

Common UM Challenges for Physical Therapists

PTs and other clinicians have cited the following policy, system, and access related issues:

Policy

- Definition of medical necessity is arbitrarily restrictive.
- Functional outcomes measures are not consistently required or routinely considered in the clinical decision making process.
- Determination/criteria for visit approval is often undisclosed and may be inappropriate or arbitrary.
- Approval of visits in small increments with repeat approvals required (increased administrative burden).
- Transparency is lacking regarding clinical decisionmaking.
- Transparency is lacking regarding reasons for denials.
- Consistency is lacking among UM vendors in how medical necessity is determined.
- Consistency is lacking in authorization criteria for establishing visit approval.

System

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- Failed or untested technology with online systems that are intermittently not operational result in the clinic resorting to fax or phone option.
- Faxed approval submissions are not accurately tracked or responded to in a timely manner.
- Lack of acceptance of a clinic's typed report requires double data entry onto a web portal or fillable paper form.
- Support staff cannot always complete the online data entry, resulting in the PT this function in addition to the chart documentation.
- Receipt of submitted approval requests, or of updates to requests, cannot always be confirmed.
- The administrative requirements are a burden for clinical and support staff.
- Phone wait times are too long.
- Authorization approvals are delayed.
- The provider network status is inaccurate.
- Eligibility cannot be determined or is inaccurate, requiring clinic staff to call the payer and UM vendor.
- Claims are denied, both at time of submission and post-payment, are delayed, or are paid incorrectly.
- Tiering by clinic or individual provider is based on utilization and cost data, instead of clinical outcomes.
- Iterative system improvements are lacking.
- Systems are not intuitive.
- Authorization process between the UM vendor and payer is incongruent.

Access

- Treatment is interrupted.
- Approval of medically necessary services is denied or delayed.
- Insufficient information on reason for denial hinders appeal of the denied or modified services.
- Lack of transparency for the patient results in confusion regarding their ability to access rehabilitation benefits.

There is no consistency or standardization among UM vendors of online systems, documentation requirements, or approval criteria. This lack of standardization adds to the administrative burden and patient access issues caused by widespread UM.