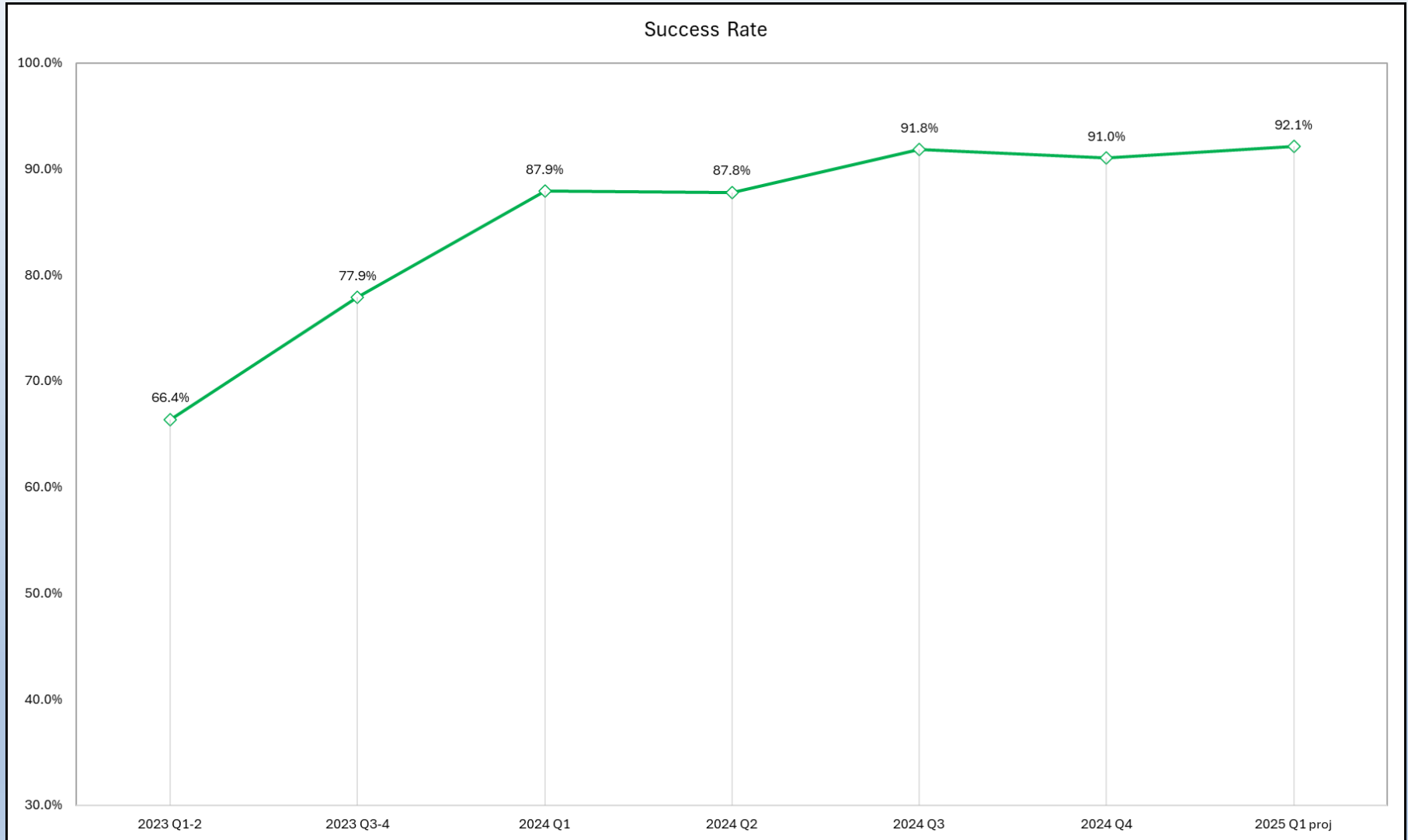
References: CMS Federal IDR Process Reports (2022–2024), CMS IDR Public Use Files (H1 & H2 2024), HHS/DoL/Treasury IDR Status Updates (2023–2025)

