

## New Evaluation Codes November 13<sup>th</sup>, 2016

Planetrehab will be adding new evaluation codes to your database for use on January 1, 2017 and will be deleting the old evaluation codes. We will allow the deleted codes to be selected in the first week of 2017 to allow you to finish DOS that have not been checked RTB for 2016. After the first week of 2017, we will disable the current eval and re-eval codes. What follows is an explanation of when to use the new eval codes. For 2017, all evals will be paid at the same rate, regardless of complexity. I assume, at some point, there will be a tiered payment system depending on complexity.

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Explanation of complexities:

**For CY 2017**, the CPT Editorial Panel **will delete** four CPT codes (97001, 97002, 97003, and 97004) and **create eight new CPT codes** (97X61-97X68) to describe the evaluation procedures furnished by physical and occupational therapists. There are three new codes, stratified by complexity, to replace a single code, 97001, for physical therapy (PT) evaluation, three new codes, also stratified by complexity, to replace a single code, 97003, for occupational therapy (OT) evaluation, and one new code each to replace the reevaluation codes for physical and occupational therapy – 97002 and 97004.

Here is an advanced look at the requirements.

### NEW CPT CODE/ CPT LONG DESCRIPTORS FOR PHYSICAL MEDICINE AND REHABILITATION

#### **97X61 Physical therapy evaluation: low complexity, requiring these components:**

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

**Typically, 20 minutes are spent face-to-face with the patient and/or family.**

#### **97X62 Physical therapy evaluation: moderate complexity, requiring these components:**

- A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care;
- An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following body structures and functions, activity limitations, and/or participation restrictions;
- An evolving clinical presentation with changing characteristics; and
- Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

**Typically, 30 minutes are spent face-to-face with the patient and/or family**

#### **97X63 Physical therapy evaluation: high complexity, requiring these components:**

- A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions;

- A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

**Typically, 45 minutes are spent face-to-face with the patient and/or family.**

***97X64 Reevaluation of physical therapy established plan of care, requiring these components:***

- An examination including a review of history and use of standardized tests and measures is required; and
- Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome

**Typically, 20 minutes are spent face-to-face with the patient and/or family.**

***97X65 Occupational therapy evaluation, low complexity, requiring these components:***

- An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem;
- An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and
- Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component.

**Typically, 30 minutes are spent face-to-face with the patient and/or family.**

***97X66 Occupational therapy evaluation, moderate complexity, requiring these components:***

- An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance;
- An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and
- Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component.

**Typically, 45 minutes are spent face-to-face with the patient and/or family.**

***97X67 Occupational therapy evaluation, high complexity, requiring these components:***

- An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance;
- An assessment(s) that identify 5 or more performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and
- A clinical decision-making is of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component.

**Typically, 60 minutes are spent face-to-face with the patient and/or family.**

***97X68 Reevaluation of occupational therapy established plan of care, requiring these components:***

- An assessment of changes in patient functional or medical status with revised plan of care;
- An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and
- A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required.

**Typically, 30 minutes are spent face-to-face with the patient and/or family**

The changes are shown in CMS proposed plan for 2017.