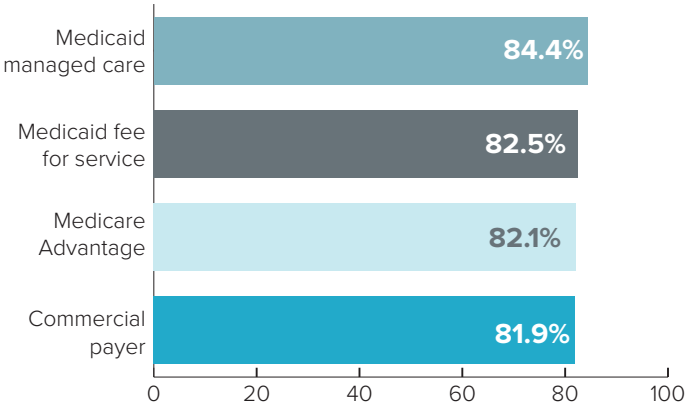
THE BURDEN OF PRIOR AUTHORIZATION FOR PHYSICAL THERAPIST SERVICES

APTA members report that patients experience unnecessary delays in accessing medically necessary physical therapist services, which ultimately adversely impacts clinical outcomes, when public and private insurers require prior authorization. APTA urges policymakers and third-party payers to advance policies that facilitate direct access to physical therapist services and standardize prior authorization processes when appropriate.

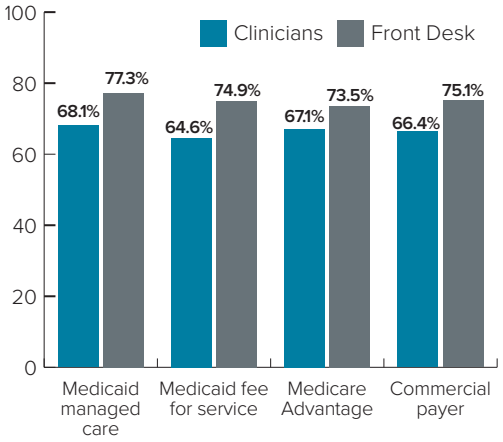
Prior authorization

Percentage of front desk staff who spend more than 10 minutes to complete a prior authorization for each patient enrolled in these health plans



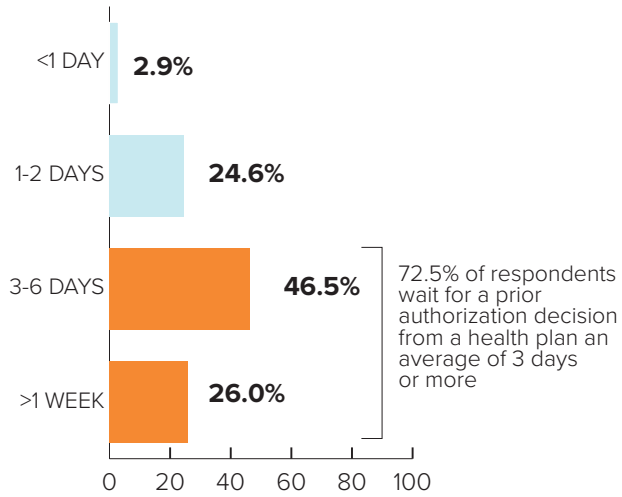
Continued visits

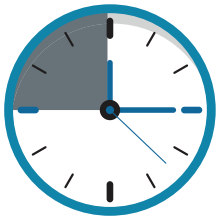
Percentage of clinicians and front desk staff who spend more than 10 minutes when requesting approval for continued visits for each established patient enrolled in these health plans



Nearly 3/4 of respondents indicated that prior authorization requirements delay access to medically necessary care by more than 25%

Average wait time





25%

Amount of clinician and staff time most respondents indicated would be saved if Congress constructed legislation that requires standardization of prior authorization forms and processes

74% OF RESPONDENTS

agreed or strongly agreed that prior authorization requirements negatively impact patients' clinical outcomes

Data is based on a web-based survey administered Dec 2018-Jan 2019.
Sample size: 15,951 | Respondents: 1,617

Respondents were screened to ensure that every participant met at least 1 of these criteria:

- Is an owner/partner of a physical therapy practice
- Is an administrator/supervisor
- Provides at least some direct patient care

Remaining respondents after screening: 1,599
Of these:

- 72% practice in outpatient settings
- 33% are owners/partners of a practice
- 62% are administrators/supervisors
- 96% provide at least some direct patient care