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

- Examination
- Diagnosis
- Prognosis
- Plan of Care
Facilitate a payment method

Demonstration of Value associated with achievement of functional outcomes

- Patient assessment instrument
- Evaluation of Clinical presentation
- Treatment and management options

Accurate
Complete

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.
<table>
<thead>
<tr>
<th>History</th>
<th>Examination</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A history with no personal factors and/or comorbidities that impact the plan of care;</td>
<td>An examination of body system(s) using standardized tests and measures, patient assessment instrument and/or measurable assessment of functional outcome addressing <strong>1-2 elements</strong> from any of the following: body structures and functions, activity limitations, and/or participation restrictions.</td>
<td>A clinical presentation with <strong>stable and/or uncomplicated characteristics</strong></td>
</tr>
<tr>
<td>History</td>
<td>Examination</td>
<td>Presentation</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A history of present problem with <em>1-2 personal factors and/or comorbidities</em> that impact the plan of care;</td>
<td>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 <strong>3 or more elements</strong> from any of the following: body structures and functions, activity limitations, and/or participation restrictions.</td>
<td>An evolving clinical presentation with <strong>changing characteristics</strong>; and</td>
</tr>
</tbody>
</table>
### 97163 – PT Evaluation – High Complexity

<table>
<thead>
<tr>
<th>History</th>
<th>Examination</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A history of present problem with <strong>3 or more personal factors and/or comorbidities</strong> that impact the plan of care;</td>
<td>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 <strong>4 or more elements</strong> from any of the following: body structures and functions, activity limitations, and/or participation restrictions.</td>
<td>A clinical presentation with <strong>unstable and unpredictable characteristics</strong>; and</td>
</tr>
</tbody>
</table>
97164 – Physical Therapy Re-evaluation: Established Plan of Care

Requires an examination including a review of history and use of standardized tests and measures; and

Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome
# 2017 Physical Therapy Evaluation Codes:
## Typical Time Spent

<table>
<thead>
<tr>
<th>Code</th>
<th>Low Complexity</th>
<th>Moderate Complexity</th>
<th>High Complexity</th>
<th>Reevaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>97161:</td>
<td>Typically, 20 minutes are spent face-to-face with the patient and/or family</td>
<td>Typically, 30 minutes are spent face-to-face with the patient and/or family</td>
<td>Typically, 45 minutes are spent face-to-face with the patient and/or family</td>
<td>Typically, 20 minutes are spent face-to-face with the patient and/or family</td>
</tr>
<tr>
<td>97162:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97163:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97164:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Describing the Evaluation Process and Defining Terms for Reporting Evaluation Codes
### 2017 Physical Therapy Evaluation Evaluation Codes

<table>
<thead>
<tr>
<th>Reporting a therapy diagnosis and reporting level of patient complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing a therapy diagnosis and</td>
</tr>
<tr>
<td>Considering a patient’s medical comorbidities, functional history, and other personal factors</td>
</tr>
<tr>
<td>Demonstrates the value of the clinical decision making required to provide medically necessary care</td>
</tr>
</tbody>
</table>
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.
“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.
Physical therapy evaluations include the following components:

1. History
2. Examination
3. Clinical Decision Making
4. Development of plan of care
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
**Process:** A physical therapy evaluation includes determining the patient’s overall severity and complexity:

<table>
<thead>
<tr>
<th>History (medical and functional) and impact of “contextual factors”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
</tr>
<tr>
<td>• Body structures and functions</td>
</tr>
<tr>
<td>• Activity limitations and/or participation restrictions</td>
</tr>
<tr>
<td>• Environmental and personal factors</td>
</tr>
</tbody>
</table>

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

History
Co-morbidity and Personal factors that impact the plan of care

Examination
Body systems: Structures and functions, Activity limitations and/or participation restriction

Clinical Presentation
Stable, Evolving, Unstable

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
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)
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

**Body Functions**
- Physiological functions of body systems
- Blood pressure, heart rate, vestibular, sleep
- Includes psychological functions