# Arbitration Awards



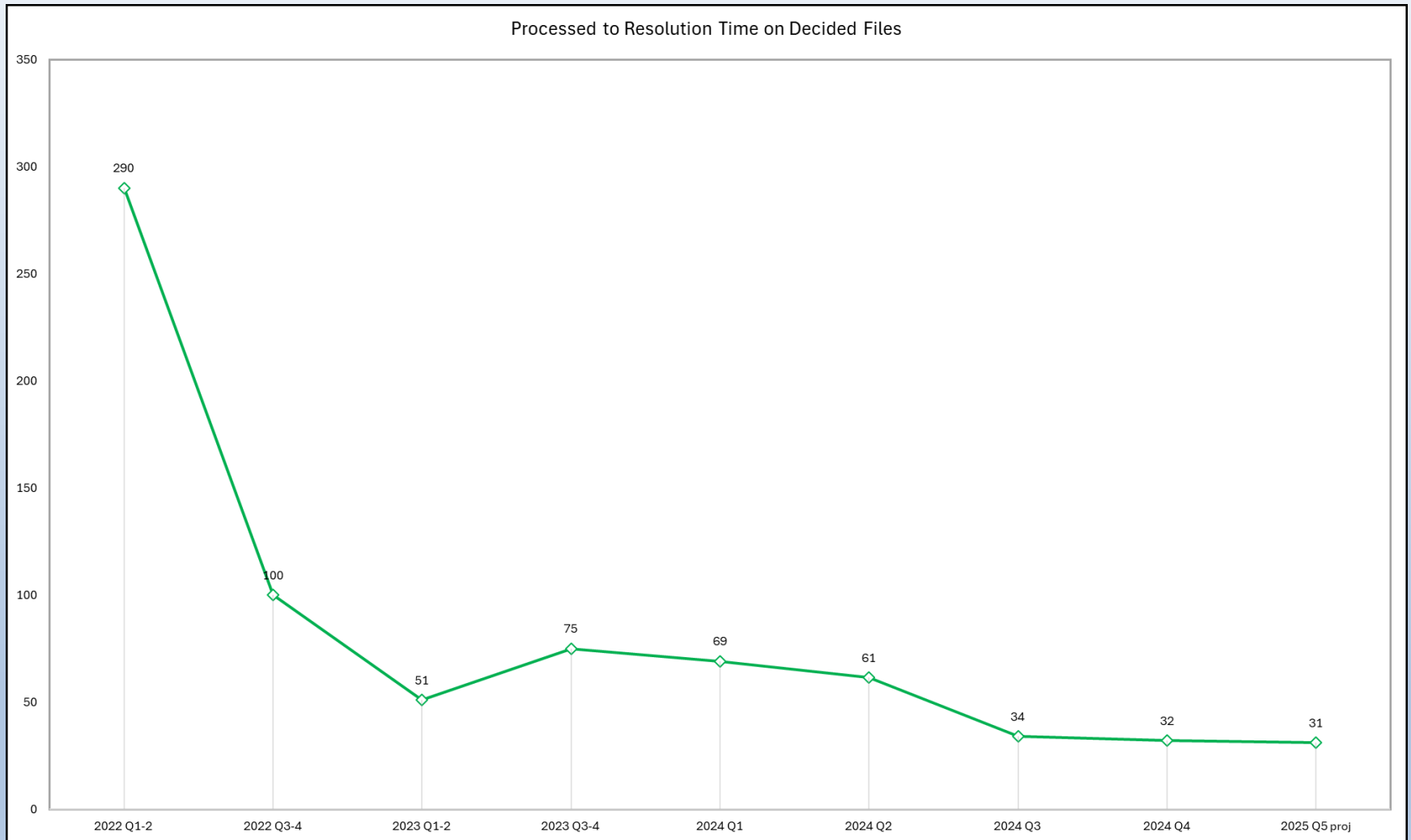
\*Callagy Recovery internal data

# Greater Success Rates



\*Callagy Recovery internal data

# Time Until Resolution



\*Callagy Recovery internal data

# Top 5 Recoveries by Specialty

## NEUROSURGERY:

1. ZAV-UNHC-FEDNY-001	<b>330,800</b>
2. TNMS-UNHC-FEDNY-002	<b>274,400</b>
3. RYA-A12-FEDNY-008	<b>273,400</b>
4. MSSU-UHEP-FEDNY-017	<b>268,000</b>
5. TNMS-UHEP-FEDNY-004	<b>260,000</b>

