



AAPC

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New Physical Therapy CPT Codes

Evaluation and Re evaluation codes

Learning Objectives

- Explain why changes were made to PT evaluation codes
- Identify the new language and structure of the evaluation and reevaluation codes
- Describe each required component that informs the level of complexity the therapist reports to describe their patient's evaluations
 - Describe terms for reporting for reporting evaluation codes
 - Review current payment policy related to the new evaluation codes

Poll #1

- What kind of settings do you work in:
- Private practice
- Hospital based outpatient
- Inpatient
- other

Poll #2

Are you responsible for educating the providers of how to use CPT codes

- All the time
- Occasionally
- Sometimes
- Never

Poll #3

Have you seen any denials for use of the new evaluation codes in your setting

- All the time
- Occasionally
- Sometimes
- Never

Current Procedural Terminology

Most commonly used system reporting procedures and services provided to the patient for third-party payment

HIPAA-required code set

Copyrighted and published annually by the American Medical Association

1996-1997
Initial effort
to establish
CPT for PT
evaluation

1998
97001 and 97002
Physical Therapy
Evaluation and
Re-evaluation
first published
• Includes 2
“service based”
codes
• Does NOT
reflect any
specific level of
complexity or
severity

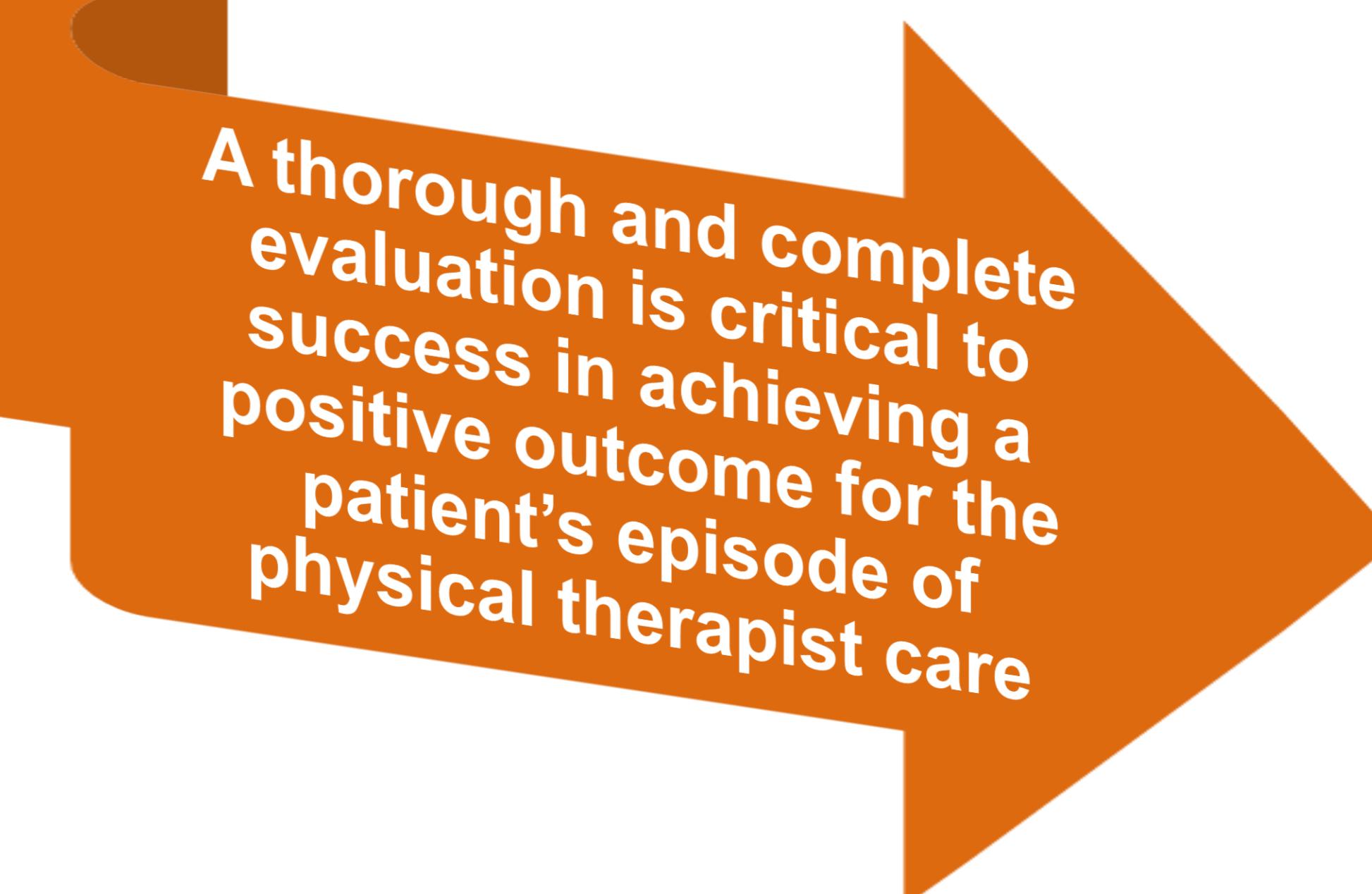
2016
Last year
for single
evaluation
code