**Body Structures**
- Anatomical parts of the body
- Soft tissue, joint, bone, skin, spinal cord
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.
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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Body Structures/Body Functions</th>
<th>Activity Limitations</th>
<th>Participation Restrictions</th>
<th>Number of Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprained wrist</td>
<td>Decreased mobility and pain in wrist and hand</td>
<td>Inability to grasp, pick up, or manipulate objects</td>
<td>None</td>
<td>5</td>
</tr>
<tr>
<td>Low back pain</td>
<td>Decreased mobility and pain L-S spine</td>
<td>Difficulty maintaining sitting or standing postures, and lifting over 5 lbs</td>
<td>Unable to perform 50% of work tasks</td>
<td>7</td>
</tr>
<tr>
<td>Condition</td>
<td>Body Structures/Body Functions</td>
<td>Activity Limitations</td>
<td>Participation Restrictions</td>
<td>Number of Elements</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Recent falls</td>
<td>Decreased mobility, altered gait</td>
<td>Walking short distances, difficulty squatting</td>
<td>None</td>
<td>4</td>
</tr>
<tr>
<td>Sprained MCL</td>
<td>Decrease mobility, altered gait, loss of control of voluntary movement (balance)</td>
<td>Difficulty walking on different surfaces, or around obstacles</td>
<td>Performing household tasks</td>
<td>6</td>
</tr>
<tr>
<td>Right knee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Impairment (body structure/function)</th>
<th>Activity Limitations</th>
<th>Participation Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture of distal Humerus</td>
<td>• Weakness</td>
<td>• Inability to dress oneself</td>
<td>• Inability to care for oneself without assistance</td>
</tr>
<tr>
<td>Tear of anterior Crucial Ligament</td>
<td>• Restriction of ROM</td>
<td>• Inability to prepare meals</td>
<td>• Unable to work in chosen occupation</td>
</tr>
<tr>
<td>Right Knee</td>
<td>• Poor coordination of reaching and grasping</td>
<td>• Unable to walk greater than 25 feet</td>
<td>• Unable to perform role as parent/spouse</td>
</tr>
<tr>
<td>COPD, acute exacerbation</td>
<td>• Paralysis</td>
<td>• Unable to squat to pick items from floor</td>
<td>• Inability to participate in role as team member</td>
</tr>
<tr>
<td>L CVA with R Hemiplegia</td>
<td>• Sensory loss</td>
<td>• Unable to reach to overhead shelf</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lack of balance control</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Difficulty walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Decreased endurance with ambulation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Elements of Documenting Complexity of Evaluation

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

![An Arthritic Knee Diagram](image)
**Coding Physical Therapists Evaluations in 2017**

**Key Points:**

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating the assessment of key elements in a clear and objective manner is critical to avoid miscoding</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>Physical performance tests and measures and other assessment codes (assistive technology, wheelchair) remain separately reportable and subject to payer policy</td>
</tr>
</tbody>
</table>
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
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)
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?

Overview

- 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*

<table>
<thead>
<tr>
<th>States that DID adopt the codes</th>
<th>States that DID NOT adopt the codes</th>
<th>States that have remained neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Colorado</td>
<td>Missouri</td>
</tr>
<tr>
<td>Alaska</td>
<td>Hawaii</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>Maryland</td>
<td>Kentucky</td>
<td></td>
</tr>
<tr>
<td>Nevada</td>
<td>Louisiana</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>Montana</td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>New Mexico</td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>New York</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>Utah</td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td>Virginia</td>
<td></td>
</tr>
<tr>
<td>Total: 9</td>
<td>Total: 9</td>
<td>Total: 2</td>
</tr>
<tr>
<td>State</td>
<td>Effective Date</td>
<td>Insurer/Plan</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Alaska</td>
<td>1/1/2017</td>
<td>BC of Alaska</td>
</tr>
<tr>
<td>Delaware</td>
<td>1/1/2017</td>
<td>Highmark BCBS Delaware</td>
</tr>
<tr>
<td>Illinois</td>
<td>1/1/2017</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>1/1/2017</td>
<td>Highmark</td>
</tr>
<tr>
<td></td>
<td>1/1/2017</td>
<td>Medicaid Managed Care Plans</td>
</tr>
<tr>
<td></td>
<td>8/1/2017</td>
<td>Medicaid</td>
</tr>
</tbody>
</table>
## HIPAA entities: Disposition regarding 97161-64

**State based plans**

<table>
<thead>
<tr>
<th>State</th>
<th>Effective Date</th>
<th>Insurer/Plan</th>
<th>Other Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho</td>
<td>1/1/2017</td>
<td>Blue Cross of Idaho</td>
<td>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</td>
</tr>
<tr>
<td>Texas</td>
<td>1/1/2017</td>
<td>Medicaid</td>
<td>Will use the new codes – same value for all</td>
</tr>
<tr>
<td>West Virginia</td>
<td>1/1/2017</td>
<td>Highmark</td>
<td>Denials for the month of January. Expect resolution moving forward</td>
</tr>
<tr>
<td>Virginia</td>
<td>1/1/2017</td>
<td>Anthem</td>
<td>Has been processing the new eval codes incorrectly and is working to put a fix in place</td>
</tr>
<tr>
<td></td>
<td>1/1/2017</td>
<td>Rehab Provider Network (RPN: manages the P.T. benefit for some Cigna plans)</td>
<td>Holding claims in an attempt to assure appropriate processing as they were not ready for the change</td>
</tr>
<tr>
<td></td>
<td>1/1/2017</td>
<td>Medicaid</td>
<td>Using the 97163 as a default code for all levels of evaluation</td>
</tr>
</tbody>
</table>
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/

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


ICF, International Classification of Functioning, Disability and Health, Geneva, 2001
http://www.who.int/classifications/icf/en/
Thank you!

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