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| APTA Template Letter: Provider to Payer to Request Reconsideration of the Policy to Impose a PTA Reimbursement Reduction |

This template is to be used by the provider to convey the adverse impact of a PTA payment differential and to request a change in policy.

Insert the applicable information in brackets and create a letter to mail or email to the appropriate entity/agency.

REMINDER: Delete the header, these instructions, and any other bracketed language below prior to submitting your letter.

[DATE]

[NAME/TITLE OF ADDRESSEE]

[INSURER NAME]

[ADDRESS]

Attn: [FIRST/LAST NAME]

Reference Number: [INSERT NUMBER]

[PATIENT NAME, ID#, DATE OF SERVICE]

Re: [HEALTH PLAN] PTA differential

Dear [TITLE/LAST NAME]:

On [DATE], [HEALTH PLAN] is implementing a new policy that will impose a payment reduction for services provided by physical therapist assistants. Payment for claims submitted with modifier CQ indicating the services were provided in whole or in part by a PTA will be reduced by 15%. This change impedes my ability to deliver evidence-based, medically appropriate services grounded in sound clinical judgment to [HEALTH PLAN] enrollees. Please accept this letter as a request for [HEALTH PLAN] to consider rescinding this policy change.

**Background**

Physical therapist assistants provide services under the supervision and direction of the physical therapist. A physical therapist delegates components of care based on the scope and skills of the physical therapist assistant. When a physical therapist assistant is engaged in the treatment of the patient they are always doing so as part of a PT-PTA team, and the physical therapist is continuously coordinating the care delivery.

In many rural and underserved communities, the ability to meet the physical therapy needs of the population is dependent upon the ability of a physical therapist to delegate appropriate elements of the plan of care to a physical therapist assistant. This may involve portions of a treatment session or a treatment session in its entirety. The impact of the PTA differential will disproportionately impact certain practices and patient populations.

[EXPLAIN IN NARRATIVE FORMAT SPECIFICS ABOUT YOUR PRACTICE AND HOW THIS PAYMENT POLICY WILL ADVERSELY IMPACT YOUR PATIENT POPULATION AND FINANCIAL STABILITY.]

Based on the information provided, I look forward to your reevaluation of the PTA payment reduction.

Thank you for your consideration.

Respectfully submitted,

[NAME]

[ADDRESS]

[TELEHONE]

[EMAIL]

Enclosures:

[LIST ANY ENCLOSURES YOU ARE INCLUDING. IF THERE ARE NO ENCLOSURES, DELETE THIS SECTION.]