Physical Therapy Evaluation CPT Codes Timeline

The Importance of the Physical Therapist Evaluation

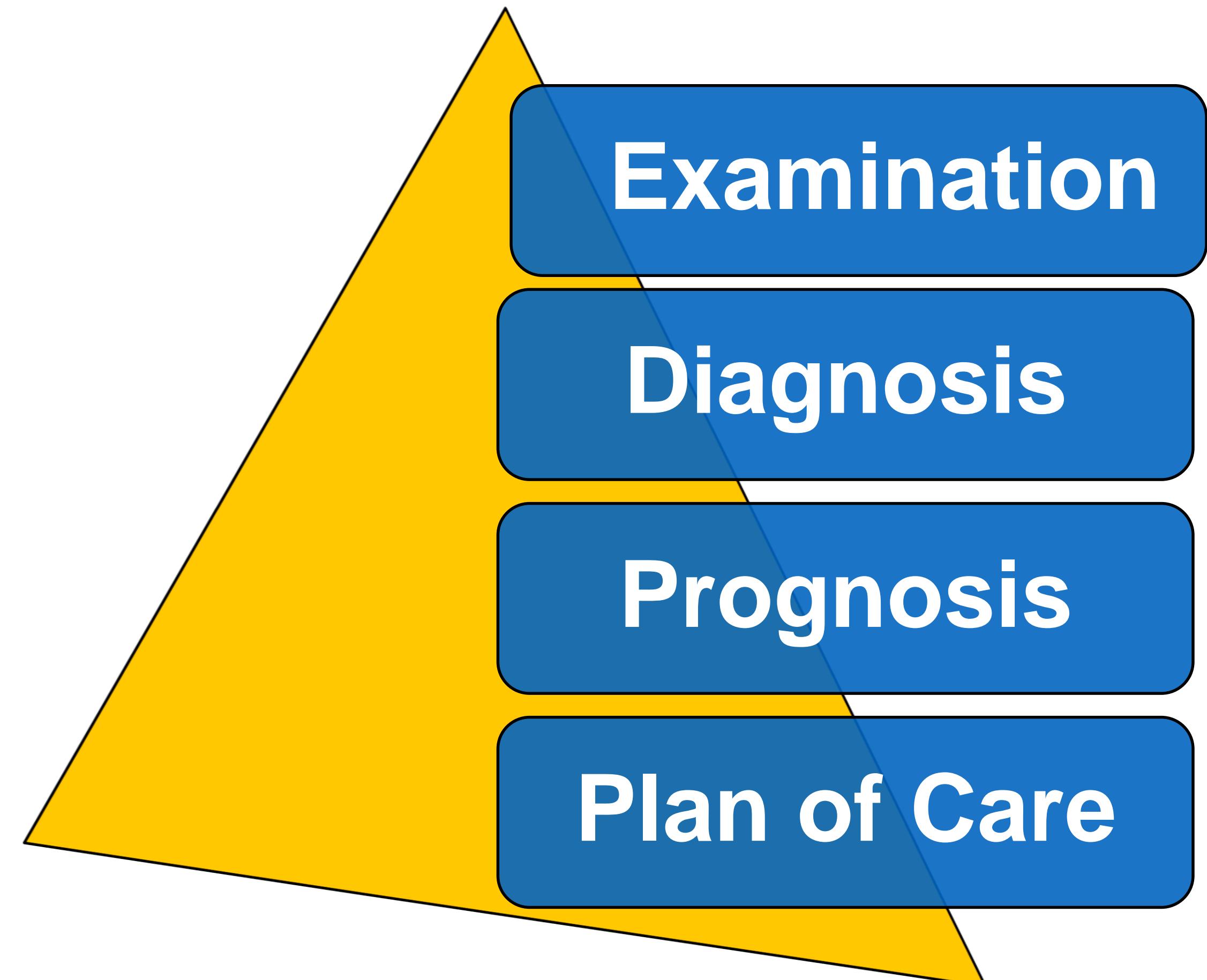


The evaluation drives the care and/or management of the care



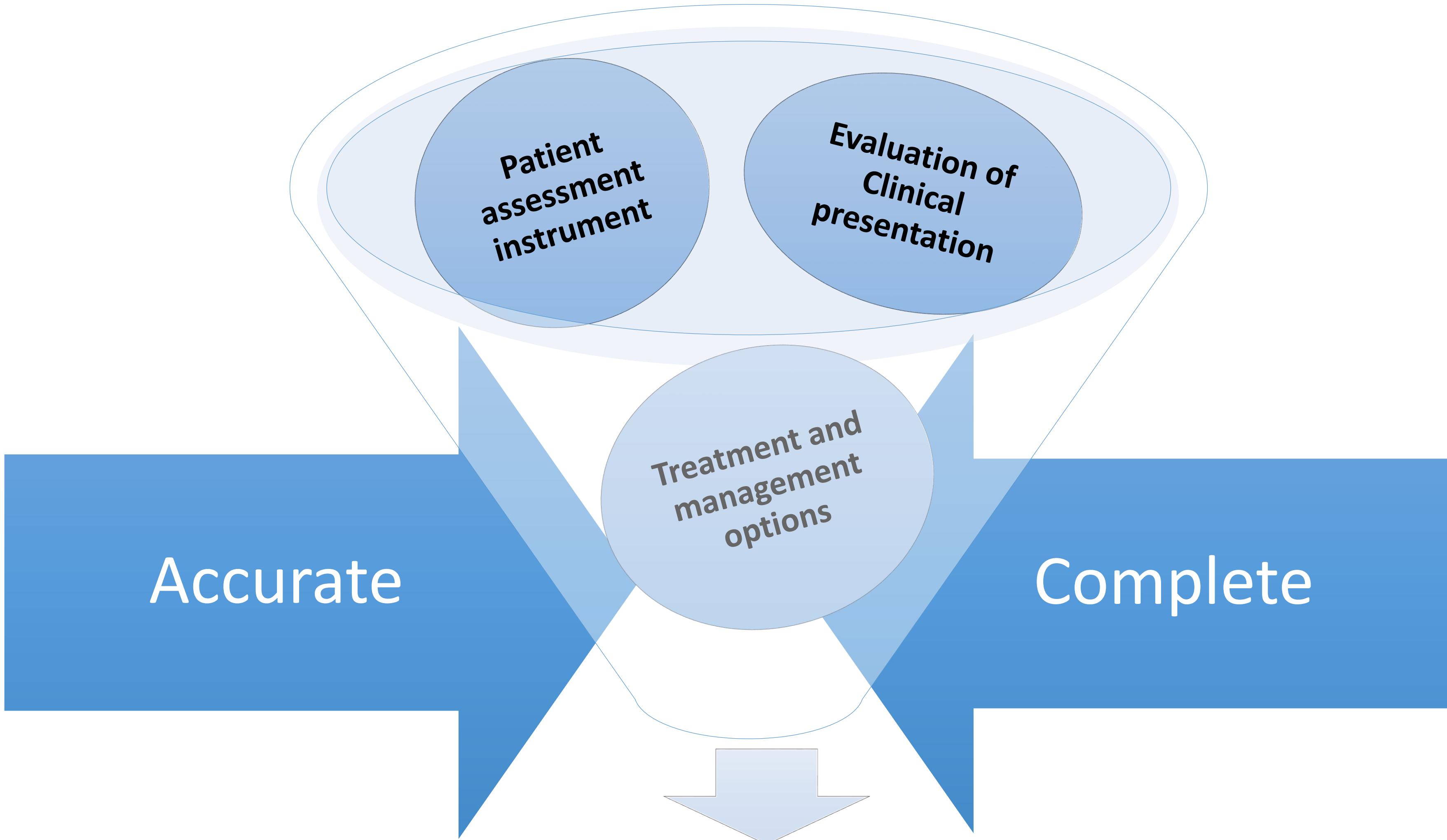
A thorough and complete evaluation is critical to success in achieving a positive outcome for the patient's episode of physical therapist care