## GENERAL SURGERY:

1. ROB-BSBCTX-FEDTX-066	<b>53,500</b>
2. ROB-BSBCTX-FEDTX-132	<b>42,000</b>
3. ROB-BSBCTX-FEDTX-075	<b>39,000</b>
4. ROB-WEB-FEDTX-003	<b>39,000</b>
5. ROB-BSBCTX-FEDTX-127	<b>28,200</b>

## ORTHOPEDIC:

1. KAY-HO-FEDNJ-006	<b>311,500</b>
2. OSLI-ANT-FEDNY-003	<b>192,000</b>
3. OAKM-MHN-FEDNJ-002	<b>182,550</b>
4. OAKM-AETHP-FEDNJ-004	<b>180,800</b>
5. USP-UHC-FEDNJ-006	<b>180,500</b>

## ANESTHESIA:

1. CANJ-AETHP-FEDNJ-004	<b>29,600</b>
2. CANJ-AE-FEDNJ-028	<b>21,000</b>
3. CANJ-AETHP-FEDNJ-015	<b>19,800</b>
4. CANJ-AE-FEDNJ-002	<b>18,800</b>
5. CANJ-AETHP-FEDNJ-014	<b>17,400</b>

## PLASTIC SURGERY:

1. CIMI-AETHP-FEDNJ-009	<b>194,400</b>
2. CIMI-UHC-FEDNJ-006	<b>124,800</b>
3. CIMI-CI-FEDNJ-007	<b>102,355</b>
4. CIMI-UHC-FEDNJ-010	<b>86,203</b>
5. CIMI-AE-FEDNJ-006	<b>75,750</b>

## HAND SURGERY:

1. NYHA-CI-FEDCT-001	<b>28,350</b>
2. NYHA-AETHP-FEDNY-003	<b>22,290</b>
3. NYHA-A12-FEDNY-008	<b>21,850</b>
4. NYHA-A12-FEDNY-011	<b>21,200</b>
5. NYHA-AETHP-FEDNY-001	<b>19,300</b>

## INTERAOPERATIVE MONITORING:

1. LSN-BCBSTX-FEDTX-002	<b>93,000</b>
2. SATE-BSC-FEDCA-006	<b>90,000</b>
3. MOCN-BCBSTX-FEDTX-043	<b>89,200</b>
4. NEUR-AMB-FEDGA-013	<b>78,900</b>
5. MOCN-BCBSTX-FEDTX-063	<b>76,700</b>

## EMERGENCY ROOM:

1. PAI2-SHBP-FEDTX-001	<b>23,030</b>
2. SPNF2-UNHC-FEDTX-001	<b>17,200</b>
3. PAI2-CI-FEDTX-001	<b>16,800</b>
4. SPRS2-UMR-FEDTX-001	<b>15,960</b>
5. PAI2-OSC-FEDTX-001	<b>15,400</b>

\*Callagy Recovery internal data



# Average Recovery Per File by Specialty

SPECIALTY	AVG. RECOVERY PER FILE
NEUROSURGERY	83,120.10
ORTHOPEDIC	41,580.79
NEUROLOGY	36,298.23
PLASTIC SURGERY	31,828.65
PAIN MANAGEMENT	25,568.83
OTHER	23,827.78
INTRAOPERATIVE MONITORING	17,547.97
HAND SURGERY	13,121.75
ER	10,100.32
GENERAL SURGERY	8,278.43
ANESTHESIA	6,410.71

