

Message from the Practice Committee

CMS Changes to PT Evaluation and Reevaluation Codes Starting January 1, 2017

CMS proposes new CPT code descriptors for physical therapy evaluations and reevaluations created by the CPT Code Editorial Panel, effective January 1, 2017. This will include replacing existing CPT codes 97001 (physical therapy evaluation) and 97002 (physical therapy reevaluation) with 4 new evaluation codes—3 for evaluation and 1 for reevaluation. The three new evaluation codes distinguish between low, moderate, and high complexity using the physical therapists' evaluation of patient history, examination, patient presentation, and complexity of clinical decision making. One reevaluation code will be used for all reassessments with an emphasis on the use of standardized test and measures to track functional outcomes present in the re-evaluation code definition.

The new descriptors are presented in the table below, extracted from the proposed rule:

New CPT Code	CPT Long Descriptors for Physical Medicine and Rehabilitation
97X61	<p>Physical therapy evaluation: low complexity, requiring these components:</p> <ul style="list-style-type: none"> • A history with no personal factors and/or comorbidities that impact the plan of care • An examination of body systems(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 make of low complexity using standardized patient assessment instrument and/or measureable assessment of functional outcome. <p>Typically, 20 minutes are spent face-to-face with the patient and/or family.</p>
97X62	<p>Physical therapy evaluation: moderate complexity, requiring these components:</p> <ul style="list-style-type: none"> • 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

	<p>limitations, and/or participation restrictions;</p> <ul style="list-style-type: none"> • 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. <p>Typically, 30 minutes are spent face-to-face with the patient and/or family.</p>
97X63	<p>Physical therapy evaluation: high complexity, requiring these components:</p> <ul style="list-style-type: none"> • A history with present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; • 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. <p>Typically, 45 minutes are spent face-to-face with the patient and/or family.</p>

97X64	<p>Reevaluation of physical therapy established plan of care, requiring these components:</p> <ul style="list-style-type: none"> • 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. <p>Typically, 20 minutes are spent face-to-face with the patient and/or family.</p>
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Currently, all 3 evaluation codes will be reimbursed at the same rate.

Initial training is offered through a webinar on September 22, available at the APTA Learning Center. This will be free to APTA members.

<http://learningcenter.apta.org/AdvancedSearch.aspx?KeyWord=new+payment+system>

Reference:

Proposed Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year (CY) 2017. Page 350. Weblink:

<https://www.federalregister.gov/articles/2016/07/15/2016-16097/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>. Accessed on September 3, 2016.

Stroke Rehabilitation Guidelines

In June of 2016, a joint effort led by Dr. Carolee Winstein, the American Heart Association and the American Stroke Association produced first-ever Guidelines for Adult Stroke Rehabilitation and Recovery. The multi-disciplinary writing team consisted of MDs, OTs, PTs, and RNs. The extensive document pulls from recent research as current as 2014 and builds on previous works to formulate recommendations of best practice. The guidelines explain and summarize the evidence of stroke rehabilitation and recovery into concise boxes, spanning the continuum of care from acute to community reintegration. This new concerted effort is a tremendous resource and continues to emphasize the need for a coordinated rehab team.

Check out link for details:

<http://stroke.ahajournals.org/content/early/2016/05/04/STR.0000000000000098.abstract>