



July 2021

## **SUMMARY OF NO SURPRISES ACT INTERIM FINAL RULE**

On July 1, the Center for Medicare and Medicaid Services (CMS) and the Department of Treasury and the Department of Labor published an Interim Final Rule (IFR) implementing key provisions of the No Surprises Act. The IFR includes a 60 day comment period that begins when it's posted in the Federal Register. The law is intended to protect patients from bills from an out of network provider when receiving services at an in network facility. The law is expected to take effect on January 1, 2022. To read more go here:

[https://www.hbma.org/uploads/content\\_files/files/Summary of No Surprises Act Interim Final Rule.pdf](https://www.hbma.org/uploads/content_files/files/Summary_of_No_Surprises_Act_Interim_Final_Rule.pdf)

## **MEDICARE REVIEWS CPT CODE 90837**

In an effort to reduce the Part B error rate, the Medicare review department conducted a service specific post payment review of CPT Code 90837 (psychotherapy 60 minutes with patient). The National Government Services randomly selected 323 claims billed for 90837 for post payment review. The results are as follows:

Allow	101
Deny	168
Non-Response Denial	54

### Reasons Services Were Denied:

Documentation didn't support medical necessity due to one or more of the following:

- the documentation was missing an initial treatment plan
- updated plan of care
- amount of time spent with the patient (length of session, patient diagnoses; prolonged services; updated treatment and progress).

Documentation was insufficient or incomplete

Failure to respond to the request for documentation

To make sure that your documentation and your procedure codes are appropriate read more here:

<https://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/home-lob/pages/complianceandaudits/medical-review/medical-review-focus-areas/>

And remember, we're here to help you. Don't hesitate to call at any time for any reason.