



Oral and maxillofacial surgeons:
The experts in face, mouth and
jaw surgery®



American Association of Oral and Maxillofacial Surgeons

SURPRISE BILLING



Oral and maxillofacial surgeons (OMSs) are an integral part of trauma teams throughout the country, and many perform complex procedures at hospitals. OMSs want to prevent patients from being unfairly surprised by an out-of-network bill while ensuring that providers are reimbursed at a fair and reasonable rate. As members of Congress seek to address the issue of out-of-network billing, AAOMS requests consideration of the following points:

The problem

- The gradual narrowing, or tiering, of provider networks by insurers has resulted in more facility-based providers at in-network hospitals that consequently become out-of-network providers.
- Such practices limit access to providers and subject the patient to potential out-of-network services. In effect, costs have been shifted from the insurer to the patient.
- Even if patients do their due diligence to ensure they receive services from an in-network provider at an in-network facility, they may still receive services from ancillary out-of-network providers without any prior knowledge or control.
- When patients receive the bills for these services, insurance pays only a fraction of the provider's fee and well below the usual and customary rate for the geographic region.
- In such instances – and where permitted by state and federal law – patients are typically billed for the amount not paid by insurers, which may be unexpected.
- Patients and providers should not be penalized for insurers' failure to maintain adequate provider networks and give reasonable payments.

Possible solutions

- **Adequate insurance networks**
 - Insurers should be required to maintain adequate networks for all providers and ensure in-network services are available at in-network hospitals.
- **Patient disclosure**
 - Insurers should be required to maintain accurate participating provider directories.
 - Facilities should be required to give patients notification of any out-of-network providers involved in their care no less than 24 hours before care is provided. If such notification does not occur, the patient should not be billed beyond the in-network rate.
 - Patients receiving emergency care should not be billed beyond the in-network rate because adequate notification is not feasible.
- **Fair reimbursement**
 - Provider reimbursement should be based on the usual and customary rate of service for a similarly credentialed practitioner providing services in the geographic region as determined by an independent database not affiliated with any insurer.



For more information, contact Jeanne Tuerk, AAOMS Governmental Affairs
Department: jtuerk@aaoms.org, 800-822-6637, ext. 4321