Elements of a Physical Therapy Evaluation



Facilitate a payment method

Demonstration of Value associated with achievement of functional outcomes



**Payment Based on Quality and Outcomes = Value to
Patient and the Payer**

Three codes for the Initial Evaluation

One Re evaluation Code

Low complexity
97161

Moderate complexity
97162

High complexity
97163

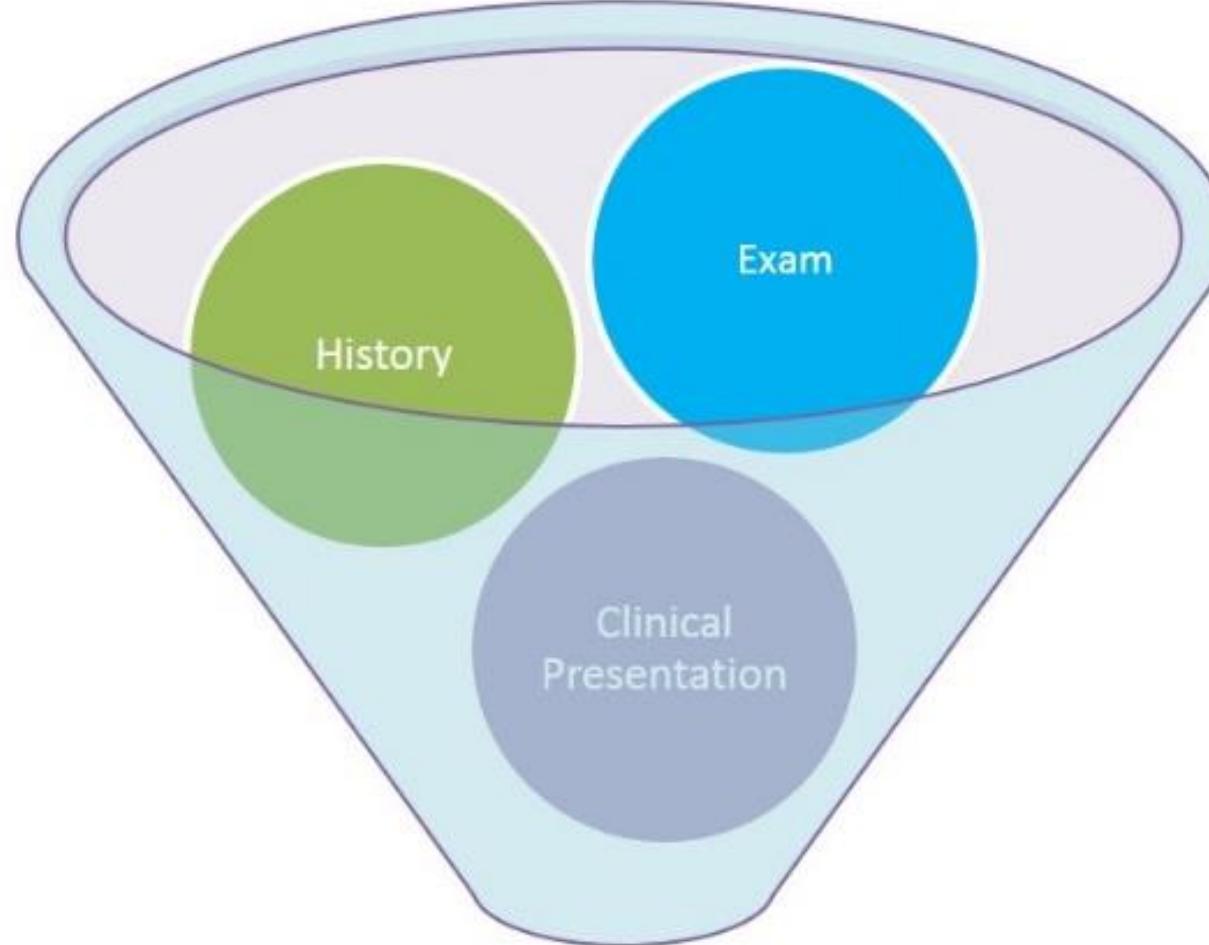
Re evaluation
97164

Patient history, Examination
Clinical presentation

Clinical Decision
Making

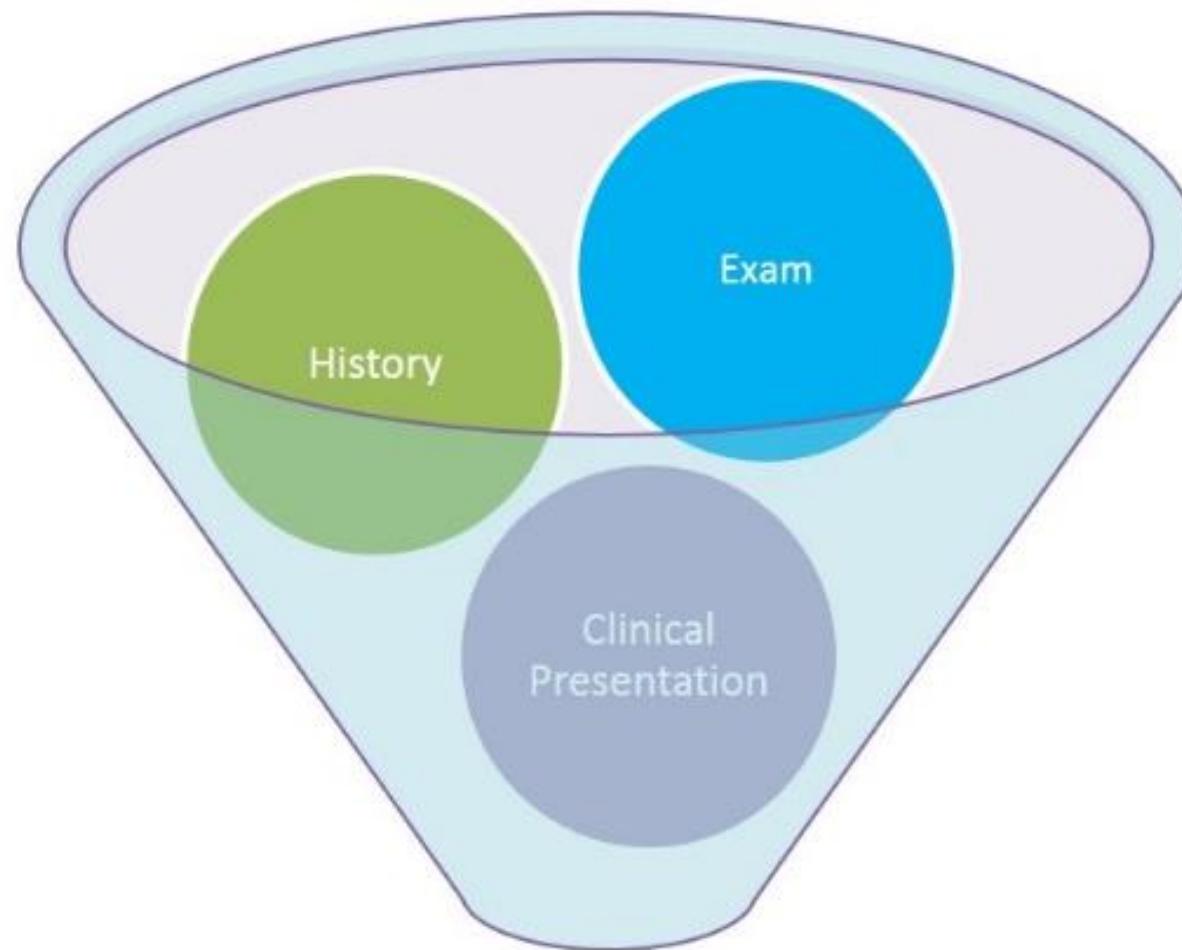
All incorporate use of standardized tests and measures
and patient assessment instruments or functional
outcome measures

