



**NEW  
PT & OT  
EVALUATION CODES**

(Effective January 1, 2017)

# CPT Code Changes

- New PT & OT evaluation codes and reevaluation codes will be effective Jan. 1, 2017
- Applies to all insurance carriers
  - Except worker's compensation and MVA coverage
- 3 evaluation codes (instead of one)
- Evaluation codes will be based on patient complexity
- Documentation must support chosen evaluation code
- Functional limitation reporting continues
- Therapy cap still applies

# Physical Therapy Evaluation Codes

- 97161
  - Low complexity
- 97162
  - Moderate complexity
- 97163
  - High complexity

*\*\*97001 code deleted*

# PT Re-Evaluation

- 97164
- Requirements:
  - Examination with review of history and use of standardized tests and measures
  - Revised plan of care using standardized patient assessment instrument and/or measurable assessment of functional outcome

*\*\*97002 code deleted*

# PT Evaluation Components

- Patient history and comorbidities
- Examination and use of standardized tests and measures
- Clinical decision making
- Development of plan of care

# PT Eval—Low Complexity

History	Examination	Clinical Presentation	Decision Making
<p>A history with no personal Factors and/or comorbidities that impact the plan of care</p>	<p>An examination of body systems using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participating restrictions</p>	<p>A clinical presentation with stable and/or uncomplicated characteristics</p>	<p>Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome</p>

# PT Eval—Moderate Complexity

History	Examination	Clinical Presentation	Decision Making
A history with 1-2 personal factors and/or comorbidities that impact the plan of care	An examination of body systems using standardized tests and measures addressing 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participating restrictions	An evolving clinical presentation with changing characteristics	Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome

# PT Eval—High Complexity

History	Examination	Clinical Presentation	Decision Making
<p>A history with 3 or more personal factors and/or comorbidities that impact the plan of care</p>	<p>An examination of body systems using standardized tests and measures addressing 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participating restrictions</p>	<p>A clinical presentation with unstable and unpredictable characteristics</p>	<p>Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome</p>



# PT Evaluation Complexity Justification Table

(in Epic with smart lists)

History	Examination	Clinical Presentation	Decision Making
1. 2. 3. 4.  (see history section for documented justification)	1. 2. 3. 4. 5.  (see physical examination/objective section for documented justification)	{Clinical Presentation Complexity}     (see above documentation for justification)	       (see above documentation for justification)
{History Complexity}	{Examination Complexity}	{Complexity Level}	{Complexity Level}

# PT Evaluation Complexity Justification Table

*(with smart lists expanded)*

History	Examination	Clinical Presentation	Decision Making
		<ul style="list-style-type: none"> <li>• Stable and/or uncomplicated characteristics <b>(Low)</b></li> <li>• An evolving clinical presentation with changing characteristics <b>(Moderate)</b></li> <li>• Unstable and/or unpredictable characteristics <b>(High)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• No personal factors and/or comorbidities that impact the plan of care <b>(Low)</b></li> <li>• 1-2 personal factors and/or comorbidities that impact the plan of care <b>(Moderate)</b></li> <li>• 3 or more personal factors and/or comorbidities that impact the plan of care <b>(High)</b></li> </ul>	<ul style="list-style-type: none"> <li>• 1-2 elements <b>(Low)</b></li> <li>• 3 or more elements <b>(Moderate)</b></li> <li>• 4 or more elements <b>(High)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Low Complexity</li> <li>• Moderate Complexity</li> <li>• High Complexity</li> </ul>	<ul style="list-style-type: none"> <li>• Low Complexity</li> <li>• Moderate Complexity</li> <li>• High Complexity</li> </ul>

# PT Evaluation Complexity Justification Table in Word Templates (non-Epic clinics)

- \*See handout
- *Suggestion:* Use this table while dictating to ensure all components are included
- Transcriptionists will be provided these tables and will insert them into the templates

# OT Evaluation Codes

- 97165
  - Low complexity
- 97166
  - Moderate complexity
- 97167
  - High complexity

*\*\*97003 code deleted*

# OT Re-Evaluation

- 97168
- Requirements:
  - An assessment of changes in patient functional or medical status with revised plan of care
  - Update to initial occupational profile to reflect changes in condition or environment that affect future interventions
  - Revised plan of care

*\*\*97004 code deleted*

# OT Evaluation Components

- Occupational profile and client history
- Assessment of occupational performance
- Clinical decision making
- Development of plan of care

# OT Eval—Low Complexity

History	Examination	Decision Making
<p>Brief history including review of medical and/or therapy records relating to the presenting problem</p>	<p>Assessment that identifies 1-3 performance deficits (physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions</p>	<p>Low complexity decision making, including an analysis of the occupational profile, analysis of data from problem-focused assessment, and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance with assessment is not necessary to enable completion of evaluation component.</p>

# OT Eval—Moderate Complexity

History	Examination	Decision Making
<p>Expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to the presenting problem</p>	<p>Assessment that identifies 3-5 performance deficits (physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions</p>	<p>Moderate complexity decision making, including an analysis of the occupational profile, analysis of data from problem-focused assessment, and consideration of a limited number of treatment options. Patient presents with comorbidities that affect occupational performance. Minimal/moderate modification of tasks or assistance with assessment is necessary to enable completion of evaluation component.</p>



# OT Eval—High Complexity

History	Examination	Decision Making
<p>Review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to the presenting problem</p>	<p>Assessment that identifies 5 or more performance deficits (physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions</p>	<p>High analytic complexity decision making, including an analysis of the occupational profile, analysis of data from problem-focused assessment, and consideration of a limited number of treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance with assessment is necessary to enable completion of evaluation component.</p>

