

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services



**MLN Matters® Number: MM9782**

**Related Change Request (CR) #: CR 9782**

**Related CR Release Date: November 10, 2016**

**Effective Date: January 1, 2017**

**Related CR Transmittal #: R3654CP**

**Implementation: January 3, 2017**

## 2017 Annual Update to the Therapy Code List

### Provider Types Affected

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This MLN Matters® Article is intended for physicians, therapists, and other providers, including Comprehensive Outpatient Rehabilitation Facilities (CORFs), submitting claims to Medicare Administrative Contractors (MACs), including Home Health & Hospice MACs, for outpatient therapy services provided to Medicare beneficiaries.

### What You Need to Know

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This article is based on Change Request (CR) 9782 which updates the therapy code list for Calendar Year (CY) 2017 by adding eight “always therapy” codes (97161 – 97168) for physical therapy (PT) and occupational therapy (OT) evaluative procedures. CR 9782 also deletes the four codes currently used to report these services (97001 – 97004). Make sure your billing staffs are aware of these updates.

### Background

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Section 1834(k)(5) of the Social Security Act requires that all claims for outpatient rehabilitation therapy services and CORF services be reported using the uniform coding system. The Calendar Year (CY) 2017 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4) is the coding system used for reporting these services.

For CY 2017, the Current Procedural Terminology (CPT) Editorial Panel created eight new codes (97161-97168) to replace the 4-code set (97001-97004) for Physical Therapy (PT) and Occupational Therapy (OT) evaluative procedures. The new CPT code descriptors for

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PT and OT evaluative procedures include specific components that are required for reporting as well as the corresponding typical face-to-face times for each service.

Evaluation Codes. The CPT Editorial Panel created three new codes to replace each existing PT and OT evaluation code, 97001 and 97003, respectively. These new evaluation codes are based on patient complexity and the level of clinical decision-making – low, moderate and high complexity: for PT, codes 97161, 97162 and 97163; and for OT, codes 97165, 97166 and 97167.

Re-evaluation Codes. One new PT code, 97164, and one new OT code, 97168, were created to replace the existing codes – 97002 and 97004, respectively. The re-evaluation codes are reported for an established patient’s when a revised plan of care is indicated.

Just as their predecessor codes were, the new codes are “always therapy” and must be reported with the appropriate therapy modifier, GP or GO, to indicate that the services are furnished under a PT or OT plan of care, respectively.

The new PT Evaluative procedure codes are listed in the chart below with their short descriptors\* and the required corresponding therapy modifier:

<b>CPT Code</b>	<b>Short Descriptor*</b>	<b>Modifier</b>
97161	PT EVAL LOW COMPLEX 20 MIN	GP
97162	PT EVAL MOD COMPLEX 30 MIN	GP
97163	PT EVAL HIGH COMPLEX 45 MIN	GP
97164	PT RE-EVAL EST PLAN CARE	GP

The new OT Evaluative procedure codes are listed in the chart below with their short descriptors\* and the required OT therapy modifier:

<b>CPT Code</b>	<b>Short Descriptor*</b>	<b>Modifier</b>
97165	OT EVAL LOW COMPLEX 30 MIN	GO
97166	OT EVAL MOD COMPLEX 45 MIN	GO
97167	OT EVAL HIGH COMPLEX 60 MIN	GO
97168	OT RE-EVAL EST PLAN CARE	GO

\*NOTE: Please note that the short descriptors cannot be used in place of the CPT long descriptions which officially define each new PT and OT service. Refer to the two tables with these new CPT codes and their long descriptions that appear at the end of this article.

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## Additional Information

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The official instruction, CR9782, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3654CP.pdf>.

The therapy code list of “always” and “sometimes” therapy services is available at <http://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

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**Table 1. For CY 2017 - New CPT Codes and Long Descriptors for PT Evaluative Procedures****97161 - 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.

**97162 - 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.

**97163 - 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 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.

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

**97164 - Re-evaluation 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.

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**Table 2. For CY 2017: New CPT Codes and Long Descriptors for OT Evaluative Procedures****97165 - 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.

**97166 - 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.

**97167 - 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 identifies 5 or more 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 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.

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**Table 2. For CY 2017: New CPT Codes and Long Descriptors for OT Evaluative Procedures****97168 - Re-evaluation 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.

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