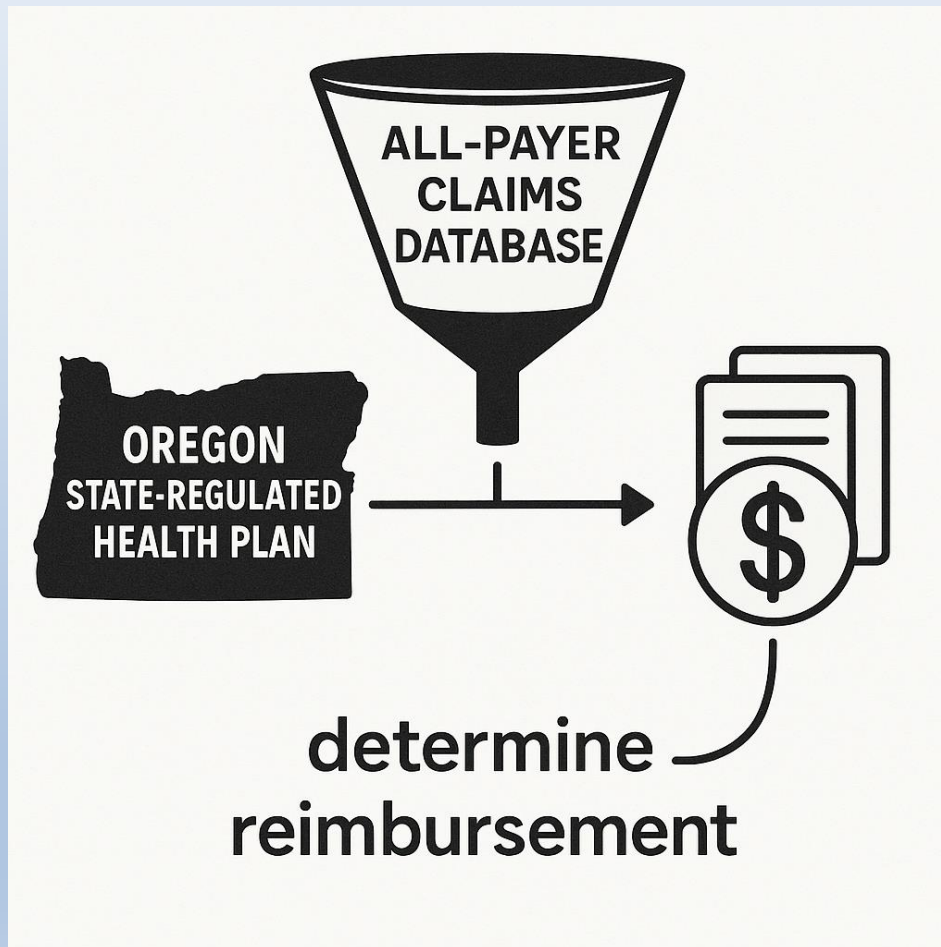
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# Litigation Timeline

