

# Managed Care Litigation Update®

## NEWSWORTHY

Sixth Circuit finds any willing provider requirements in Tennessee PBM statutes were preempted by ERISA because they impermissibly restricted the plan's ability to design pharmacy networks and utilize cost-sharing arrangements. *McKee Foods Corp. v. BFP Inc., et al.*, USAC 6 Cir., No. 25-5416, — F.4th —, 2026 WL 936759, (Doc. 47, filed Apr. 7, 2026).

District court grants motion to dismiss of home plan, finding no personal jurisdiction where nothing in the record established that "Blue Cross Georgia reached out to California, that California residents paid premiums to Blue Cross Georgia, or that Blue Cross Georgia sells or has sold health plans in California," and that participation in the Blue Card program alone is not sufficient to establish specific jurisdiction. *Dignity Health v. Blue Cross Blue Shield of Georgia, Inc., et al.*, USDC ND CA, Doc. No. 4:25-cv-7336-JST, 2026 WL 934194, (Doc. 30, filed Apr. 7, 2026). Previously reported at *MCLU Vol. 279*.

District court rejects ERISA defenses on plan limitations and failure to exhaust administrative remedies where the policy stated "no legal action may be brought after 180 days following the decision on appeal," the policy provided for voluntary appeals that were not pursued by member, and the member did not file suit within 180 days from the decision on the Level 1 appeal, as the court found the denial letter did not properly notify member of the contractual limitations period. *Richard K. v. Bluecross Blueshield of Illinois, et al.*, USDC D UT, No. 2:23-cv-491-TC, 2026 WL 883948, (Doc. 24, filed Mar. 31, 2026). Previously reported at *MCLU Vol. 229*.

## RECENTLY FILED ACTIONS

*Starcare Lab Solutions, LLC v. Blue Cross Blue Shield of Illinois, U.S.D.C. N.D. IL, Doc. No. 1:26-cv-3508, (filed Mar. 30, 2026)*. Removed action in which OON clinical laboratory seeks \$1,621,852.41 for 2,794 claims associated with PCR and rapid antigen COVID-19 testing services. The total billed charges were \$2,006,600, and the payments issued were \$384,747.59. Plaintiff asserts breach of contract, unjust enrichment, and violations of state insurance code.

*Sherry P., et al. v. United Healthcare Insurance Company, et al., U.S.D.C. N. UT, Doc. No. 2:26-cv-257-DAO, (filed Mar. 30, 2026)*. Member seeks ERISA benefits for stepchild's residential mental health treatment at Solacium Sunrise from May 25, 2023 to March 9, 2024. The claim was denied as not medically necessary based on the CALOCUS-CASII criteria. Plaintiff also alleges MHPAEA violation.

*John Doe, et al. v. United Healthcare Insurance Company, et al., U.S.D.C. S.D. TX, Doc. No. 4:26-cv-2560, (filed Mar. 31, 2026)*. Member seeks over \$311,000 in ERISA benefits for child's residential mental health treatment at BlueFire Wilderness Therapy from February 24, 2023 to June 7, 2023 and at Telos Residential Treatment Center from June 8, 2023 to October 16, 2023. BlueFire claims were denied pursuant to the determination that wilderness therapy is unproven and not medically necessary, and the Telos claims were denied for lack of preauthorization, except for four dates billed under REV Code 1001, for which denials were overturned. Plaintiff also alleges violations of MHPAEA.

## RECENTLY FILED ACTIONS

*UnitedHealthcare Insurance Company v. Sun Holdings, Inc., U.S.D.C. N.D. TX, Doc. No. 3:26-cv-1023-D, (filed Mar. 31, 2026).* Insurer seeks to recover \$127,202.36 in unpaid premiums under a group health insurance policy issued to provide coverage for the employer's eligible employees. Plaintiff asserts breach of contract.

