Are You Billing the New PT and OT Evaluation Codes Properly?

HCCA COMPLIANCE INSTITUTE
TUESDAY, MARCH 28, 2017, SESSION 603
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Shawn M Halcisik, DPT, MEd, RAC-CT, CPC, CHC

Objectives

• Understand definitions of new PT and OT evaluation codes
• Learn the components that will determine the level of the evaluation code billed
• Take away an audit tool to ensure your therapy department’s compliance

Presenters

Shawn M Halcisik, DPT, MEd, RAC-CT, CPC, CHC
Corporate Compliance Officer
Encore Rehabilitation

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President & Founder
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Are You Billing the New PT and OT Evaluation Codes Properly?

What We will Cover

1. Definitions of new codes
2. Components in the evaluation & selection process
3. Problems "so far" in 2017
4. How to set up and evaluation template for success
5. How to audit for performance

New Evaluation Codes

WHO, WHAT, WHEN, WHERE AND WHY

<table>
<thead>
<tr>
<th>Physical Therapy Eval Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New CPT</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>97161</td>
</tr>
<tr>
<td>97162</td>
</tr>
<tr>
<td>97163</td>
</tr>
</tbody>
</table>
**Physical Therapy Eval Codes**

<table>
<thead>
<tr>
<th>New CPT</th>
<th>Description</th>
<th>Personal Factors &amp; Comorbidities</th>
<th>Stability</th>
<th>Clinical Decision Making</th>
<th>Typical Face to Face Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>97161</td>
<td>Low Complexity Eval</td>
<td>None</td>
<td>Unstable</td>
<td>Unpredictable Clinical Presentation</td>
<td>20 minutes</td>
</tr>
<tr>
<td>97162</td>
<td>Moderate Complexity Eval</td>
<td>2 or more</td>
<td>Unstable</td>
<td>Unpredictable Clinical Presentation</td>
<td>30 minutes</td>
</tr>
<tr>
<td>97163</td>
<td>High Complexity Eval</td>
<td>3 or more</td>
<td>Unstable</td>
<td>Unpredictable Clinical Presentation</td>
<td>45 minutes</td>
</tr>
</tbody>
</table>

**New CPT Description**

- **Low Complexity Eval**: None
- **Moderate Complexity Eval**: 2 or more
- **High Complexity Eval**: 3 or more

**Stability**

- **Unstable**

**Clinical Decision Making**

- **Unpredictable Clinical Presentation**

**Typical Face to Face Time**

- **20 minutes**
- **30 minutes**
- **45 minutes**

**Physical Functions**:

- **Body Functions**: Physiological functions of body systems (including psychological functions).

- **Activity**: Execution of a task or action by an individual.

- **Participation Restrictions**: Problems an individual may experience in involvement in life situations.

**Personal Factors & Comorbidities**

- **such as sex, age, coping styles, social background, education, and overall behavior patterns that may influence how disability is experienced by the individual**

- **Comorbidities that impact current function and ability to progress through a plan of care**

**Body Structures & Functions, Activity Limitations, Participation Restrictions**

- **Fluctuation in pain**, fluctuating patient reported outcomes and functional tests, variable response to activity/prior treatment
- **Frequent acute episodes**
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<th>Body Structures &amp; Functions</th>
<th>Clinical Patterns assessed in initial evaluation classification</th>
<th>Aggravating and easing signs</th>
<th>Response to examination</th>
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<td>97161</td>
<td>Low Complexity Eval</td>
<td>None</td>
<td>1-2</td>
<td>Stable Uncomplicated</td>
<td>20 minutes</td>
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### Occupational Therapy Eval Codes: "Questions"

<table>
<thead>
<tr>
<th>New CPT</th>
<th>Description</th>
<th>Performance Deficits</th>
<th>Clinical Decision Making</th>
<th>Comorbidities Affecting Occupational Performance</th>
<th>Modification or Assistance to Complete Eval</th>
<th>Approximate Face to Face Time</th>
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<tbody>
<tr>
<td>97165</td>
<td>Low Complexity Eval</td>
<td>1-3</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>30 minutes</td>
</tr>
<tr>
<td>97166</td>
<td>Moderate Complexity Eval</td>
<td>3-5</td>
<td>Maybe</td>
<td>Min-Moderate</td>
<td>45 minutes</td>
<td></td>
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<tr>
<td>97167</td>
<td>High Complexity Eval</td>
<td>5 or more</td>
<td>High complexity</td>
<td>Yes</td>
<td>Max</td>
<td>60 minutes</td>
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Based on analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of treatment options.
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### Contrasting PT & OT Evaluation Complexity

