The Utah Physical Therapy Association (UPTA) would like to call your attention to recent changes in Utah Medicaid outpatient physical therapy reimbursement. A single bundled code with minimal reimbursement has long been a concern when treating patients with Utah Medicaid. Because of many behind the scene efforts, the legislature has enacted changes eliminating the single bundled code for physical therapy treatment. Beginning July 1, 2019, Medicaid will reimburse physical therapy by CPT code for actual procedures performed. The final reimbursement rate is approximately 90% of the Medicare fee schedule.

Providing evidence based physical therapy practice information and research helped legislators embrace this change of promoting reduction in opioid use, decreasing hospitalizations and emergency type care.

This is a tremendous win for physical therapists in Utah and for many Medicaid patients who have not had access to physical therapy in the past. As anticipated, state budgeting forecasts project significantly increased physical therapy payments. The reasons are two fold:

(1) Increased reimbursement per visit and (2) Increased utilization. Our hope is that next year upon legislative spending review, the increased budget will not completely outpace expectations. Eventually our goal is to help and be recognized as part of the reduced spending in other health care areas directly related to improved access to physical therapy.

Please continue to be judicial and ethical when submitting charges for physical therapy services. With increased reimbursement and numbers of patients seen in clinic, one concern is if spending is significantly above what is expected, it could trigger an over-reaction and even possibly a return to the previous type of payment system.

We would like to acknowledge the efforts of our lobbyist Mark Sonntag, Mark Anderson, the UPTA Board, our bill sponsor Representative Ray Ward and the other legislators who have been responsive to our requests and concerns. Without the efforts of these individuals, this could never have happened. We would also like to call attention to the benefits of having representation from UPTA at the legislature, at the division of occupational and professional licensing and in forwarding the brand of physical therapy to the public. There are many things that happen at these levels that are not always noticed, but directly contribute to making Utah the “#1 state to practice physical therapy” in the nation.

Other recent wins influenced by UPTA that improve our ability to practice physical therapy in Utah include (but are not limited to):

· Ability of physical therapists to order imaging including plain films and MRI
· Clarification in the definition for mobilization/manipulation
· Addition of Dry Needling to Utah’s practice act
· Participation in the PT Compact Agreement
· Ability for new graduates to practice sooner after graduation
· Protecting the term neuromuscular response
· Enacting the Spinal Cord and Brain Injury Fund and the Pediatric Neuro-Rehabilitation Fund.
· Constantly defending encroachment of other professions and challenges to the practice of physical therapy and our practice act

Far beyond just providing continuing education or conferences, your APTA/UPTA dues contribute directly to successes like this, making Utah a great place to practice our profession. We hope this helps demonstrate part of the value of your membership.

Thank you for your continued support of your profession and this chapter.

Greg Rowley, MPT,MTC

Reimbursement Chair, UPTA'