*Florida Neurospine Services, LLC v. UnitedHealthcare Insurance Company, Inc., U.S.D.C. M.D. FL, Doc. No. 8:26-cv-921-KKM-NHA, (filed Mar. 31, 2026).* Removed action in which OON ambulatory surgical center seeks \$180,068.84 for non-emergent services provided to members from June 10, 2021 to present. The total billed charges were \$182,000, and the payments issued were \$1,931.16. Plaintiff alleges violation of Fla. Stat. § 627.64194.

*M.M., individually and on behalf of C.M., a minor v. Cigna Healthcare Insurance Company, et al., U.S.D.C. N.D. IL, Doc. No. 1:26-cv-3632, (filed Apr. 1, 2026).* Member seeks over \$397,000 in ERISA benefits for child's residential mental health treatment at Solacium Sunrise from June 15, 2023 to May 2, 2024. The claims were denied as not medically necessary under InterQual 2023 Behavioral Health (Child and Adult Psychiatry) criteria. Plaintiff also alleges violations of MHPAEA and seeks statutory penalties under 29 U.S.C. §1132(a)(1)(A) and (c).

*Ronald Moser, M.D. v. Health Care Services Corporation, U.S.D.C. C.D. CA, Doc. No. 8:26-cv-804, (filed Apr. 2, 2026).* Removed action in which physician seeks \$12,500 in ERISA benefits. Pro se small claims complaint does not state basis for denial or alleged underpayment.

*Brittney Montgomery v. [ ] and United Healthcare Services, Inc., U.S.D.C. E.D. MO, Doc. No. 4:26-cv-495, (filed Apr. 3, 2026).* Member seeks ERISA benefits from a self-funded plan and challenges recoupment and denials following retroactive coverage determination that defendant's coverage was secondary.

*The Central Orthopedic Group, LLP v. Aetna Health Inc., et al., U.S.D.C. E.D. NY, Doc. No. 9:26-cv-2010, (filed Apr. 3, 2026).* Removed action in which OON orthopedic surgeon seeks over \$8,339,332 in denied or allegedly underpaid claims for urgent and non-emergent surgical and related care provided to members. Plaintiff asserts claims for breach of implied contract, unjust enrichment, and promissory estoppel.

### SEE ALSO:

- *The Central Orthopedic Group, LLP v. Aetna Health Inc., et al., U.S.D.C. E.D. NY, Doc. No. 9:26-cv-2012, (filed Apr. 3, 2026).*

*Justin Dynlacht v. [ ] and Aetna Life Insurance Company, U.S.D.C. D. MD, Doc. No. 8:26-cv-1319-PX, (filed Apr. 3, 2026).* Removed pro se action in which member seeks ERISA benefits associated with OON bowel obstruction and related care. Basis of payment or denials is not provided in underlying complaint.

*Thomas Jefferson University d/b/a Jefferson Health, et al. v. Aetna Health, Inc., U.S.D.C. E.D. PA, Doc. No. 5:26-cv-2215-JMG, (filed Apr. 6, 2026).* Network hospitals challenge Aetna Level of Severity Inpatient Payment Policy as inconsistent with the Two Midnight Rule for inpatient Medicare Advantage claims and amount to a breach of the network agreements.

*Dina T., et al. v. Aetna Life Insurance Company, et al., U.S. D.C. D. UT, Doc. No. 1:26-cv-378-UNA, (filed Apr. 6, 2026).* Member seeks \$740,000 in ERISA benefits from a self-funded plan for child's residential mental health treatment at Change Academy Lake of the Ozarks from September 5, 2023 to January 31, 2025. Claim was denied as not medically necessary based on CALOCUS-CASII criteria. Plaintiff also alleges violation of MHPAEA.

*Health & Welfare Fund of Local 373 U.A. v. Elevance Health, Inc. d/b/a Anthem Health Choice Assurance, Inc., et al., U.S.D.C. S.D. NY, Doc. No. 7:26-cv-2803-PMH, (filed Apr. 6, 2026).* Self-funded ERISA plan seeks \$100,832.84 from TPA and asserts improper denial and appeal delay of one high-cost claim and unreasonable delay in payment of another, causing both claims to be paid after the stop-loss reimbursement window expired. Plaintiff asserts breach of fiduciary duty.

