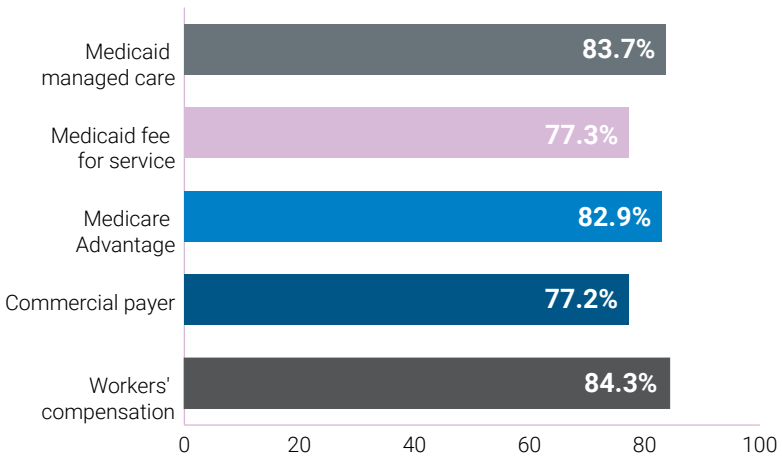
The Impact of Administrative Burden on Physical Therapist Services

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 and time spent on these tasks also leads to dissatisfaction and burnout. APTA urges policymakers and both commercial and public payers to minimize administrative burden including, but not limited to, prior authorization, appeals, documentation, and unnecessary mandates. Distributed in the summer of 2025, the APTA Administrative Burden Survey received responses from 856 APTA members across various facility and institutional settings. The objective survey results offer important insight into how administrative burden impacts patient clinical outcomes.

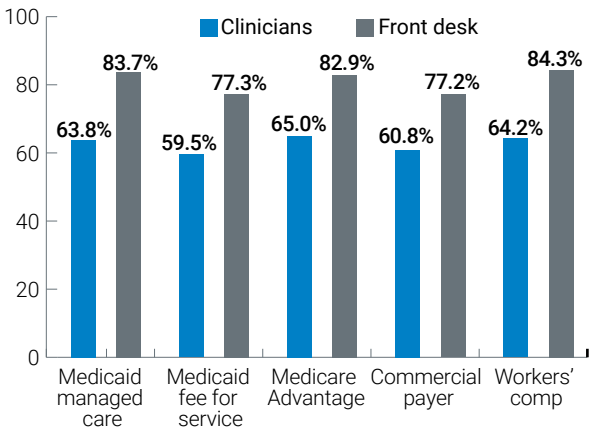
Prior Authorization

Percentage of front desk staff who spend more than 10 minutes to complete a prior authorization for each patient enrolled under the following coverage



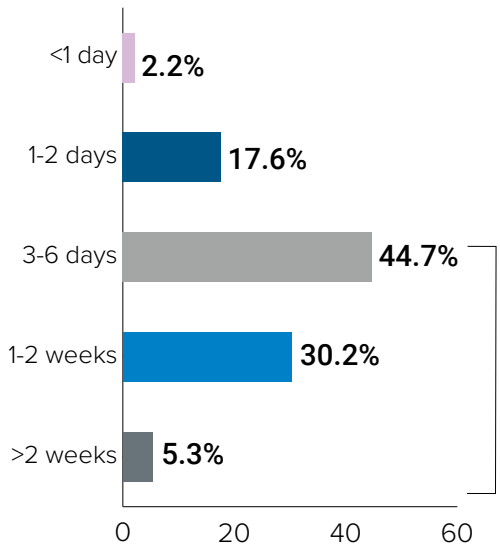
Continued Visits

Percentage of clinicians and front desk staff who spend more than 10 minutes when requesting approval for continued visits for each established patient enrolled under the following coverage

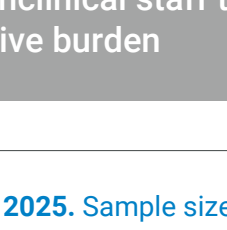


Nearly 3/4 of respondents indicated that prior authorization requirements delay access to medically necessary care by more than 30%

Average Wait Time



80.2% of respondents wait for a prior authorization decision from a health plan an average of 3 days or more



30.2%

30.2% of respondents noted a 1-2 week waiting period for a prior authorization approval in 2025

85% of Respondents
agreed or strongly agreed that prior authorization requirements negatively impact patients' clinical outcomes

58%

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

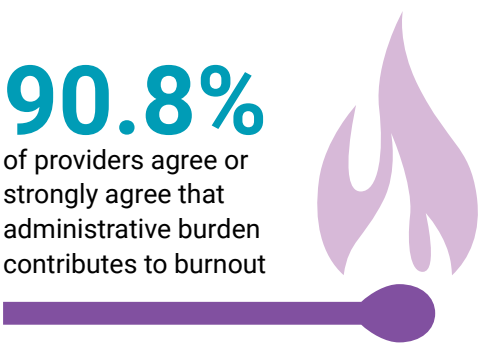
2 in 5 Respondents

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

For the first time in 2025, APTA measured whether delays in care caused patients to abandon treatment.

Nearly 83% of respondents agreed or strongly agreed that prior authorization has caused patients seeking care to abandon treatment.

90.8%
of providers agree or strongly agree that administrative burden contributes to burnout



56.7%
of respondents agreed or strongly agreed that administrative burden has led their practice to discontinue participation with a payer or network.

Ultimate Outcome of Denied Claims

12.9%
of filed claims are denied

72.4%
of denied claims are appealed

49.3%
of appealed denials are overturned

75% of facilities have added nonclinical staff to accommodate administrative burden

Data is from a web-based survey administered July-August 2025. Sample size: 18,888 | Respondents: 856

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:

- 77.2% practice in outpatient settings
- 40.7% are owners/partners of a practice
- 78.6% are administrators/supervisors
- 92% provide at least some direct patient care