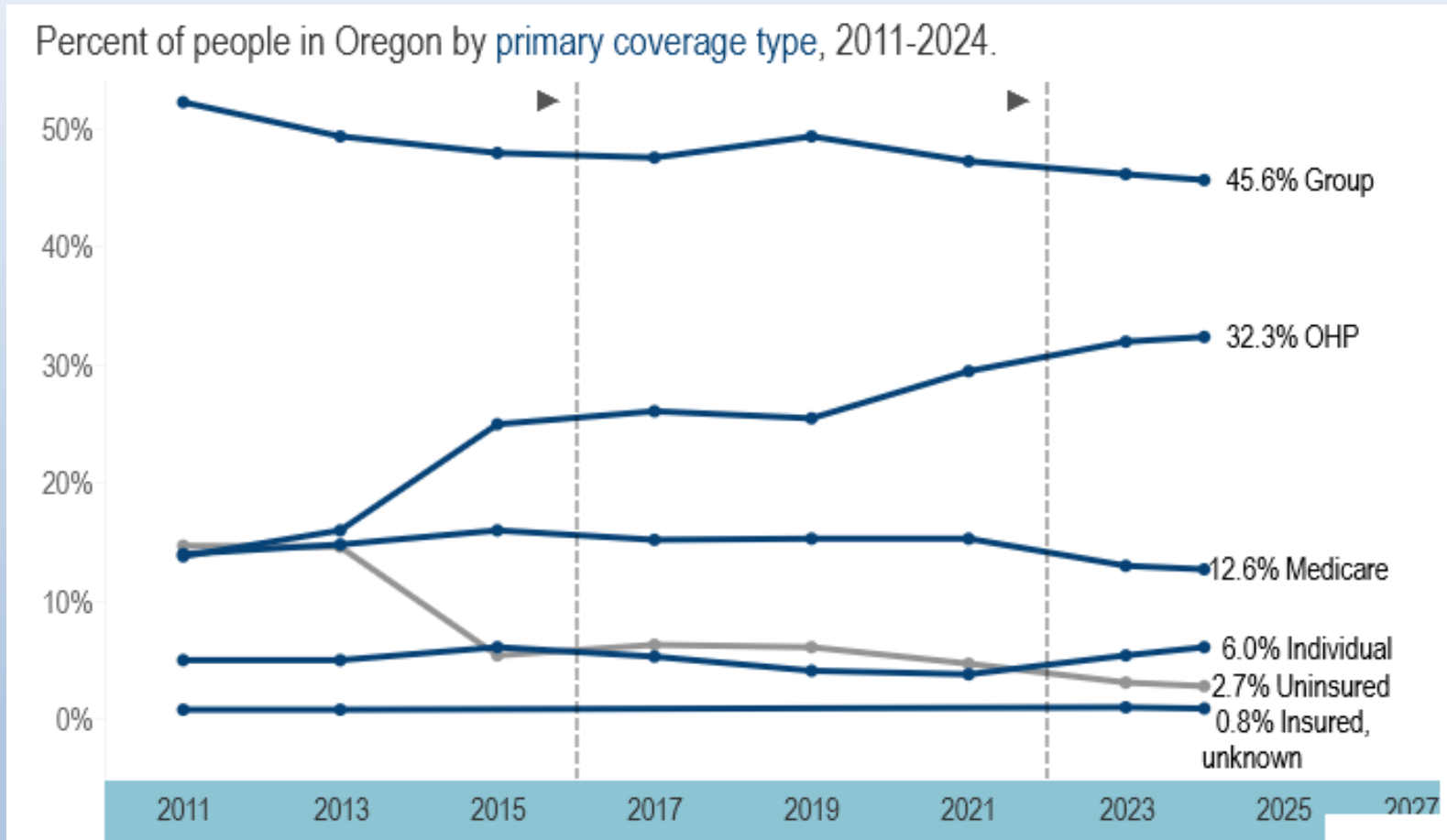


- The TMA Decisions
- The *HaloMD* Lawsuits

# The Oregon Surprise Bill Law: An “Unfriendly” Forum



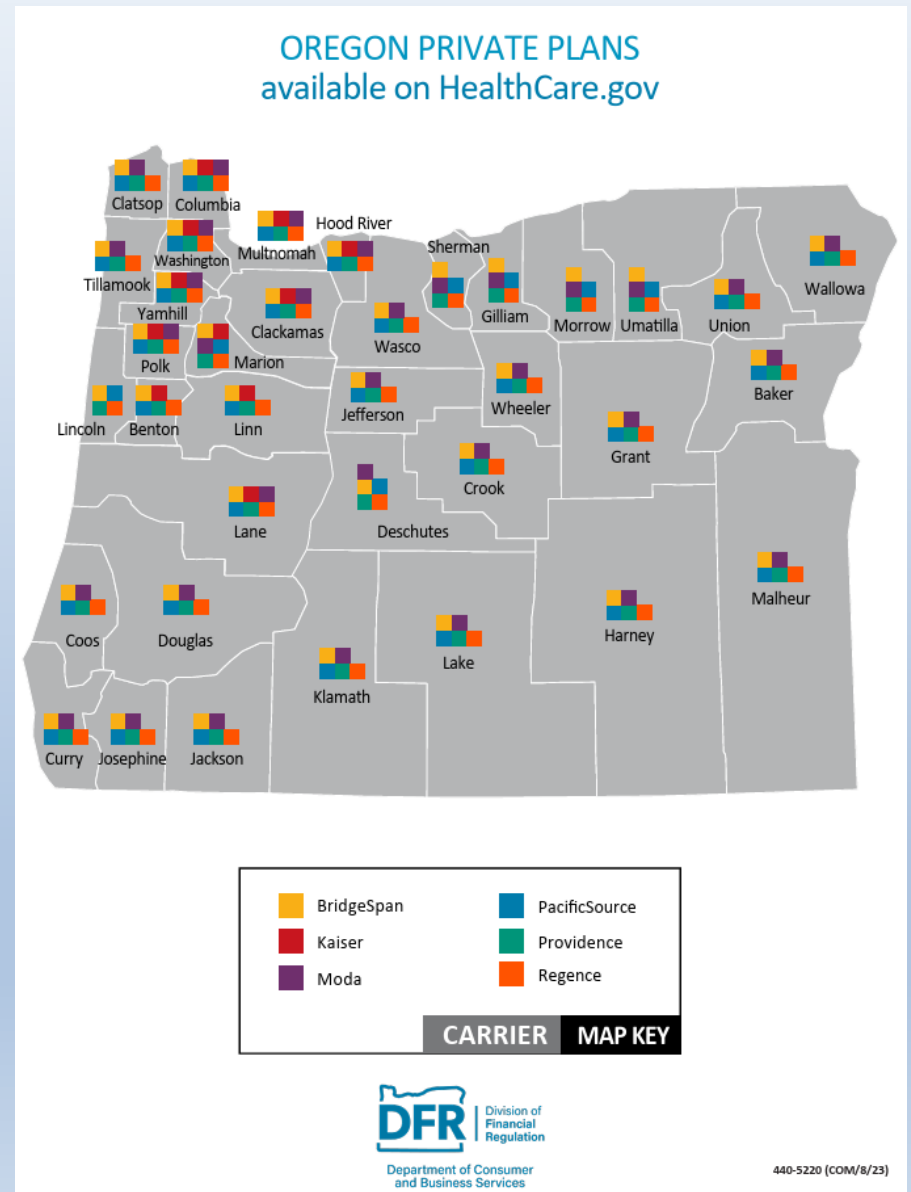
# Oregon Payer Dynamics



<https://www.oregon.gov/oha/hpa/analytics/pages/ohis-coverage.aspx>

# Oregon Commercial Payer Dynamics

- Generic Payer Categories:
  - Large National Plans
    - UnitedHealthcare, Regence BlueCross BlueShield of Oregon
  - Regional Health Plans
    - Moda, Kaiser, Providence, PacificSource, BridgeSpan
  - Self-funded Employer Plans
- IDR experiences vary based multiple factors – plan type, IDRE selected – not just geography
- Oregon's state surprise bill law (SBL) is not “friendly”





# Workflow Burden

## Before NSA



Claim



Payment



Waiting



Appeal

### FINANCIAL IMPACT

Funds lost to write-offs,  
"take it or leave it"