*Advanced Physical Medicine of Yorkville, LTD v. Blue Cross Blue Shield of Illinois, U.S.D.C. N.D. IL, Doc. No. 1:26-cv-3824, (filed Apr. 7, 2026).* OON physical therapist and alleged assignee seeks \$7,593 in ERISA benefits for services rendered to a member between January 3, 2022 and June 2, 2022. Plaintiff alleges payer preauthorized 60 visits, allowed 32 visits and denied 13 visits on the basis that maximum number had been reached.

*Advanced Physical Medicine of Yorkville, LTD v. Blue Cross Blue Shield of Illinois, U.S.D.C. N.D. IL, Doc. No. 1:26-cv-3839, (filed Apr. 7, 2026).* OON physical therapist and alleged assignee seeks \$40,363 in ERISA benefits for services rendered to a member between August 13, 2020 and April 1, 2021. Plaintiff asserts that it submitted a total of 174 claims, that 20 claims were denied for failure to meet coverage guidelines, and that the remaining 154 were never processed.

*Jason Bailey, M.D., et al. v. Health Care Service Corporation d/b/a Bluecross Blueshield of Illinois, et al., U.S.D.C. S.D. TX, Doc. No. 4:26-cv-2763, (filed Apr. 7, 2026).* Removed action in which OON surgeon and associated practice seeks \$837,047.71 for emergency surgical and related care provided to members. Plaintiffs assert claims for breach of implied contract, violations of Texas Prompt Payment Act and recovery pursuant to the Texas Emergency Care Statutes.

*Healthcare Justice Coalition, LLC v. Aetna Health, Inc., et al., U.S.D.C. S.D. IN, Doc.No. 1:26-cv-689-JRO-MG, (filed Apr. 7, 2026).* Removed action in which alleged double assignee of emergency claims asserts underpayment. Plaintiff asserts claims for quantum meruit and account stated.

*Kelly O., et al. v. Cigna Health and Life Insurance Company, et al., U.S.D.C. D. CT, Doc. No. 3:26-cv-533, (filed Apr. 8, 2026).* Member seeks \$54,600 in ERISA benefits for child's residential mental health treatment at Wingate Wilderness Therapy from April 13, 2023 to July 5, 2023. The claims were denied as experimental, investigational, or unproven services. Plaintiff also alleges MHPAEA violation.

*M.W. v. Aetna Life Insurance Company, et al., U.S.D.C. D. MA, Doc. No. 1:26-cv-11638-BEM, (filed Apr. 8, 2026).* Member seeks ERISA benefits associated with residential mental health treatment at Huntsman Mental Health Institute from June 1, 2024 to July 16, 2024 and at Discovery Ranch from July 31, 2024 to October 24, 2024. Plaintiff also seeks statutory penalties of \$19,910 for alleged failure to provide required plan and claim documents.

*D.J. by and through Scott J. v. United Behavioral Health d/b/a Optum, et al., U.S.D.C. D. MA, Doc. No. 1:26-cv-11667-PGL, (filed Apr. 9, 2026).* Member seeks ERISA benefits associated with OON residential mental treatment at Family Solutions Network, Inc. d/b/a Turning Winds from February 13, 2025 to July 21, 2025. The plan rejected the offer of a single case agreement on the grounds the request did not meet the internal guidelines for an SCA. Plaintiff also asserts \$27,390 in penalties for failure to provide requested plan and claim documents.

*J.Y., et al. v. Blue Cross Blue Shield of Michigan, U.S.D.C. E.D. MI, Doc. No. 2:26-cv-11173-RJW-DRG, (filed Apr. 10, 2026).* Member seeks \$49,000 in ERISA benefits for child's residential mental health treatment at Summit from April 11, 2023 to June 13, 2023. Both facility and physician claims were denied as out of network. Plaintiff also alleges MHPAEA violation.

