

Understanding the New Evaluation Codes for 2017

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CPT Codes Currently in use thru 2016

97001 Physical Therapy Evaluation

97002 Physical Therapy Re-Evaluation

Untimed service based code.

Identifies the problem and helps determine the appropriate therapy necessary to treat.

Comprehensive service requiring professional skills to make clinical judgements.

Indicates professional judgement to determine continued care, modifying goals, and/or treatment or terminating services.

WHY????

The three levels will better reflect the complexity of the patient that will determine the path of treatment and management.

Assessment tools used on the front end combined with outcomes reported on the back end will begin to show the differentiation in how patients are managed successfully.

New codes will serve to differentiate the unnecessary variation in care from medically necessary services for the individual patient, and

Serve as the building blocks for future payment reform

Beginning January 1, 2017

97001 and 97002 will be listed as “deleted” from CPT Register and replaced with...

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Evaluation

97161 Low Complexity Evaluation

97162 Medium Complexity Evaluation

97163 High Complexity Evaluation

Re-Evaluation

97164 Re-Evaluation (a single code)

Evaluation

97161 Low Complexity Evaluation

97162 Medium Complexity Evaluation

97163 High Complexity Evaluation

Complexity levels are comprised of and decided upon by 4 components:

History

Examination

Clinic Presentation

Clinical Decision Making

History

Comorbidities that can impact function and ability in relation to progression of the plan of care

Previous functional levels

Previous treatment(s) or other factors that can impact ability to progress and reach goals

Social history, home status, work status, cultural indications, and medications

Other Personal Factors...

age, sex, education, profession, social background, experiences

behavior patterns

other factors as to how the patient see's their injury/impairment

Examination

Body Structures and Functions: Looking at impairments that result in limiting function that are resulting in the presenting condition

Regions: Head, neck, extremities

Systems: musculoskeletal, cardiovascular, neuromuscular

Activity limitations (ADL's)

self care, preparing food

and/or

Participation restrictions (IADL's)

home life, social activities, work / school / community

Clinical Presentation

Stable & Uncomplicated

Stable & Evolving w/ changing characteristics

Unstable w/ unpredictable characteristics

Clinical Decision Making

Clinical judgement is used to determine overall severity of the complaints/conditions

Appropriate decisions are made for treatment

Is supported by best current evidence.

TIME (*Fifth Element*) **used for guidance only

Typical (or recommended) amount of time spent face to face with the patient based on the level of complexity relative to all other components.

Not a factor in relation to “billing” of the code

Can be a factor in thinking about how complex the evaluation was.

CPT Code	Description	History & Personal Factors	Examination	Presentation	Clinical Decision	Time
97161	Low Complexity	comorbidities or personal factors = none	tests & measures: 1-2 elements: body structures & function, activities, and participation restrictions	Stable and/or uncomplicated	Low Complexity: standard assessment instruments and/or measurable functional outcome	20 minutes
97162	Medium Complexity	comorbidities or personal factors = 1-2 elements	tests & measures: 3+ elements: body structures & function, activities, and participation restrictions	Evolving w/ changing characteristics	Mod Complexity: standard assessment instruments and/or measurable functional outcome	30 minutes
97163	High Complexity	comorbidities or personal factors = 3-4 elements	tests & measures: 4+ elements: body structures & function, activities, and participation restrictions	Evolving w/ unstable / unpredictable characteristics	Highly Complexity: standard assessment instruments and/or measurable functional outcome	45 minutes
97164	Re-Evaluation	Current established POC	review of history and use of standard tests & measures		Revised POC: standard assessment instruments and/or measurable functional outcome	20 minutes

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Physical Therapy Evaluation			
Required Components: 4/4			
Code	97161	97162	97163
Required Components			
History			
No personal factors and/or comorbidities	X		
1-2 personal factors and/or comorbidities		X	
3 or more personal factors and/or comorbidities			X
Examination (body structures & functions, activity limitations, and/or participation restrictions)			
addressing 1-2 elements	X		
addressing a total of 3 or more elements		X	
addressing a total of 4 or more elements			X
Clinical Presentation			
Stable	X		
Evolving		X	
Unstable			X
Clinical Decision Making			
Low	X		
Moderate		X	
High			X
Development of Plan of Care			
Contributory Factors			
Coordination, consultation, and collaboration of care with physicians, other qualified health care professionals, or agencies is provided consistent with nature of the problems(s) and the needs of the patient, family, and/or other caregivers			
Typical Face-to-Face Time (minutes)	20	30	45

How are these codes going to be paid?

Based on the current proposed rules, CMS has given each level the same RVU of 1.2

Final rules are to be posted on (or around) Nov 1st.

Things to consider...

This effects all HIPAA “Covered Entities” ... so Medicare, Medicaid, Health Payers

not required by HIPAA, would be State L&I and Auto “PIP” Payers

need to ask the question (?) “will they also be implementing the new codes” and if so “will they be following the final CMS ruling on reimbursement”

also....

is your EMR and/or Clearinghouse set up for the transition?

do you have a training timeline for the transition?

finally...

important to revise your in house chart audit program

budget for any possible claims delay starting on Jan 1.

QUESTIONS????

Thank You!