## After NSA



– Average OON  
payments down  
–40% post-NSA



Docs



Barriers



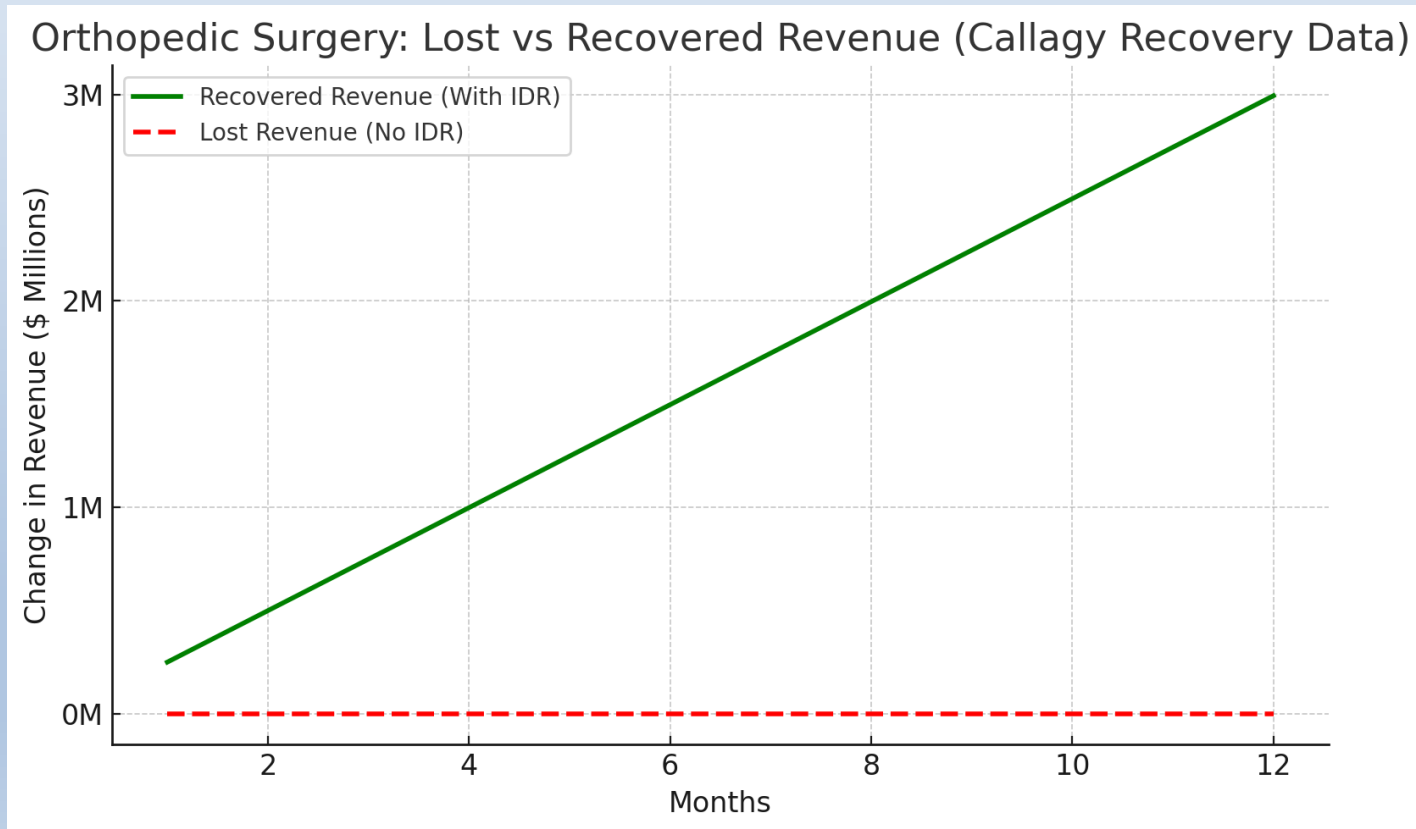
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### FINANCIAL IMPACT

– Average OON payments  
down 40% post-NSA

# Financial Stakes

- Potential lost revenue if IDR not pursued vs. recovered revenue when engaged
- Recoveries are several multiples of the initial payments (8–10X)