*Caeden Martin, et al. v. Health Care Service Corporation a/b/n Blue Cross Blue Shield of Montana, U.S.D.C. D. MT, Doc. No. 2:26-cv-34-JTJ, (filed Apr. 10, 2026).* Member seeks benefits for air ambulance transport from Bozeman Health in Bozeman, Montana to Primary Children's Hospital in Salt Lake City, Utah on April 13, 2024 via Life Flight due to a pathological femur fracture. The claim was denied as not medically necessary. Plaintiff also alleges violations of Montana Unfair Trade Practices Act.

*Thomas Daniels v. Anthem Blue Cross Life and Health Insurance Company, et al., U.S.D.C. M.D. FL, Doc. No. 6:26-cv-803-RBD-DCI, (filed Apr. 10, 2026).* Member seeks ERISA benefits from a self-funded plan for unspecified healthcare services. The underlying complaint does not specify basis for the denial.

*Alexander Sorokurs, M.D., A PC v. [ ] and Health Care Service Corporation, U.S.D.C. C.D. CA, Doc. No. 2:26-cv-3854, (filed Apr. 10, 2026).* Removed action in which pro se OON physician seeks reimbursement and alleges underpayment of unspecified services. Billed charges were \$4,000 and the amount paid was \$104.12.

*Thrive Health IV Clinic, P.C. v. Wellmark, Inc. d/b/a Wellmark Blue Cross and Blue Shield of Iowa, et al., U.S.D.C. S.D. IA, Doc. No. 4:26-cv-170-SR-WPK, (filed Apr. 10, 2026).* OON facility and alleged assignee seeks \$308,074.89 in ERISA benefits for eight allegedly preauthorized Tepezza eye infusions administered between June 7, 2023 and June 7, 2024. Plaintiff asserts payment was mistakenly issued to a different facility associated with the surgeon who provided the services. Plaintiff alleges that payer acknowledged the error and recovered the funds, but then denied the claims for failure to meet credentialing requirements.

*Joseph DeDonato, Esq. v. Cigna Health and Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3821-JKS-CF, (filed Apr. 10, 2026).* Removed action in which member seeks \$16,000 in ERISA benefits for allegedly pre-approved eyelid surgical procedure by an OON oculoplastic surgeon. Claim was denied based on incomplete provider information.

*G.A., by and through Eric A. v. Aetna Life Insurance Company, U.S.D.C. D. MA, Doc. 1:26-cv-11693-IT, (filed Apr. 11, 2026).* Member seeks ERISA benefits associated with residential mental health treatment at Ironwood Maine in 2022. Plaintiff seeks \$12,870 in penalties for alleged failure to provide requested plan and claim documents. Plaintiff also alleges MHPAEA violation. Basis of denial is not stated in the complaint.

*Keith Feder, M.D., Inc. v. Blue Cross of Alabama, et al., U.S.D.C. C.D. CA, Doc. No. 2:26-cv-3949, (filed Apr. 14, 2026).* Removed action in which OON orthopedic surgeon seeks benefits and alleges underpayment of consultations, surgeries, and injections provided to member between May 2, 2023 and March 13, 2025. Payer issued total payments of \$17,493.88, and the billed charges are not identified in the complaint. Plaintiff asserts negligent misrepresentation and promissory estoppel.

*James R. Watson, Jr. v. Blue Cross Blue Shield of South Carolina, U.S.D.C. D. SC, Doc. No. 4:26-cv-1555-SAL-TER (filed Apr. 14, 2026).* Member of marketplace plan contests loss of APTC premium subsidy and seeks \$4,133 paid in out-of-pocket premiums and an additional \$18,467 in unspecified damages.

*California Spine and Neurosurgery Institute v. Anthem Blue Cross Life and Health Insurance Co., et al., U.S.D.C. C.D. CA, Doc. No. 2:26-cv-4011, (filed Apr. 15, 2026).* Removed action in which OON surgeon seeks benefits and alleges underpayment of claims associated with CPT codes 63035, 63030, and 69990. Billed charges were \$89,500 and the nothing was paid. The basis of payment is not stated in the underlying complaint.