# OT Evaluation Complexity Justification Table

(*in Epic with smart lists*)

History	Examination	Decision Making
(see history for documented justification)	1. 2. 3. 4. 5. (see physical examination/objective section for documented justification)	{OT Decision Making}  (see above documentation for justification)
<b>{OT History Complexity}</b>	<b>{OT Examination Complexity}</b>	<b>{Complexity Level}</b>

# OT Evaluation Complexity Justification Table

(with smart lists expanded)

History	Examination	Decision Making
		<ul style="list-style-type: none"> <li>• Patient presents w/ no comorbidities that affect occupational performance. Modification of tasks or assistance w/ assessment is not necessary to enable completion of eval (<b>Low</b>)</li> <li>• Pt presents w/ comorbidities that affect occupational performance. Min-mod modification of tasks/assistance to complete eval (<b>Moderate</b>)</li> <li>• Pt presents w/ comorbidities that affect occupational performance. Significant modification of tasks is necessary to complete eval (<b>High</b>)</li> </ul>
<ul style="list-style-type: none"> <li>• Brief history of medical and therapy records relating to the presenting problem (<b>Low</b>)</li> <li>• Expanded review of medical and therapy records to include physical, cognitive, or psychosocial related to current functional performance (<b>Moderate</b>)</li> <li>• Extensive review... (<b>High</b>)</li> </ul>	<ul style="list-style-type: none"> <li>• 1-3 performance deficits relating to physical, cognitive, or psychosocial skills that result in activity limitations and/or participation restrictions (<b>Low</b>)</li> <li>• 3-5 performance deficits... (<b>Moderate</b>)</li> <li>• 5 or more performance deficits... (<b>High</b>)</li> </ul>	<ul style="list-style-type: none"> <li>• Low Complexity</li> <li>• Moderate Complexity</li> <li>• High Complexity</li> </ul>

# OT Evaluation Complexity Justification Table in Word Templates (non-Epic clinics)

\*See handout

- *Suggestion:* Use this table while dictating to ensure all components are included
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# Documentation Tips

- Gather as much history and personal factors as you can to “paint the picture” of the patient. Use factors that **impact the plan of care** (this is the key—impact the POC!!!)
- If complexity levels are different for each category, choose the lowest level for the total complexity level
  - History is low, examination is moderate, and clinical presentation is moderate, eval code would be **low**
- This table should help you to justify functional limitation reporting, if you include the outcome measure and impairment percentage
  - In the examination column, use “Tinetti Gait & Balance test = 14/28 (50% impairment)” as a finding
- Document patient's **function!**

# Evaluation Codes

*\*Evaluation codes remain untimed and service-based. This table is merely a guideline to help choose the appropriate code*

## PT

Low Complexity	Moderate Complexity	High Complexity	Reevaluation
20 minutes	30 minutes	45 minutes	20 minutes

## OT

Low Complexity	Moderate Complexity	High Complexity	Reevaluation
30 minutes	45 minutes	60 minutes	30 minutes

# “Jane”

- 50-year-old pleasant female s/p left TKA; married, lives in one-story home with family of 4, works full-time as CPA; reports pain that ranges from 3-8/10, depending on activity level; reports swelling in knee that increases when “walks a lot” around her home
- History:
  - Type 2 Diabetes, Obesity, PLF=independent with all ADLs, housecleaning, yardwork, driving, working, prepares meals on most nights for her family
- Examination:
  - Knee ROM= 15-90 deg.
  - Hip strength=3+/5 in abduction and extension
  - Gait=decreased stride length, decreased stance time, uses RW
  - LEFS=75% impairment
  - Knee girth is 3 cm greater than contralateral side at mid-patella

# Decision Making for Jane...

- History??
- Examination??
- Clinical Presentation??
- Complexity Level=??



# Decision Making for Jane...

- History
  - 2 factors that impact POC (obesity & diabetes) >>>**Moderate**
- Examination
  - 5 findings >>>**High**
- Clinical Presentation
  - Evolving/changing (pain and edema are activity-dependent) >>>**Moderate**
- Complexity Level=**Moderate**

# “Rob”

- 87-year-old retired (high school principal) male who sustained a right CVA 2 weeks ago; left upper and lower extremity weakness, slurred speech; left hand dominant; lives in home with wife; PLF=did not drive “much” due to vision impairment, independent with ADLs in home, walked with single point cane in left hand for balance. History of prostate cancer (15 years ago), bilateral TKAs (left 4 years ago, right 10 years ago). Now unable to dress/bathe self without bath chair and wife’s assistance. Using quad cane in right hand for ambulation, and has wife’s hand-held assistance while walking.
- Examination:
  - Required wife’s help completing patient questionnaire—could not write
  - Required verbal and tactile cueing to perform tests
  - UEFI=80% impairment
  - TUG=70% impairment

# Decision Making for Rob...

- History??
- Examination??
- Complexity Level=??

# Decision Making for Rob...

- History
  - Has support at home, PLF good
  - TKAs and prostate CA not impacting POC
  - >>>**Low**
- Examination
  - 4 performance deficits listed >>>**Moderate**
- Decision Making
  - Moderate modification of tasks to complete evaluation>>>**Moderate**
- Complexity Level=**Low**

# ***What could make Rob moderate vs low???***

- More detail regarding his history!
  - Motivation level
  - Cognitive status
  - Safety concerns
  - Home environment—2-story home? Has to stay at home by himself during the day?

*Paint a brighter, more clear picture of your patient!*

***Questions??***