

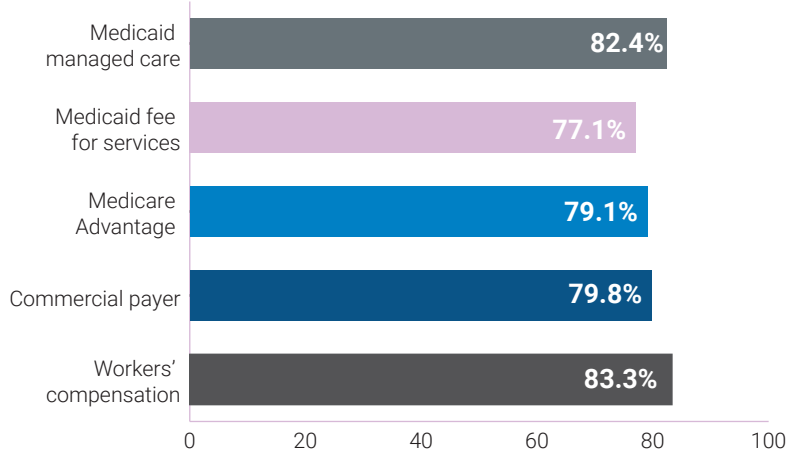
# The Impact of Administrative Burden on Physical Therapist Services



APTA members report that medically necessary physical therapist services are delayed — ultimately impacting patients' clinical outcomes — because of the amount of time and resources they must spend on documentation and administrative tasks. The volume of these tasks also leads to dissatisfaction and burnout. APTA urges policymakers and third-party payers to advance policies that streamline documentation requirements, standardize prior authorization and payer coverage policies, and eliminate unnecessary regulations. Distributed in the fall of 2022, the APTA Administrative Burden Survey received responses from 773 APTA members across various facility and institutional settings. The objective, measurable survey results offer important insight into how administrative burden impacts patient clinical outcomes

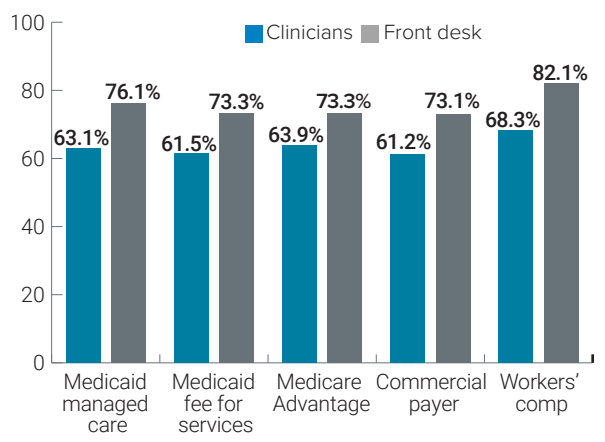
## Prior Authorization

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



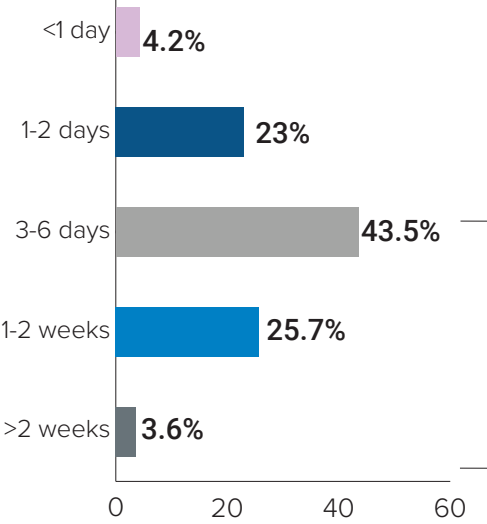
## Continued Visits

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

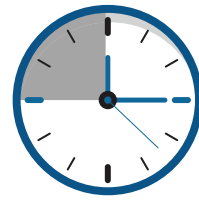


**Nearly 3/4 of respondents indicated that prior authorization requirements delay access to medically necessary care by more than 25%**

## Average Wait Time



72.8% of respondents wait for a prior authorization decision from a health plan an average of 3 days or more



**25% or more**

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

**80% of Respondents agreed or strongly agreed that prior authorization requirements negatively impact patients' clinical outcomes**

More Than 8 out of 10 respondents say administrative burden increases by more than

**25%**

when a third-party administrator is involved



**2 in 5 Respondents**

say that even after a payer has said prior authorization isn't required, more than 25% of claims are later denied for that reason

## Ultimate Outcome of Denied Claims

10.6% of filed claims are denied

65.9% of denied claims are appealed

47.9% of appealed denials are overturned



**65%**

of respondents say more than 30 minutes of staff time is spent preparing an appeal for one claim

## Top 5

items that would reduce administrative burden (numbers represent percentage of respondents)

- 52%** Standardization of documentation requirements across all stakeholders
- 37.4%** Elimination of requirement for Medicare plan of care signature and recertification
- 36.8%** Standardization of coverage policies across payers
- 34.4%** Standardization of prior authorization process
- 33%** Unrestricted direct access per payer policies

**86.3%**

of providers agree or strongly agree that administrative burden contributes to burnout



**80.9%**

of facilities have added nonclinical staff to accommodate administrative burden

Data is from a web-based survey administered Oct.-Nov. 2022. Sample size: 15,000 | Respondents: 773

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

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

Of these:

- 74% practice in outpatient settings.
- 26% are owners/partners of a practice.
- 53% are administrators/supervisors.
- 93% provide at least some direct patient care.