*ABA Programming, Inc. v. United Healthcare Insurance Company, et al., U.S.D.C. S.D. IN, Doc. No. 1:26-cv-748-TWP-MG, (filed Apr. 15, 2026).* Network provider of Medicaid ABA services to treat autism challenge recoupment attempt of plan seeking \$751,400.12. The plan asserts claims were submitted without appropriate taxonomy codes.

## RECENTLY FILED ACTIONS – NSA CLAIMS

*Jeffrey Farkas, M.D. LLC a/k/a Interventional Neuro Associates v. Blue Cross Blue Shield Association, U.S.D.C. E.D. NY, Doc. No. 1:26-cv-1934, (filed Apr. 1, 2026).* Removed action in which OON neurologist seeks to collect NSA award associated with CPT 36224-50. The billed charges were \$64,000, the amount allowed was \$266.97, and the award was \$48,000.

*Nirav B. Savalia d/b/a Newport Beach Center for Plastic Surgery v. Anthem Blue Cross Life and Health Insurance Company, U.S.D.C. C.D. CA, Doc. No. 8:26-cv-796, (filed Apr. 1, 2026).* Removed action in which OON plastic surgeon seeks to collect NSA awards associated with CPT codes 14301, 14302, and 19316-LT. The total billed charges were \$107,145, the payments allowed were \$14,209.91, and the aggregate award was \$107,145.

*PHI Health, LLC v. Anthem Insurance Companies, Inc., U.S.D.C. S.D. IN, Doc. No. 1:26-cv-644-TWP-MG, (filed Apr. 1, 2026).* Removed action in which OON air ambulance seeks to collect \$622,122.01 in NSA awards for emergency medical air transport provided to members.

*Mazen Itani, M.D., PC v. Cigna Health and Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3467-JXN-JSA, (filed Apr. 1, 2026).* Removed action in which OON vascular surgeon seeks to collect NSA award associated with CPT 44145-80. The total billed charges were \$66,000, the amount allowed was \$476.84, and the award was \$57,000.

*Mehling Orthopedics, LLC v. Cigna Health and Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3472-SDW-CF, (filed Apr. 1, 2026).* Removed action in which OON orthopedic surgeon seeks to collect NSA awards related to treatment of three members. For Member One, the billed charges totaled \$9,439.60 for CPT codes 99283 and 27808, the claims were denied, and the aggregate award was \$9,439. For Member Two, the billed charges were \$20,500 for CPT 25575, the allowed amount was \$276.46, and the award was \$20,500. For Member Three, the billed charges totaled \$46,304.24 for CPT codes 13122, 20974, 13121, and 27829, the allowed amount for CPT 27829 was \$698.19, and the aggregate award was \$45,454.24.

*Nirav B. Savalia d/b/a Savalia Plastic Surgery v. Anthem Blue Cross Life and Health Insurance Company, U.S.D.C. C.D. CA, Doc. No. 8:26-cv-806, (filed Apr. 2, 2026).* Removed action in which OON plastic surgeon seeks to collect NSA award associated with CPT 19357. The billed charges were \$99,950, the amount allowed was \$2,519.22, and the award was \$84,957.50. Plaintiff also alleges violation of Cal. Bus. & Prof. Code § 17200.

*W. Medical Care, P.C. v. Cigna Health and Life Insurance Company, U.S.D.C. E.D. NY, Doc. No. 1:26-cv-1967-ENV-PCG, (filed Apr. 2, 2026).* Removed action in which OON provider seeks to collect NSA awards related to treatment of two members. For Member One, CPT codes 29881-LT, 206610-LT and 29819-LT were billed at \$16,750, the amount allowed was \$1,305.94, and the aggregate award was \$16,750. For Member Two, CPT 29826-RT was billed at \$6,500, the claim was denied, and the award was \$6,500.

