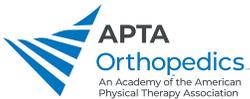




Association of  
Academic Physiatrists



LAKESHORE



# Care Delayed Is Care Denied: A Therapy Consensus to Reform Prior Authorization

A Collaborative Policy Framework Developed by AOTA, APTA, APTA Private Practice, with Support from Signatory Organizations

## Introduction

This policy framework was developed collaboratively by the American Occupational Therapy Association, the American Physical Therapy Association, and APTA Private Practice, and supported by the signatories below. It is intended to promote a more transparent, equitable, and clinically sound approach to prior authorization and utilization review processes for therapy services. The framework is designed to guide internal decision-makers, managed care organizations, payers, and policymakers at both the state and federal levels in aligning administrative practices with patient-centered care, clinical best practices, and operational efficiency.

The framework is grounded in the following cross-cutting principles:

### Transparency for Beneficiaries

Patients must be clearly informed—using plain, accessible language—when a third party is managing their benefits through prior authorization. They must also receive timely notice of their appeal rights, including contact information, instructions on initiating an appeal, and the applicable timeframes.

### Evidence-Based Standards

All care determinations must be rooted in widely accepted clinical practices and guidelines issued by professional therapy associations, accreditation bodies, government agencies, or other nationally recognized health care quality organizations.

### Patient-Driven Care

Prior authorization decisions should prioritize clinical appropriateness and evidence-based outcomes, ensuring full access to medically necessary care. Utilization thresholds alone must not dictate access to services.

### Standardization of Prior Authorization Systems

Health plans must adopt consistent, provider-friendly processes, including a standardized method for submitting prior authorization requests and the ability to submit and track documentation electronically to support medical necessity.

This framework reflects a shared commitment to reducing administrative burden, improving transparency, and ensuring timely access to high-quality rehabilitative care for all patients.

## Policy Principles for Prior Authorization

The undersigned organizations endorse the following principles for utilization management policies for non-federally funded health insurance in the United States:

### 1. Prior authorization may not be required for therapy services until either:

- The state-mandated duration of care is reached.
- The benefit limits for therapy services outlined by the summary plan description or plan documents have been reached.

2. **Care should align with evidence-based, patient-centered care that respects clinical judgment and widely accepted post-procedure standards.** A physician's post-procedure protocol for therapy services shall be a rebuttable presumption that the services in the protocol are medically necessary. The health plan bears the burden of proving that the physician's protocol is not medically necessary.
3. **Prior authorization shall not be required for unanticipated emergency health care services, urgent health care services, or covered health care services incidental to the primary covered health care service, such as surgery, and determined by the patient's physician to be medically necessary.** When a continued course of treatment is needed, it will be treated as an emergency service with regards to prior authorization to minimize gaps in patient care.
4. **Appeals of prior authorization denials shall be reviewed by a clinician of the same specialty within 72 hours.** Licensed therapists must review any payer decision regarding therapy services.
5. **Any denial or reduction in services shall reference applicable payer policy, include a clear explanation for the denial, and must be sent to both the provider and the patient.**
6. **Utilization review/management organizations shall provide all medical evidence-based policy information and accompanying algorithms used to manage care upon request.**
7. **Utilization review/management organizations shall not use claims data as "evidence of outcomes" to develop their algorithms and/or approval policies.** Instead, clinical practice guidelines developed by appropriate professional associations must be used.
8. **All utilization review/management organizations shall staff peer-to-peer reviews with credentialed, state-licensed clinicians from the same profession as the provider of the service being reviewed.**
9. **Providers shall be compensated in a timely manner for the time to complete data entry required for the utilization review/management authorization.**
10. **Payments for therapy services that have been approved for prior authorization are not eligible for recoupment when documentation supports medical necessity.**
11. **Patients undergoing an active course of treatment shall not experience disruptions in care due to changes in insurance coverage, plan design, or authorization status.** Continuity of care must be maintained to ensure treatment efficacy and patient well-being.
12. **Utilization review/management platforms shall meet nationally recognized interoperability standards and be designed to minimize redundant data entry,** thereby reducing administrative burden on providers and improving efficiency in care delivery.
13. **Patients shall be informed of any denial or reduction in services and be provided with clear, accessible, and timely instructions on how to initiate and navigate the appeals process.**
14. **Utilization review/management organizations shall report data—such as denial rates, prior authorization turnaround times, and peer review outcomes—to a designated regulatory body or oversight committee** to ensure transparency, accountability, and continuous quality improvement.

## Endorsing Organizations

ADVION

Alliance for Physical Therapy Quality and Innovation

American Association on Health and Disability

American Music Therapy Association

American Occupational Therapy Association

American Physical Therapy Association

APTA Orthopedics

APTA Private Practice

American Spinal Injury Association

Association of Academic Physiatrists

Center for Medicare Advocacy

Lakeshore Foundation

National Association of Rehabilitation Providers and Agencies

National Association of Social Workers

National Athletic Trainers Association

Rehabilitation Engineering and Assistive Technology Society of North America