97161 – PT Evaluation – Low Complexity



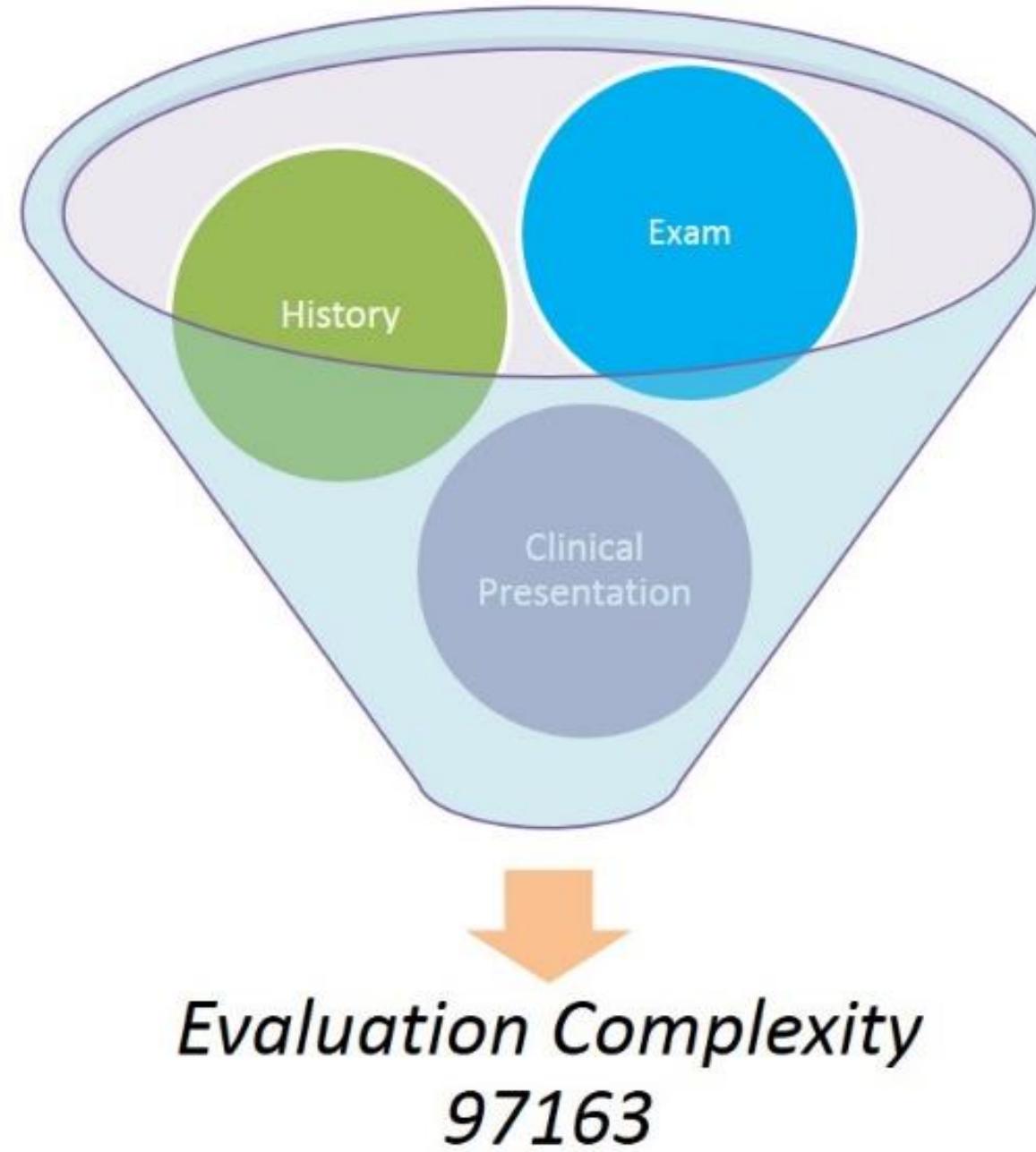
History	Examination	Presentation
<p>A history with no personal factors and/or comorbidities that impact the plan of care;</p>	<p>An examination of body system(s) using standardized tests and measures, patient assessment instrument and/or measurable assessment of functional outcome addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions.</p>	<p>A clinical presentation with stable and/or uncomplicated characteristics</p>

97162 – PT Evaluation – Moderate Complexity



History	Examination	Presentation
<p>A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care;</p>	<p>An examination of body system(s) using standardized tests and measures, patient assessment instrument and/or measurable assessment of functional outcome addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions.</p>	<p>An evolving clinical presentation with changing characteristics; and</p>

97163 – PT Evaluation – High Complexity



History	Examination	Presentation
<p>A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care;</p>	<p>An examination of body system(s) using standardized tests and measures, patient assessment instrument and/or measurable assessment of functional outcome addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions.</p>	<p>A clinical presentation with unstable and unpredictable characteristics; and</p>

97164 – Physical Therapy Re-evaluation: Established Plan of Care



2017 Physical Therapy Evaluation Codes:

Typical Time Spent

97161: Low Complexity	97162: Moderate Complexity	97163: High Complexity	97164: Reevaluation
Typically, 20 minutes are spent face-to-face with the patient and/or family	Typically, 30 minutes are spent face-to-face with the patient and/or family	Typically, 45 minutes are spent face-to-face with the patient and/or family	Typically, 20 minutes are spent face-to-face with the patient and/or family

Describing the Evaluation Process and Defining Terms for Reporting Evaluation Codes

2017 Physical Therapy Evaluation Codes



Reporting a therapy diagnosis and reporting level of patient complexity

Establishing a therapy diagnosis and

Considering a patient's medical comorbidities, functional history, and other personal factors

Demonstrates the value of the clinical decision making required to provide medically necessary care

Introductory Language

AMA CPT manual 2017

Codes 97010-97762 should be used to report each distinct procedure performed. Do not append modifier 51 to 970101-97762

The meanings of the terms in the Physical Medicine and Rehabilitation section are not the same as those in the Evaluation and Management Services Section (99201-99350)

Do not use the Definitions of commonly used Terms in the Evaluation and Management (E/M) Guidelines for Physical Medicine and Rehabilitation services.