*Mid Atlantic Orthopedic Associates v. Aetna Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 3:26-cv-3562, (filed Apr. 2, 2026).* Removed action in which OON orthopedic surgeon seeks to collect NSA awards related to treatment of three members. For Member One, CPT codes 99222 and 20930 were billed at \$3,956, the allowed amount was \$173.31, and the aggregate award was \$3,956. For Member Two, CPT 63048 was billed at \$120,000, the amount allowed was \$39,951.29, and the award was \$102,000. For Member Three, two units of CPT 27814 were billed at \$13,913 each, the allowed amount on the first unit was \$1,053.80 and the second was \$168.61, and the aggregate award was \$25,739.05.

*Nirav B. Savalia d/b/a Savalia Plastic Surgery v. Anthem Blue Cross Life and Health Insurance Company, U.S.D.C. C.D. CA, Doc. No. 8:26-cv-813, (filed Apr. 3, 2026).* Removed action in which OON plastic surgeon seeks to collect NSA awards associated with CPT codes 15734 and 14301. The combined billed charges were \$87,000, the total amount allowed was \$1,793.89, and the aggregate award was \$81,225. Plaintiff also alleges violation of Cal. Bus. & Prof. Code § 17200.

*Amer Institute of Orthopaedics, LLC v. United Healthcare Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3580-MCA-AME, (filed Apr. 3, 2026).* Removed action in which OON orthopedic surgeon seeks to collect NSA awards associated with CPT codes 64831, 64722 and 26735. The billed charges were \$160,610, the amount allowed was \$503.86, and the aggregate award was \$148,760. Plaintiff asserts quantum meruit and unjust enrichment.

*Spine and Trauma Institute v. United Healthcare Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3587-JKS-JSA, (filed Apr. 3, 2026).* Removed action in which OON orthopedic surgeon seeks to collect NSA awards associated with CPT codes 63048, 22843, 20936 and 22614. The combined charges were \$430,900, the claims were denied, and the aggregate award was \$365,995. Plaintiff asserts quantum meruit, promissory estoppel, and unjust enrichment.

*Mehling Orthopedics, LLC v. Aetna Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3570-SRC-JSA, (filed Apr. 3, 2026).* Removed action in which OON orthopedic surgeon seeks to collect NSA awards related to treatment of six members. The awards were \$6,350 for CPT codes 13122 and 20974; \$85,436.44 for CPT codes 27829, 27823, 27848, 13122, 11044 and 13121; \$19,000 for CPT 24546; \$10,194.44 for CPT 13121; \$24,600 for CPT 23515; and \$30,951 for CPT 27245.

*Shel Aesthetics, Inc. d/b/a Savalia Plastic Surgery v. Anthem Blue Cross Life and Health Insurance Company, et al., U.S.D.C. C.D. CA, Doc. No. 8:26-cv-837, (filed Apr. 6, 2026).* Removed action in which OON plastic surgeon seeks to collect NSA awards associated with CPT 19318. The billed charges were \$75,000, the allowed amount was \$1,808.42, and the award was \$75,000. Plaintiff also alleges violation of Cal. Bus. & Prof. Code § 17200.

*Premera Blue Cross v. Transform Weight Loss, LLC, et al., U.S.D.C. W.D. WA, Doc. No. 2:26-cv-1162, (filed Apr. 6, 2026).* Payer seeks recoupment and cancellation of NSA awards obtained by OON weight-loss provider for non-emergency services at OON facilities. Plaintiff asserts false IDR eligibility certifications and violations of the Washington Consumer Protection Act.

*Jeffrey Farkas, M.D., LLC d/b/a Interventional Neuro Associates, LLC v. United Healthcare Insurance Company, U.S.D.C. E.D. NY, Doc. No. 2:26-cv-2017-ARL, (filed Apr. 6, 2026).* Removed action in which an OON neuroendovascular specialist seeks to collect NSA awards related to treatment of five members. The awards were \$84,000 for CPT 36224-50; \$75,520 for CPT codes 36224 and 36226-50; \$102,212.50 for CPT codes 36012-50, 37253, 37249-50 and 37252; \$149,000 for CPT codes 61624 and 36226-50; and \$84,000 for CPT 36224-50.

