

# 2025 Medicare Physician Fee Schedule Final Rule Includes Two Major Wins for Therapy Providers



APTA advocacy leads to impactful policy wins that will reduce administrative burden, improve access, and provide more flexibility to the therapy workforce.

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**Alexandria, Va.** —Reducing administrative burdens, ensuring patient access in rural and underserved areas, and providing flexibilities for a challenged therapy workforce have long been [policy priorities](#) for the American Physical Therapy Association. Now, with the recent release of the [Centers for Medicare & Centers for Medicaid Services 2025 Medicare Physician Fee Schedule Final Rule](#), some of these priorities are being adopted to better support physical therapists and physical therapist assistants and their role in improving the health of Medicare beneficiaries.

The 2025 fee schedule contains two significant policy wins for the physical therapy profession advocated for by APTA, in the areas of PTA supervision and plan of care certification.

**Supervision of Physical Therapist Assistants:** The supervision requirement for physical therapist assistants under Medicare Part B will change from the current outdated direct supervision requirement to general supervision. This change will finally align outpatient settings with the general supervision policies in place in all other Medicare settings. What's more, 49 states already permit general supervision of PTAs under state licensure laws, meaning Medicare's direct supervision requirement in the outpatient setting was more burdensome than most state licensure requirements. This change will provide more flexibility for the therapy workforce and ensure access to therapy services for millions of Medicare beneficiaries, especially in rural or underserved areas, where beneficiaries are 50% more likely to receive therapy from a PTA. The language in the final rule mirrors the APTA-backed legislation introduced in the 118th Congress, titled the [EMPOWER Act](#), that would require CMS to make this long-advocated-for change.

**Therapy Plan of Care Certification Requirement Reform:** An exemption is being provided to the current burdensome plan of care signature requirement for outpatient therapy services provided under referral from a physician. Under current CMS policy, physical therapists are required to send their plans of care to the referring physician, who has 30 days to sign off on the services that the referring physician ordered in the first place. If the 30-day deadline is approaching and the physician still hasn't returned the signed plan of care, it has been up to the physical therapist to obtain that signature. Without it, the PT is faced with not being paid by Medicare or stopping patient treatment, which can result in interruptions in care. Under the new exemption, the plan of care certification signature requirement will be deemed satisfied if the physical therapist simply submits the plan of care to the patient's referring physician within 30 days of the initial evaluation; PTs no longer need to obtain the physician's signature. This change comes after APTA advocacy during the CMS comment period and mirrors the APTA-backed legislation introduced in Congress, titled the [REDUCE Act](#).

"After years of advocacy, APTA is pleased that CMS has finally responded to our recommendations to improve patient access to essential therapist services and ease administrative burden at a time when physical therapy practices are struggling, given the year-over-year cuts to the fee schedule," said APTA President Roger Herr, PT, MPA. "The change in supervision requirements enables PTAs to practice at the top of their license, acknowledging their crucial role in patient care and support to therapy clinics. Reducing unnecessary administrative plan of care requirements allows PTs to focus on patient care instead of paperwork. These two policy changes in the 2025 Medicare Physician Fee Schedule are critical to supporting physical therapists and physical therapist assistants."

The [2025 rule](#) also finalized a reduction to the fee schedule's conversion factor. As in previous years, the budget-neutral policy has led to another cut to the conversion factor that impacts all providers paid under the physician fee schedule, including physical therapists. Unless Congress intervenes — which it has done several times in past years — the 2025 conversion factor will be \$32.3562, a 2.83% decrease from 2024.

It is now up to Congress to stop the impending 2.83% cut from being implemented in January 2025. In a bipartisan effort to address this, APTA-supported legislation, the [Medicare Patient Access and Practice Stabilization Act](#), was introduced in the U.S. House on Oct. 29. If enacted, it would provide a 4.73% payment boost to the 2025 Medicare Physician Fee Schedule's conversion factor.

"The continued reduction to payment for therapy services under the fee schedule underscores the need to overhaul Medicare's Physician Fee Schedule, and APTA will keep up the fight to advocate for full-scale reform," Herr added.

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The American Physical Therapy Association represents more than 100,000 physical therapists, physical therapist assistants, and physical therapy students nationwide. Visit [apta.org](https://apta.org) to learn more.