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<th>OT</th>
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<tr>
<td><strong>History</strong></td>
<td>Personal Factors and comorbidities as they affect the plan of care</td>
</tr>
<tr>
<td><strong>Clinical Decision Making</strong></td>
<td>Using standardized instruments and measurable assessment of functional outcome</td>
</tr>
<tr>
<td><strong>Clinical Findings</strong></td>
<td>- Body Structures and Functions - Activity Limitations - Participation Restrictions Using standardized tests and measurements</td>
</tr>
<tr>
<td><strong>Clinical Presentation</strong></td>
<td>Stable?</td>
</tr>
<tr>
<td></td>
<td>Degree of modification of tasks or assistance necessary to enable patient to complete evaluation</td>
</tr>
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PT Evaluation Process

• History
  • Personal factors, comorbidities
• Examination of body systems
  • Body structures & functions, activity limitations, participation restrictions
• Clinical presentation
  • Stable, evolving, unstable
• Clinical decision making
  • Complexity in plan of care

OT Evaluation Process

• Occupational Profile & history
  • Record review
  • Review PLOF w/patient (physical, cognitive, psychosocial)
• Assessment
  • Identify impairments (physical, cognitive, psychosocial)
• Clinical decision making
  • Level of assessment
  • Number of treatment options
  • Task Modifications

ICF Definitions

• Body functions - The physiological functions of body systems (including psychological functions).
• Body structures - Anatomical parts of the body such as organs, limbs and their components.
• Impairments - Problems in body function and structure such as significant deviation or loss.
• Activity - The execution of a task or action by an individual.
• Participation - Involvement in a life situation.
• Activity limitations - Difficulties an individual may have in executing activities.
• Participation restrictions - Problems an individual may experience in involvement in life situations.
• Environmental factors - The physical, social and attitudinal environment in which people live and conduct their lives. These are either barriers to or facilitators of the person's functioning.

Source: WHO 2001:8,10
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ICF Definitions

- Functioning is an umbrella term for **body function**, **body structures**, activities and participation. It denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors).
- Disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors).

ICF Components and Domains/Chapters

Physical History, Examination & Assessment

- **Health Condition, Disorder or Disease**
- **Activity**
- **Participation**
- **Normal Variation**
- **Complete Impairment**
- **Environmental**
- **Contextual Factors**
- **Personal**
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Physical History, Examination & Assessment

Spinal Cord Injury

Body Functions & Structures
Problems of muscle power functions & structure of spinal cord

Activity
Difficulty moving & walking

Participation
Participation in employment, & in using public transport

Contextual Factors

Environmental
Public transport, building design, barriers

Personal
Male, 30 years

Auditing for Compliance

UPCODING, UNDERCODING AND WHO KNOWS HOW TO CODE?

Why?

• Ensure billed code is supported by the documentation

• Identify needed changes in your EMR to support the codes

• Identify additional education focus areas related to the codes
Are You Billing the New PT and OT Evaluation Codes Properly?

When?

- For the first year of implementation of these codes, CMS has decided not to revise Medicare Benefits Policy Manual to reflect the new codes and has instructed auditors to hold off on audits for this first year.

How?

- Develop an audit tool based on code definitions
  - Test your tool!
    - IRR if multiple auditors
  - Determine audit sample size
    - Be Realistic
PT: History

Check all IMPACTING FOC, if not impacting FOC then do not check:
☐ Comorbidity 1 ☐ Comorbidity 2 ☐ Comorbidity 3
☐ Sex ☐ Age ☐ Coping Style ☐ Social Background ☐ Education
☐ Profession ☐ Past / Current Experience ☐ Behavior Pattern ☐ Character

PT: Examination

Body Systems/Structure/Function:
Musculoskeletal (Symmetry, ROM, Strength, Height, Weight, Pain, Posture):
☐ Head ☐ Neck ☐ Back ☐ Ext Hand ☐ Trunk
Neuromuscular:
☐ Balance ☐ Gaits/Locomotion ☐ Transfers ☐ Bed Mobility
☐ Motor Control/Learning
☐ Cardiovascular/Pulmonary (HR, RR, BP, Edema)
☐ Integumentary (Pliability (texture), scar formation, color, integrity, wound)
☐ Other (Ability to Make Needs Known; Consciousness; Orientation; Learning Preference; Expected Behavioral / Emotional Response)

PT: Examination

Activity Limitation:
☐ Bed Mobility ☐ Transfers ☐ Instrumental Living Level ☐ Stairs ☐ Bathing
☐ Housing ☐ Shopping ☐ Self-Feeding ☐ Hygiene/Brushing
☐ Reaching Overhead ☐ Bend ☐ Squat ☐ Sit ☐ Carry ☐ Stand
☐ Sleep ☐ Sit ☐ Continoence ☐ Other

Participation Restriction:
☐ Work ☐ School ☐ Church ☐ Community Activity ☐ Drive ☐ Volunteer ☐ Interpersonal Relationships
☐ Meal Prep ☐ Cleaning ☐ Shop ☐ Laundry
☐ Medication Mgmt ☐ Personal Finances ☐ School ☐ Other
**PT: Clinical Presentation**