# Practice Strategies for Medical Revenue Recovery



## PROACTIVE AUDIT & SCREENING

- Review OON underpayments
- Flag claims for IDR or appeal



## STAFF TRAINING & EMPOWERMENT

- Train on NSA, IDR, payer rules
- Create playbook for escalation



## DOCUMENTATION EXCELLENCE

- Utilize smart templates
- Update based on IDR wins
- Log denied claims



## PAYER TRACKING & PERFORMANCE DASHBOARDS

- Maintain live payer tracker



## ADVOCACY & POLICY MONITORING

- Stay current on NSA, payer tactics



## PATIENT COMMUNICATION & TRANSPARENCY

- Explain patient protections



## REVENUE RESCUE PARTNERING

- Engage with recovery partners



## CONTINUOUS FEEDBACK LOOPS

- Hold regular revenue meetings



# Crystal Ball: Looking Ahead



**LEVELIZING  
OF IDR  
OUTCOMES**



**EXPANSION  
BEYOND  
ER CLAIMS**

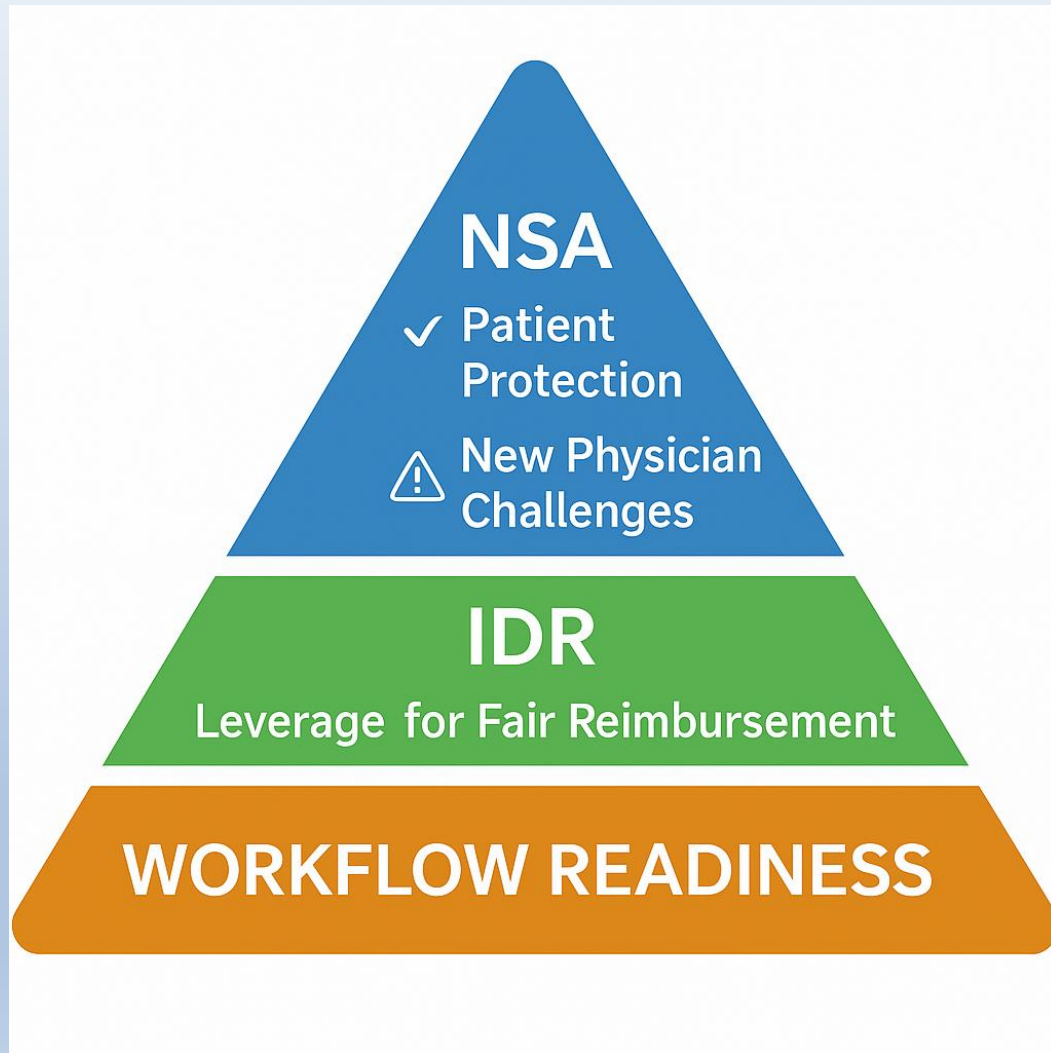
# Interactive Case Walkthrough

- Ortho Trauma Billing Dispute
- What would YOU do at this step?





# Key Takeaways



# Contact Information

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