Introductory Language

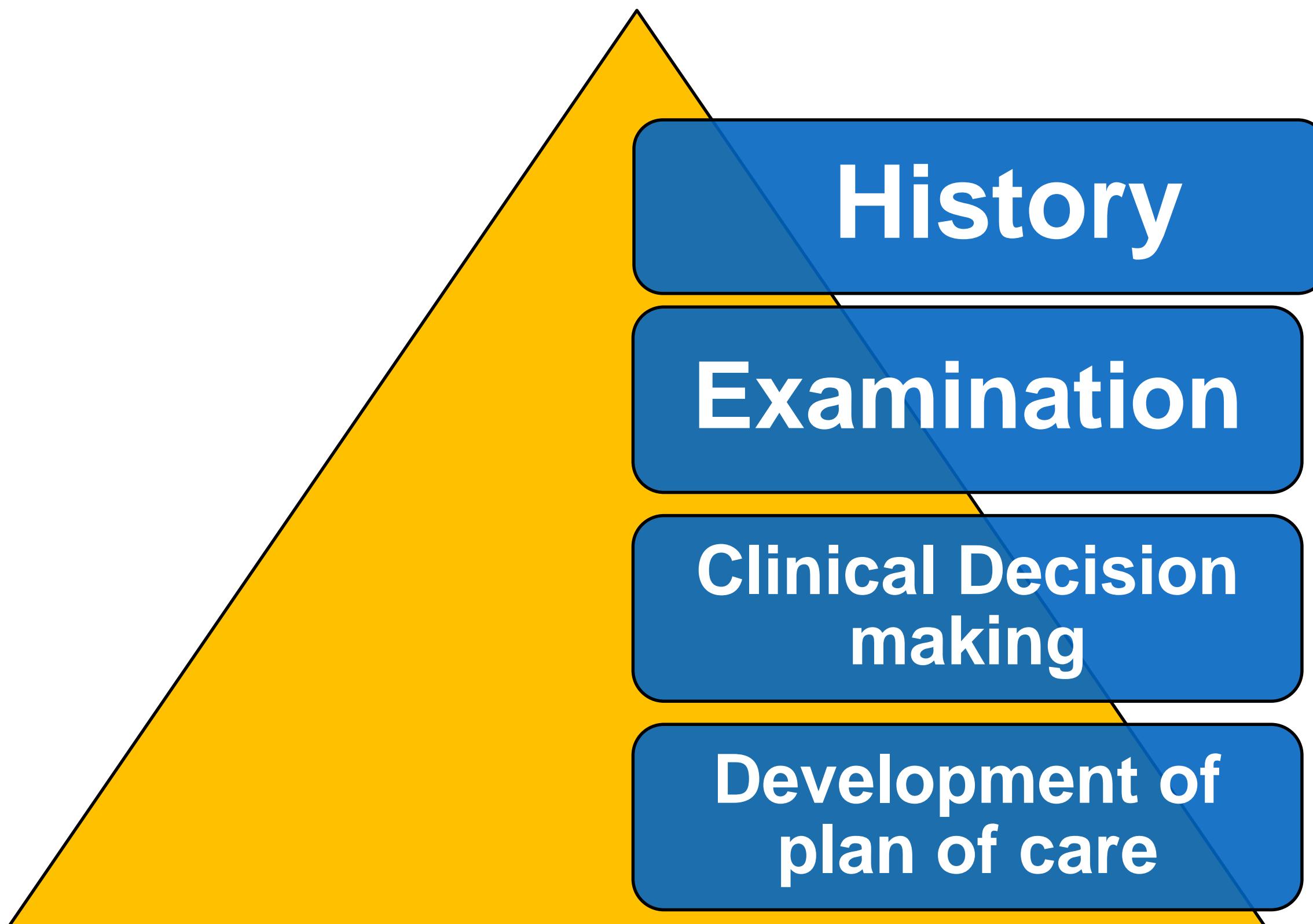


“Physical therapy evaluations include: patient history, and an examination with the development of a plan of care....which is based on the composite of the patient’s presentation.”

“Coordination, consultation, and collaboration of care with physician, other QHP, or agencies is provided consistent with the nature of problem(s) and the needs of the patient, family, and/or other caregivers.”

At a minimum, each of the following components noted in the code descriptors must be documented, in order to report the selected level of complexity for an evaluation.

Introductory Language



Physical therapy evaluations include the following components

Code Descriptor Language

4 primary elements that will inform selection of evaluation complexity level:

- History
- Examination
- Clinical presentation
- Clinical decision making, leading to the development of a plan of care

Must communicate information regarding all 4 elements

All 4 elements must support the selected complexity level



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The Evaluation Process

Process: A physical therapy evaluation includes determining the patient's overall severity and complexity:

History (medical and functional) and impact of “contextual factors”

