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*A Chapter of the American Physical Therapy Association*

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Jim Freeburg  
Special Assistant to the Insurance Commissioner  
Office of the Insurance Commissioner  
Via email: [rulescoordinator@oic.wa.gov](mailto:rulescoordinator@oic.wa.gov)

Dear Jim:

On behalf of the Physical Therapy Association of Washington (PTWA), I am providing comments on the September 23 stakeholder draft rules regarding prior authorization.

As you know, the prior authorization process continues to be extremely challenging for all health care providers, including physical therapists. The administrative burden placed on physical therapy clinics is tremendous, to the point where some clinics are hiring additional administrative staff, instead of clinicians, to deal with the backlog of prior authorization requests. So you can imagine our dismay at some insurers' comments at stakeholder meetings that the proposed rules will increase their administrative costs. We have been dealing with the increased costs from prior authorization for years, with a diminished ability to care for our patients in an evidence-based manner.

PTWA supports the language in this draft that requires written acknowledgement that the insurer or TPA received information from a provider, including documents and information given over the phone. Many of our members experience frustration that documents and information are not added to the record at eviCore so that all eviCore staff have access. Right now, physical therapists must submit the same documentation multiple times when talking to different eviCore staff, leading to the provider's administrative burden.

Several areas of concern remain, however. PTWA has requested that the rules require coordination between the authorization of visits and the provider's plan of care. For example, children with autism are routinely allowed only one or two physical therapy visits at a time. For these kids, autism is a chronic condition requiring ongoing physical therapy. It seems unreasonable, in situations like this, that the patient receives only one or two visits at a time. We ask that the rules address situations like this.

There are also concerns regarding the proposed new category of prior authorization created in the rules, "immediate prior authorization request." This category applies when, in the judgment of the provider, an approval for treatment would result in an emergency room visit or hospitalization. However, there is confusion about how this category fits with emergency prior authorization, retrospective reviews of service, and extenuating circumstances. In addition, we are concerned with home health care and hospice care being routinely denied under the current prior authorization process because of the confusing categories of prior authorization.

Thank you for the opportunity to comment on this latest version of the prior authorization rules. PTWA looks forward to continuing to work with you as these rules progress.

Sincerely,

Erik Moen, PT  
President