*Nirav B. Savalia d/b/a Savalia Plastic Surgery v. Anthem Blue Cross Life and Health Insurance Company, U.S.D.C. C.D. CA, Doc. No. 8:26-cv-855, (filed Apr. 8, 2026).* Removed action in which OON plastic surgeon seeks to collect NSA award associated with CPT codes 19318 and 14301. The total billed charges were \$113,500, the claims were denied, and the award was \$113,500. Plaintiff also alleges violation of Cal. Bus. & Prof. Code § 17200.

*Samra Plastic and Reconstructive Surgery v. Cigna Health and Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 3:26-cv-3706-GC-JTQ, (filed Apr. 8, 2026).* Removed action in which OON plastic surgeon seeks to collect NSA awards related to treatment of two members. For Member One, CPT 64702-51 was billed at \$22,525, the payment allowed was \$807.04, and the award was \$22,525. For Member Two, CPT 97607 was billed at \$2,500, the claim was denied, and the award was \$1,044.

*Mark Drzala, M.D. PC v. United Healthcare Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3724-CCC-JBC, (filed April 8, 2026).* Removed action in which OON orthopedic surgeon seeks NSA awards related to treatment of two members. For Member One, CPT codes 64712 and 76000 were billed at \$12,465, the claims were denied, and the aggregate award was \$10,500. For Member Two, CPT codes 22558-62, S2350, 22853-62, 22845-59, 20930, and 76000-26-59 were billed at \$143,626, the allowed amounts were \$7,055.38, and the aggregate award was \$104,287.25.

*NU Spine, LLC v. Aetna Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3711-CCC-JSA, (filed Apr. 8, 2026).* Removed action in which OON neurosurgeon seeks to collect NSA awards associated with a procedure performed by two surgeons. Surgeon One billed \$87,500 for CPT codes 20930, 20936, 22842 and 22634, the allowed amounts were \$1,660.81, and the aggregate award was \$81,045. Surgeon Two billed \$360,200 for CPT codes 22853-AS, 22633-AS, 62053-AS, 22842-AS, 63052-AS, 22634-AS and 22853-AS, the allowed amounts were \$2,611.31, and the aggregate award was \$353,258.

*Caprice Monitoring Associates, LLC v. Aetna Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3715-KSH-LDW, (filed Apr. 8, 2026).* Removed action in which OON neurophysiologist seeks to collect NSA awards related to treatment of six members. The awards were \$32,902 for CPT codes 95940 (11 units), 95939-TC, 95938-TC, 95937-TC and 95861-TC; \$23,540 for CPT codes 95940 (26 units), 95938-TC, 95937-TC and 95861-TC; \$17,255 for CPT codes 95940 (12 units), 95938-TC, 95937-TC, 95861-TC and 95885-TC; \$30,900 for 95940 (7 units), 95939-TC, 95938-TC, 95937-TC and 95861-TC; \$30,901 for CPT codes 95940 (7 units), 95939-TC, 95938-TC, 95937-TC and 95861-TC; and \$33,876.63 for CPT codes 95940 (11 units), 95938-TC, 95937-TC, 95861-TC and 95939-TC.

*Bergen Lap & General Surgery v. Cigna Health and Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3758-KSH-AME, (filed Apr. 9, 2026).* Removed action in which OON plastic surgeon seeks to collect NSA award associated with CPT 47562. The billed charges were \$20,000, the allowed amount was \$1,310.05, and the award was \$20,000.