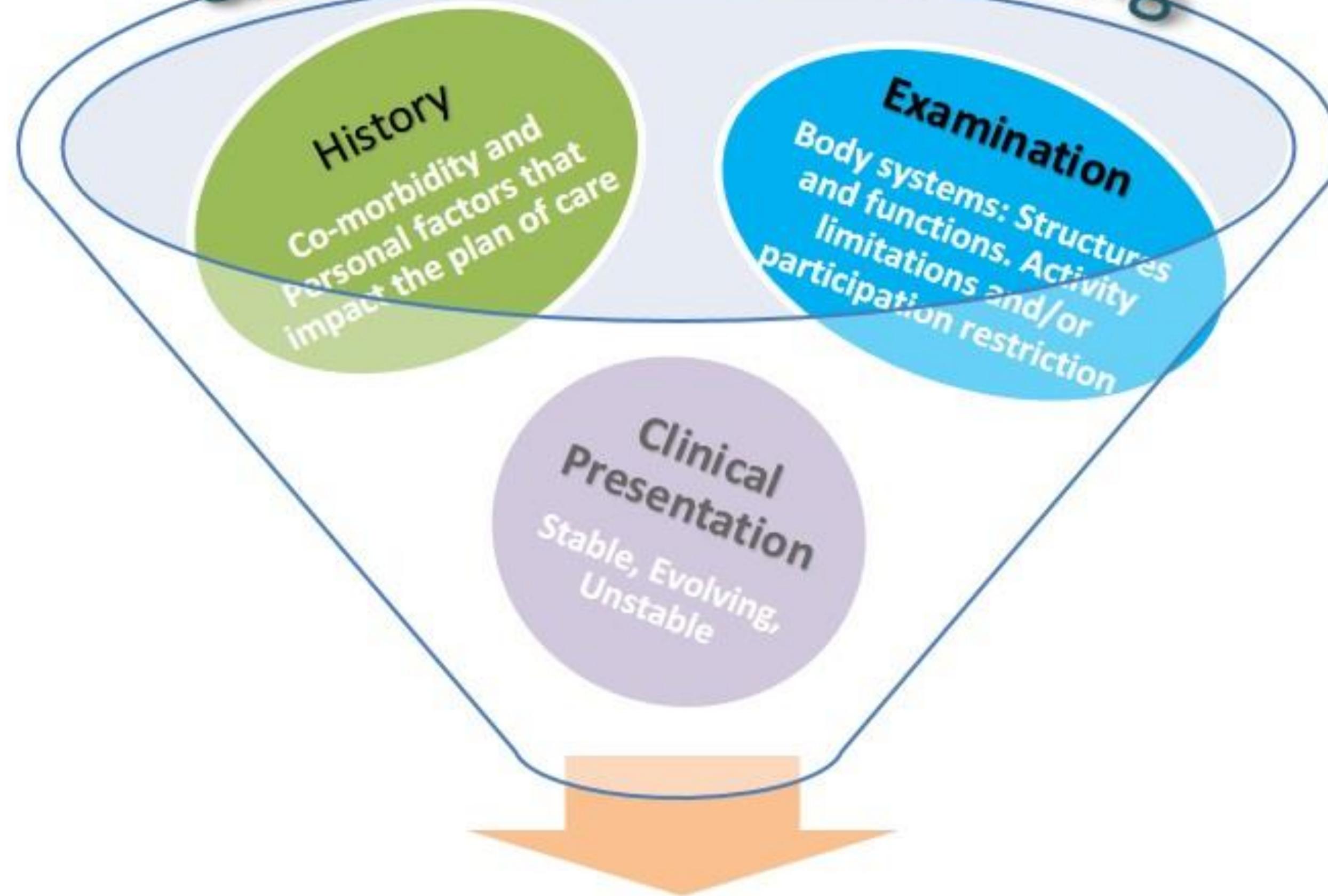
Examination

- Body structures and functions
- Activity limitations and/or participation restrictions
 - Environmental and personal factors

Leads to ability to describe clinical presentation; and

Leads to ability to make clinical judgments to develop a plan for managing the patient through an episode

Clinical Decision Making



Evaluation complexity: low, moderate or high

97161, 97162, 97163

Documenting Patient History: Defining Contextual Factors

Personal Factors influence how disability is experienced by the individual:

- Include sex, age, coping styles, social background, education/profession
- past/current experience

Overall behavior patterns, learning styles, compliance with interventions

Personal factors that exist but do not impact the physical therapy plan of care are not to be considered when selecting a level of service

Environmental Factors

- Physical, social and attitudinal environment in which people live and experience



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Documenting Examination

Components of Examination

- Body structures and functions: Impairment resulting in limits in function resulting in presenting condition
- Activity limitations and/or
- Participation restrictions
- Environment (facilitator - support systems, barrier- physical characteristics)

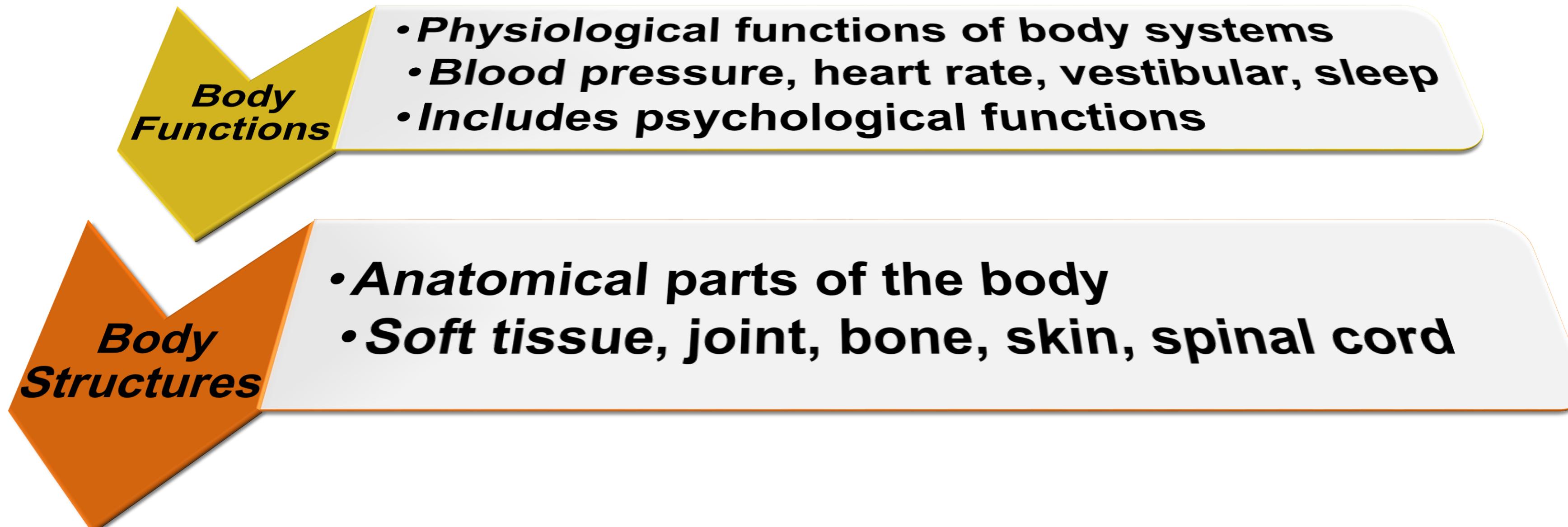
Documenting Examination: Definitions

A Review of Body Systems includes the following:

- ***Musculoskeletal system:*** assessment of gross symmetry/range of motion/strength. Height and weight
- ***Neuromuscular system:*** general assessment of gross coordinated movement (e.g. balance, gait, locomotion, transfers, and transitions)
Motor function (motor control and motor learning)
- ***Cardiovascular/pulmonary system:*** assessment of heart rate, respiratory rate, blood pressure, and edema
- ***Integumentary system:*** assessment of pliability (texture), presence of scar formation, skin color, and skin integrity

A review of body systems also includes cognitive assessment of the patient's ability to make needs known, level of consciousness and, orientation (person, place, and time), expected emotional/behavioral responses, and learning preferences (e.g. learning barriers, education needs)

Documenting Examination: Definitions



Documenting Examination: Definitions

Activity Limitations

- **Difficulties or restrictions experienced by an individual in the execution of a task or action**
 - **Self care:** hygiene, dressing, etc.
 - **Mobility:** changing or maintaining positions; walking; carrying; handling objects; etc.
 - **Other ADLs:** household tasks, assisting others, etc.



