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## Data Brief

# The No Surprises Act: Independent Dispute Resolution Outcomes for Planned Procedures

June 2026

## Overview

Some surgical procedures, when performed by an out-of-network provider at an in-network facility, are subject to the No Surprises Act (NSA), which details a process for payers and out-of-network providers to resolve disputes around reimbursement when commercially insured patients would otherwise face surprise medical bills. A new analysis of these disputes shows that providers are asking for, and independent dispute resolution entities (IDREs) are awarding, amounts tens to hundreds of times higher than typical in-network rates—adding tens of thousands of dollars in excess costs per award.

## Background

The NSA, which went into effect in January 2022, protects patients nationally from surprise medical bills for out-of-network care that they did not anticipate or could not prevent. Under this policy, patients pay their in-network cost sharing rate, while payers and providers negotiate the remaining reimbursement of the bill. If negotiations fail after 30 days, the provider may initiate the NSA's independent dispute resolution (IDR) process, in which an IDRE chooses either the payer's or the provider's offer as the final payment amount (award). When selecting an offer, IDREs should consider factors such as the Qualifying Payment Amount (QPA), i.e., the plan's median contracted rate for the same service in the same geographic region.

## Non-Emergency Care Under the NSA

Planned procedures may fall under the NSA if both the facility and the primary provider are in-network, but supporting providers, such as radiologists or anesthesiologists—who were likely not chosen by the patient—are out-of-network. While not the primary scenario contemplated under the NSA, planned procedures in which the primary provider is out-of-network, but the facility is in-network, may also result in the IDR process. In these cases, the out-of-network provider must give the patient a notice that explains the waiver of NSA protections and provides a good faith estimate of the expected out-of-pocket cost. However, if the patient does not consent to be billed for the out-of-network care—or if the provider never notified the patient—the provider may still perform the procedure and may initiate the IDR process for reimbursement.

## Study Objective

To compare awards from the IDR process for disputes related to planned procedures to four benchmarks:

- |                           |                                 |                                   |                                 |
|---------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <b>1</b>                  | <b>2</b>                        | <b>3</b>                          | <b>4</b>                        |
| Qualifying Payment Amount | Industry-Wide Contracted Prices | Elevance Health In-Network Claims | Medicare Fee-For-Service Prices |

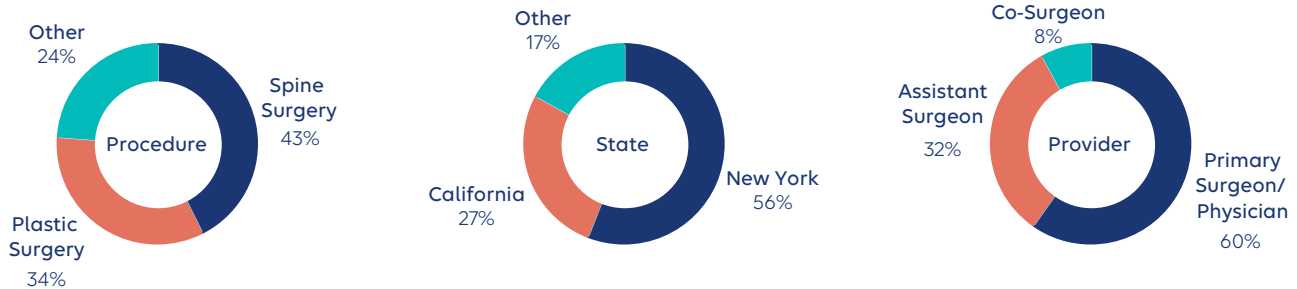
## Analysis

This retrospective study used NSA IDR data from Elevance Health-affiliated plans' disputes determined between 1/1/2024 and 2/1/2026. Specifically, it focused on the 25 most common procedure codes for planned surgical and endoscopic procedures in Elevance Health's IDR data. Of these 25 codes, 11 are for spine surgery, 8 are for plastic surgery, and 6 are for other procedures (e.g., colonoscopy).

## Results

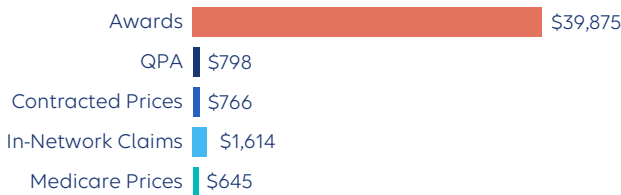
This study included 7,304 disputed claim lines, which arose from 483 providers, 3,706 surgical episodes, 4,628 claims, and 6,594 disputes. Providers won 89.5 percent of these disputed claim lines.

Figure 1. Characteristics of Disputes for Planned Surgical Procedures (Percent of Claim Lines)



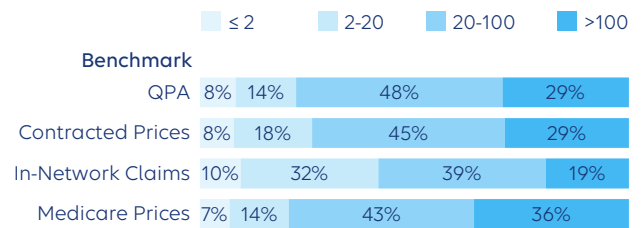
IDR awards far exceeded all benchmarks of typical commercial/Medicare prices (Figure 2).

Figure 2. Mean Awards and Benchmarks



IDR awards were frequently tens or hundreds of times larger than benchmarks (Figure 3).

Figure 3. Award to Benchmark Ratio, Percent of Disputes



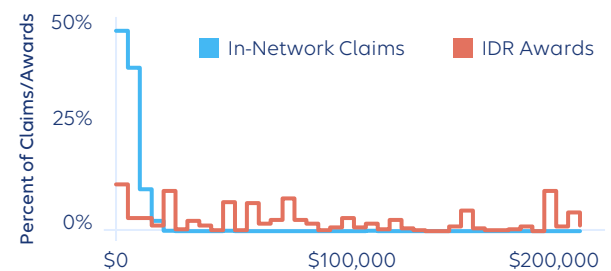
IDR awards increased by 43 percent from 2024 to 2025 (Figure 4).

Figure 4. Mean Award per Quarter



In New York City, in-network breast reductions were paid an average of \$5,196, while IDR awards averaged \$82,049 (Figure 5).

Figure 5. In-Network Claims & Awards for Breast Reduction



## Conclusion

IDR awards to providers for certain planned procedures (e.g., plastic surgery, spine surgery) are extreme, averaging more than 50 times benchmarks that reflect in-network commercial rates and Medicare rates. Because most providers have been winning awards an order of magnitude higher than accepted in-network rates, IDR appears to have become a strategy for obtaining lucrative reimbursement rather than a last resort for dispute resolution.

Policy changes are needed to ensure that the NSA does not contribute to rising healthcare costs, particularly for planned out-of-network care. By limiting eligibility of planned services for the IDR process, reinforcing use of market-based benchmarks, and increasing transparency around IDRE decision-making, Congress and regulators can better align the IDR process with its original intent: protecting patients from surprise medical costs.