*Richard Klein, M.D. d/b/a Mid Atlantic Orthopedic Associates, LLP v. United Healthcare Insurance Company, U.S.D.C. D. NJ, Doc. No. 3:26-cv-3775-RK-JTQ, (filed Apr. 9, 2026).* Removed action in which OON orthopedic surgeon seeks to collect NSA awards related to treatment of three members. For Member One, CPT codes 99222-57 and 20690-TS-RT were billed at \$7,322, the allowed amounts were \$736.33, and the aggregate award was \$7,322. For Member Two, CPT codes 99222-57, 22600-62, 63048-62 (4 units), 22614-63 (3 units) and 22842 were billed at \$358,430, the allowed amounts were \$3,980.88, and the aggregate award was \$318,389. For Member Three, CPT 11012-51-LT was billed at \$7,918, the allowed amount was \$873, and the award was \$7,918.

*Northeast Neurosurgical Associates v. United Healthcare Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3784-SRC-JBC, (filed Apr. 10, 2026).* Removed action in which OON neurosurgeon seeks to collect NSA awards related to treatment of five members. For Member One, three units of CPT 64636 were billed at \$30,000, the amounts allowed were \$ 186.48, and the aggregate award was \$30,000. For Member Two, CPT 62161 was billed at \$35,000, the amount allowed was \$374.99, and the award was \$29,750. For Member Three, CPT 22600 was billed at \$105,000, the amount allowed was \$1,003.77, and the award was \$52,036.88. For Member Four, CPT codes 22600 and 22595 were billed at \$202,000, payment was only allowed for CPT 22600 at \$1,231, and the aggregate award was \$160,750. For Member Five, CPT 69990 was billed at \$6,000, the claim was denied, and the award was \$6,000.

*Neurospine Plus, LLC v. Aetna Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3811-KSH-AME, (filed Apr. 10, 2026).* Removed action in which OON plastic surgeon seeks to collect NSA awards related to treatment of six members. The awards were \$107,100 for two units of CPT 15734; \$85,000 for CPT 63047; \$111,200 for CPT codes 13102, 15734, and 22845; \$84,185 for CPT codes 22845 and 22853; \$181,500 for CPT codes 15734, 15734 and 14301; and \$234,108 for CPT codes 22634, 63053, 22633 and 222633.

*Jay Bhuta, P.C. v. Aetna Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3815-EP-LDW, (filed Apr. 10, 2026).* Removed action in which OON podiatric surgeon seeks to collect NSA awards related to treatment of five members. The awards were \$13,747 for CPT codes 11044 and 27603; \$42,948.40 for CPT codes 27650, 28118, 27680, 97607, 28118 and 27650; \$14,118.25 for CPT codes 15120, 15004 and 11044; \$7,000 for CPT 20902; and \$13,075.02 for CPT 21630.

*Garden State Pain and Orthopedics v. Aetna Life Insurance Company, U.S.D.C. D. NJ, Doc. No. 2:26-cv-3816-JXN-SDA, (filed Apr. 10, 2026).* Removed action in which OON orthopedic surgeon seeks to collect NSA awards associated with CPT codes 63052, 22633, 20930, 22840, 20937 and 22853. The total billed charges were \$231,792, the allowed amount was \$886.61, and the aggregate award was \$216,792.

## ADDITIONAL NEWSWORTHY (REGULATORY)

CMS proposes new standards to accommodate electronic prior authorization of drugs for Medicaid and CHIP FFS programs, Medicaid MCOs, CHIP managed care entities, and QHP issuers on the FFEs, and proposes to reduce the response time on covered outpatient drug PA requests to 24 hours for Medicaid FFS programs, Medicaid MCOs, CHIP managed care entities. Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability Standards and Prior Authorization for Drugs for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges, 91 Fed. Reg. 19890, (issued Apr. 14, 2026).

[Mitchell Hasenkampf](#) leads the firm's compliance practice group, which advises clients on matters including utilization review and prompt pay requirements for government and commercial plans, Member incentives, marketing and member communications, and Grievance and Appeal processes.

## ABOUT THE AUTHOR



**Jonathan M. Herman** is the founding member of [Herman Law Firm](#), which represents health insurers, plan administrators, and self-funded plans in reimbursement disputes and compliance matters. He is also on the Roster of Arbitrators for the American Arbitration Association (Healthcare, Commercial) and a Neutral for the American Health Lawyers Association.



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