



Weekly Auditing and Compliance Tip

National Alliance of Medical Auditing Specialists | 877-418-5564 | namas.co | namas@namas.co

Auditing Therapy Evaluation Codes - Not So Quick!

New evaluation codes for physical therapy (PT) and occupational therapy (OT) codes were made effective 1/1/2017. Three new physical therapy evaluation codes replaced 97001, and three new occupational evaluation codes replaced 97003.

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Chart 1 - Short Code Descriptors

CPT©	Evaluation Code Short Descriptor
97161	Physical therapy evaluation: low complexity
97162	Physical therapy evaluation: moderate complexity
97163	Physical therapy evaluation: high complexity
97165	Occupational therapy evaluation: low complexity
97166	Occupational evaluation: moderate complexity
97167	Occupational therapy evaluation: high complexity

The PT and OT reevaluation codes remain the same but were renumbered in the sequence with the new PT and OT evaluation codes as 97164 and 97168.

The change from a single evaluation code for both PT and OT to tiered codes that are somewhat similar in nature to Evaluation & Management codes (E&M) may be confusing. Therapists and coders who review documentation and select the appropriate tiered code are often not clear on the elements and criteria for determining proper code selection. Auditors that review therapy documentation for the purpose of audit, investigation and/or claim adjudication are mistakenly making determinations based solely on time. Therapists working in

multidisciplinary settings are often not clear on the difference between the PT and OT evaluation criteria. Therapists often admit that they base their code selection on time.

With a little over a year of experience with the new codes, a number of problems and concerns are present, and the most frequent questions are:

Q1. Are the therapy evaluation codes E & M codes?
 A1. While the PT and OT evaluation codes appear to be similar to E



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A1. While the PT and OT evaluation codes appear to be similar to E & M codes, the following guidance was issued in the CPT Assistant: "The definition of terms in the Physical Medicine & 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." [i]

Q2. How is the time component computed in determining code selection?

A2. The codes descriptions include "typical time" for each of the codes. However, time is not a determinant in code selection. A physical therapy evaluation that takes 30 minutes can still be classified as a high complexity evaluation if all non-time criteria meet the code definition. The CPT Assistant provides this guidance: "The physical therapy evaluation and re-evaluation codes are service-based codes. The typical time associated with the code descriptors are for guidance only and should not be used to determine the level of complexity." [ii]

Q3. Do all the elements of the code have to be at the same level?
 A3. All requirement of code must be met. For example, if a patient presents with multiple personal factors and comorbidities, and the evaluation addresses 1-2 body systems, with moderation decision making for the plan of care, but has a stable clinical presentation, the code selection would meet low complexity, rather than moderate complexity.

Q4. Are the same criteria used for PT and OT code selection?
 A4. The PT and OT criteria are utilizing different elements and criteria. The basis for the OT evaluation is the OT Framework, 3rd edition. [iii]

Below is a summary chart of the training materials generally used by the therapy organizations in rolling out coding education. [iv] Chart 2 contains criteria for the use of the PT evaluation codes, Chart 3 contains criteria for use of the OT evaluation codes.

Chart 2 - Physical Therapy Evaluation Reference Table

CPT®	History (Personal Factor & Comorbidities)	Examination of Body Systems (Body Structures and Functions; Activity Limitations; and/ Participation Restrictions)	Clinical Presentation	Clinical Decision Making in Development of Plan of Care: Using Standard Patient Assessment Instrument and Measurable Assessment of Functional Outcome	Typical F2F Time
97161	No personal factors and/or co-morbidities	Addressing 1-2 elements	Stable or uncomplicated characteristics	Low	20
97162	1-2 personal factors and/or co-morbidities	Addressing a total of 3 or more elements	Evolving with changing characteristics	Moderate	30
97163	3 personal factors and/or co-morbidities	Addressing a total of 4 or more elements	Unstable and unpredictable characteristics	High	45

The body systems review for physical therapy evaluations include cardiovascular/pulmonary, integumentary, musculoskeletal, and neuromuscular. The body structures include structural or anatomical parts of the body organs, limbs and components classified according to body systems. Body regions include head, neck, back, lower and

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upper extremities and the trunk. The level of clinic decision made through the use and interpretation of standard patient assessment instruments and measurement assessments of functional outcome.

Chart 3 - Occupational Therapy Evaluation Reference Table

CPT [©]	Occupational Profile with Medical & Therapy History	Assessment of Occupational Performance	Clinical Decision Making including Occupational Profile Analysis	Typical F2F Time
97165	Brief history & records review related to presenting problem	Problem focused with 1-3 performance deficits resulting in activity limitation or participation restriction in physical, cognitive, psychosocial skills	Low complexity: Limited number of treatment options; No comorbidities limiting occupational performance; No modification of tasks or assistance is necessary to complete evaluation	30
97166	Expanded review of medical/therapy history; Additional review of physical, cognitive, or psychosocial related to occupational performance	Problem focused with 1-3 performance deficits resulting in activity limitation or participation restriction in physical, cognitive, psychosocial skills	Moderate complexity: Consideration of several treatment options; May present with comorbidities limiting occupational performance; Minimal to moderate modification of tasks or assistance (physical or verbal) is necessary to complete evaluation	45
97167	Extensive review of medical/therapy history; Extensive review of physical, cognitive, or psychosocial related to occupational performance	Problem focused with 1-3 performance deficits resulting in activity limitation or participation restriction in physical, cognitive, psychosocial skills	High complexity: Multiple number of treatment options; Presents with comorbidities limiting occupational performance; Significant modification of tasks or assistance (physical or verbal) is necessary to complete evaluation	60

For further insight into the PT and OT evaluation codes, review your favorite CPT coding reference book. Both the American Physical Therapy Association^[v] and the American Occupational Therapy Association^[vi] have provided references on their websites.

[i] CPT Assistant, August 2017.
 [ii] CPT Assistant, August 2017
 [iii] Occupational Therapy Practice, Framework: Domain & Process, 3rd Edition, AOTA, 2014.
 [iv] National Association of Rehab Providers and Agencies
 [v] APTA website: <http://www.apta.org>
 [vi] AOTA website: <http://www.aota.org>

This Week's Audit Tip Written By:



Nancy J Beckley, MS, MBA, CHC

Nancy is the President of Nancy Beckley & Associates, LLC, a firm specializing in outpatient therapy compliance.



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