Administrative Burden Is the Real Surprise

By Dr. Ray Foxworth, DC, FICC

Not long ago, I was talking with a fellow chiropractor who summed up a frustration I hear almost every week. “Ray,” he said, “I don’t mind working hard for my patients. I just wish I didn’t have to work so hard to get paid.”

That conversation came to mind when I read about the latest changes to the No Surprises Act. Federal regulators recently reduced the fee to initiate an Independent Dispute Resolution (IDR) case from $115 to $15 and added standardized claim codes to make it easier for providers to identify eligible disputes. Those are welcome improvements for the specialties affected by the law. But they also highlight a much larger issue facing healthcare today: the administrative burden of getting paid continues to grow.

While most chiropractors will never use the federal IDR process, we certainly understand what it feels like to navigate an increasingly complex payment landscape. Every year seems to bring another rule, another documentation requirement, another policy update, or another obstacle standing between delivering care and being properly reimbursed.

The problem isn’t simply delayed payment. It’s the time, energy, and resources practices spend trying to interpret changing rules instead of focusing on patients.

That’s why financial conversations have become just as important as clinical conversations.

Today’s patients are carrying higher deductibles, paying more out of pocket, and asking thoughtful questions about the cost of care before treatment even begins. They deserve clear answers. When practices communicate financial expectations up front, explain treatment recommendations honestly, and establish consistent financial policies, patients gain confidence rather than uncertainty.

The same principle applies inside the practice.

Too often, chiropractors find themselves negotiating fees on the fly or creating exceptions because they genuinely want to help. We’ve all been there. But inconsistent financial decisions create confusion for patients, undermine staff, and can introduce unnecessary compliance risks.

Helping patients should never require abandoning sound business practices.

The practices that thrive are those that build systems rather than rely on exceptions. Written financial policies, well-trained staff, transparent communication, and compliant discount programs allow doctors to spend less time discussing dollars and more time discussing health.

Healthcare isn't getting simpler. If anything, recent regulatory changes remind us that administrative complexity is becoming the new normal. We may not control the rules, but we can control how prepared our practices are to navigate them.

After nearly four decades in practice, I've learned that success isn't about mastering every new regulation the day it's announced. It's about creating systems that allow your practice to adapt without losing sight of why you became a chiropractor in the first place: serving patients.

The less time we spend chasing payments and untangling administrative headaches, the more time we have to deliver exceptional care. And that's a goal every chiropractor can agree on.

If your practice is looking for practical ways to improve patient affordability while strengthening compliance and creating more consistent financial systems, we've put together a free white paper, ***Four Overlooked Secrets of Successful Chiropractic Practices*.** It explores simple strategies that can help you communicate financial expectations more effectively, improve patient retention, and protect the long-term health of your practice.

References:

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3. Medical Group Management Association (MGMA). Federal advocacy resources on the No Surprises Act and Independent Dispute Resolution. https://www.mgma.com

Dr. Ray Foxworth, DC, FICC, is the founder and CEO of ChiroHealthUSA, and host of Chirosphere, a podcast featuring conversations with chiropractic leaders on practice success, leadership, and the future of the profession. With more than 39 years of experience in chiropractic care, he brings firsthand expertise in billing, coding, documentation, and compliance. Dr. Foxworth is a former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center, past chairman of the Chiropractic Summit, former chairman of the Mississippi State Board of Health, an at-large board member of the Chiropractic Future Strategic Plan, and serves on the executive board of the Foundation for Chiropractic Progress. Find the latest episodes of Chirosphere at chirotalk.podbean.com. Reach Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com, or www.chirohealthusa.com. Join a free weekly webinar on practicing with greater peace of mind at www.chirohealthusa.com.