

HHS Streamlines No Surprises Act Dispute Resolution Process

Healthcare Law Update

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On June 4, 2026, the U.S. Department of Health and Human Services, together with the Departments of Labor and Treasury, published a [final rule](#) designed to streamline the Independent Dispute Resolution (IDR) process under the No Surprises Act. The rule addresses several persistent operational challenges for providers and payers, including identifying claims that are eligible for IDR, determining the applicable legal framework, and navigating batching requirements. To improve transparency and facilitate access to the IDR process, health plans must now include enhanced information regarding remittances for out-of-network claims, including standardized claim adjustment reason codes and remittance advice remark codes, the plan's legal business name and sponsor information, and a unique IDR registration number.

The rule also significantly reduces the administrative fee for participating in the IDR process from \$115 to \$15 per party, which is expected to make the IDR process more accessible, particularly for smaller providers and lower-dollar claims. In addition, CMS has expanded flexibility for batching claims by permitting certain items and services to be grouped when furnished to the same patient within a defined timeframe, billed under the same or comparable service codes, or, for specialties such as anesthesiology, radiology, pathology, and laboratory services, within the same Category I CPT code section. The rule is effective August 3, 2026, except that the reduced fee became effective as of June 11, 2026, and the revised batching standards become effective November 1, 2026.

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