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Documenting Examination: Definitions

Participation Restrictions

- **Difficulties or restrictions experienced by an individual in societal aspects of functioning or in life situations**
- **Participating in domestic life**
- **Participating as a student or employee**
- **Participating as a member of a community**
- **Accessing public transportation or other services**

Documenting Examination: Using Determining Factors to Support Complexity

Condition	Body Structures/ Body Functions	Activity Limitations	Participation Restrictions	Number of Elements
Sprained wrist	Decreased mobility and pain in wrist and hand	Inability to grasp, pick up, or manipulate objects	None	5
Low back pain	Decreased mobility and pain L-S spine	Difficulty maintaining sitting or standing postures, and lifting over 5 lbs	Unable to perform 50% of work tasks	7

Documenting Examination: Using Determining Factors to Support Complexity

Condition	Body Structures/ Body Functions	Activity Limitations	Participation Restrictions	Number of Elements
Recent falls	Decreased mobility, altered gait	Walking short distances, difficulty squatting	None	4
Sprained MCL Right knee	Decrease mobility, altered gait, loss of control of voluntary movement (balance)	Difficulty walking on different surfaces, or around obstacles	Performing household tasks	6

Documenting Examination: Describing Clinical Presentation

Patient interview

Observing patient response to exam

- Stable, uncomplicated, straightforward, problem-focused
 - Evolving, characteristics of patient's condition are changing, complaints, and/or cognitive deficits
 - Unstable, characteristics of patient's condition and are unpredictable, and/or significant cognitive deficits affecting safety

Documenting Examination: Clinical Judgment

History + Physical Exam + Clinical Presentation contribute to decisions reflecting Clinical Judgment

To achieve good outcomes, PTs use clinical judgment to determine the overall severity of patients' complaint/condition and make appropriate decisions for interventions based on their patient assessment, at each encounter or session, supported as much as possible by current best evidence

Elements of Documenting Examination

International Classification for Functioning, Disability and Health (ICF)

Health Condition	Impairment (body structure/function)	Activity Limitations	Participation Restrictions
Fracture of distal Humerus	<ul style="list-style-type: none">• Weakness• Restriction of ROM• Poor coordination of reaching and grasping<ul style="list-style-type: none">• Paralysis• Sensory loss• Lack of balance control<ul style="list-style-type: none">• Difficulty walking• Decreased endurance with ambulation	<ul style="list-style-type: none">• Inability to dress oneself• Inability to prepare meals• Unable to walk greater than 25 feet• Unable to squat to pick items from floor• Unable to reach to overhead shelf	<ul style="list-style-type: none">• Inability to care for oneself without assistance• Unable to work in chosen occupation• Unable to perform role as parent/spouse• Inability to participate in role as team member
Tear of anterior Crucial Ligament Right Knee			
COPD, acute exacerbation			
L CVA with R Hemiplegia			

Elements of Documenting Complexity of Evaluation

History	Non-contributory
Health Condition, nature of Pathology	Knee sprain
Impairments of Body Structure and Function	Pain, Loss of ROM and Strength
Activity Limitations	Unable to climb stairs into home
Participation Restrictions	Cannot care for child, perform housework
Clinical Presentation	Stable, unchanging
Clinical Judgment	Low complexity evaluation



Coding Physical Therapists Evaluations in 2017

Key Points:



Evaluations reflect 3 levels of key elements: history, examination, clinical presentation, and review of standardized assessment tools. PT applies clinical judgment to all of these to determine and report complexity level

Communicating the assessment of key elements in a clear and objective manner is critical to avoid miscoding

Reevaluations are performed when the clinician needs this level of information to make a decisions on progressing, discharging and or referring to other providers. Reevaluation is described by a single code

Physical performance tests and measures and other assessment codes (assistive technology, wheelchair) remain separately reportable and subject to payer policy

Impact of Reflecting Complexity in Clinical Decision Making

Reflect complexity of patient in order to better determine the management path

Assessment tools at the front end, outcomes reported at the back end begin to differentiate how patients are managed for potential development of reformed payment model

Address variation in care

Payment for Physical Therapy Evaluations:

Medicare and other third-party payment and policy

2017 Payment Implications for PT Services

**2017 conversion factor =
35.8887**
**budget neutrality
adjustments called for
under Medicare Access
and CHIP Reauthorization
Act of 2015 (MACRA)**

**Compares with 2016
conversion factor of
35.8043 and
demonstrates impact of
budget-neutrality
factors**

**Net impact on
payment for physical
therapy services
neutral or slightly
decreased**

**Overall payment rates under updated
fee schedule**

CMS Fee Schedule Rule for 2017

All 3 evaluation codes will be reimbursed at the same level

“...we proposed to adopt the new CPT codes for use in CY 2017. However, given our concerns about appropriate pricing and payment for the stratified services, we proposed to price the services described...as a group instead of individually.”(Federal register (FR) , Final Rule MPFS 2016 p 601)

”We are finalizing our proposal to a) accept the new CPT codes 97161-97168...and...value the PT and OT complexity level evaluations as groups of services rather than individually by assigning a work RVU of 1.2 to each complexity level...and are finalizing a work RVU of 0.75 for each (re-evaluation) code. (FR, Final Rule MPFS, 2016 p.617)

2017 Medicare Payment for Evaluation & Reevaluation Codes

MPFS final rule : Work values will remain the same for all levels of PT and OT evaluations (1.20 Work RVU)

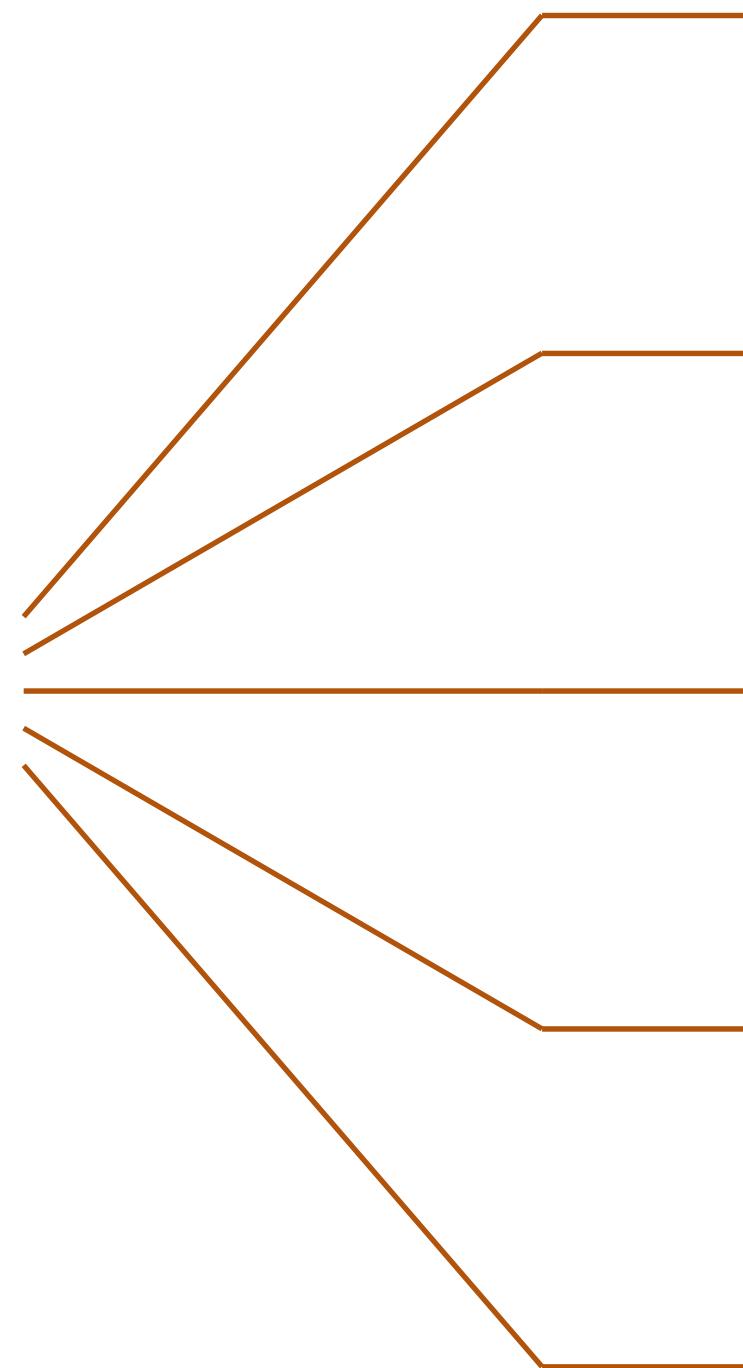
PT and OT reevaluation work values will be at 0.75, an increase in payment from 0.60

CMS will delay changes to the Medicare Benefit Policy Manual (MBPM), Ch 15, Section 220.3 regarding new PT/OT evaluation and reevaluation codes

Payment for Evaluation Codes: Summary

New PT Evaluation Codes

Where are we now?



Generally being reimbursed the same as the previous code

Some exceptions with tiered reimbursement

Variability with worker's comp some have adopted the new codes and some have a default code

Issues with Medicare CCI edit being resolved

Continue to reinforce accurate coding based on criteria

Non HIPAA entities: Disposition regarding 97161-64

Workers' Compensation

States that DID adopt the codes	States that DID NOT adopt the codes	States that have remained neutral
Alabama	Colorado	Missouri
Alaska	Hawaii	Wisconsin
Maryland	Kentucky	
Nevada	Louisiana	
North Carolina	Montana	
Pennsylvania	New Mexico	
South Dakota	New York	
Texas	Utah	
Wyoming	Virginia	
Total: 9	Total: 9	Total: 2

HIPAA entities: Disposition regarding 97161-64

State based plans

State	Effective Date	Insurer/Plan	Details
Alaska	1/1/2017	BC of Alaska	Increased payment slightly for PT evaluation, same rate for all eval codes
Delaware	1/1/2017	Highmark BCBS Delaware	All claims denied in January. Expect resolution with same payment for all codes
Illinois	1/1/2017	Medicaid	Will use custom codes
Pennsylvania	1/1/2017	Highmark	Denied the codes, indicating the ICD-10 codes that accompanied the claim were invalid for the procedure. The “fix” should occur shortly
	1/1/2017	Medicaid Managed Care Plans	Will recognize the deleted codes. generally uses PA Medicaid fee schedule as a basis. Not recognizing the 2017 codes, and some aren’t recognizing the deleted codes = no payment for evaluations
	8/1/2017	Medicaid	Medicaid continues to list the deleted codes. and states the 2017 codes won’t be recognized until August 2017. says they won’t add the 2017 codes until August

HIPAA entities: Disposition regarding 97161-64

State based plans

State	Effective Date	Insurer/Plan	Other Details
Idaho	1/1/2017	Blue Cross of Idaho	Using the time metrics associated with each code. Significant change and different from the percentage of charges or crosswalks to the old 97001 code that most payers have taken
Texas	1/1/2017	Medicaid	Will use the new codes – same value for all
West Virginia	1/1/2017	Highmark	Denials for the month of January. Expect resolution moving forward
Virginia	1/1/2017	Anthem	Has been processing the new eval codes incorrectly and is working to put a fix in place
	1/1/2017	Rehab Provider Network (RPN: manages the P.T. benefit for some Cigna plans)	Holding claims in an attempt to assure appropriate processing as they were not ready for the change
	1/1/2017	Medicaid	Using the 97163 as a default code for all levels of evaluation

Physical Therapy Evaluation & Reevaluation Codes: Resources

APTA Website Resources

New Physical Therapy Evaluation and Reevaluation CPT Codes

<http://www.apta.org/PaymentReform/NewEvalReevalCPTCodes/>

Information for Payers

<http://www.apta.org/InfoforPayers/>

APTA Guide to Physical Therapist Practice

<http://guidetoptpractice.apta.org/>

Gordon J, Quinn L. *Functional Outcomes Documentation for Rehabilitation*. 3rd ed. Saunders; 2016

<http://store.elsevier.com/Documentation-for-Rehabilitation/Lori-Quinn/isbn-9780323312332/>

Physical Therapy Evaluation/Reevaluation Codes: Resources

CPT 2017 Professional Edition

<https://commerce.ama-assn.org/store/catalog/product>

Federal register 2017 Medicare Program

<https://www.federalregister.gov/documents/2016/07/15/2016-16097/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>

ICF, International Classification of Functioning, Disability and Health, Geneva, 2001

<http://www.who.int/classifications/icf/en/>

Thank you!



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