- Stable and/or uncomplicated characteristics
  - Signs/symptoms remain localized to body structure/function

- Evolving clinical presentation with changing characteristics
  - Signs/symptoms peripheralizing or changing
  - Weight-bearing changes

- Unstable and unpredictable characteristics
  - Pattern of signs/symptoms difficult to establish
  - Red Flags
  - Medical issues impacting - orthostatic

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**OT: Occupational Profile & HX**

- **Brief History**
  - Including Review of Records Relating to Presenting Problem

- **Expanded**
  - Review of Records & Add'l review of physical, cognitive, psychosocial hx related to current func. performance

- **Review of Records and Extensive Add'l**
  - Review of physical, cognitive, psychosocial hx related to current func. performance
Are You Billing the New PT and OT Evaluation Codes Properly?

OT: Assessments (Performance Deficits)

- Body Structure/Function/Physical Skills:
  - ○ Balance ○ Mobility ○ Strength ○ Endurance ○ FNE ○ SMC ○ Innervation
  - ○ Disability ○ Vision ○ Hearing ○ Adaptability ○ Preception ○ Pain ○ HM
  - ○ New ○ Unchange ○ Wound
- Cognitive Skills:
  - ○ Attention ○ Perception ○ Thought ○ Understanding ○ Problem Solving ○ Sequencing
  - ○ Learning ○ Memory ○ Intellectual ○ Consciousness ○ Orientation
  - ○ Impairment/Hazard ○ Impair/Drive
- Professional Skills:
  - ○ Interpersonal Interaction ○ Habits ○ Routines & Behaviors ○ Coping Strategies
  - ○ Environmental Adaptations

OT: Clinical Decision Making

<table>
<thead>
<tr>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Focused Assessment</td>
<td>Detailed Assessment</td>
<td>Comprehensive Assessment</td>
</tr>
<tr>
<td>Limited # of Treatment Options</td>
<td>Several Treatment Options</td>
<td>Multiple Treatment Options</td>
</tr>
<tr>
<td>No Comorbidities</td>
<td>May have comorbidities impacting occupational performance</td>
<td>Presence of comorbidities impacting occupational performance</td>
</tr>
<tr>
<td>No Modification of Tasks or assist necessary to complete evaluation</td>
<td>Min-Med Modification of Tasks or assist with assess necessary to complete eval</td>
<td>Significant Modification of Tasks or assist with assess is necessary to complete eval</td>
</tr>
</tbody>
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Practice Makes Perfect

PT AND OT CASE STUDIES
Case Study 1

- Patient presents to PT with a new onset CVA with R hemiparesis, swallow dysfunction, and R distal tibia/fib fracture as a result of a fall when suffered intact fracture. Precautions: NWB R LE and thickened liquids.
- Comorbidities include HTN with new medication after CVA requiring close monitoring and knee OA with pain with weight bearing with IFM need for TKR in future. Patient lives alone in a one story home with 4 step entry with handrail bilateral, tub/shower combo, laundry in basement.
- No AD/AE prior. Was independent with functional mobility and ADL/IADL. Examination: Strength R UE 4/5, L UE 4/5 and R LE 2/5 except testing prevented by cast; L LE 4-/5, PROM intact.
- Bed mobility with moderate assist. Transfer with slide board with moderate assist. Unable to ambulate. Balance FIST score 8/16. BP: 150/70 rest; 150/75 activity. HR 70 rest and on betablocker. Goal is to return home alone.

Case Study 2

- 96 year old female admitted following 4 day hospital stay with new dx of CHF. PMH include diabetes, L TKA 3 yrs post, and Valvular with Valvulan Rebel in elderly mother. Lives in senior apt with supportive non-living nearby.
- PLOE independent in all aspects of mobility and self care. She was completing simple meal prep, householding, and laundry tasks without difficulty. She was completing self care tasks without assistance. Not assisted with shopping, medication, and personal hygiene. She pays all bills with assistance 1/2 of the time. Was 4/5 with activity requiring frequent rests and max using on breathing technique.
- She requires meal A for UE/LE dressing, bathing, and toileting tasks. UE hand grip 10 pounds and UE hand grip 15, overall Fisti BLE and BLE 3/4's, strength 4/5, 87%, functional match 4 inches in stand.
- Pt reports pain at 4/10 in RUE shoulders and BORG scale is 1/4 with all tasks. RP varieges 15/75 to 15/100. Weight upon eval 190 pounds with edema noted in BLE. Self reports to ST as slight memory and problem solving issues noted during OT evaluation.

Case Study 3

- 69 year old female presents to OT for lymphedema evaluation of left UE following mastectomy. Prior to surgery and development of lymphedema was completely independent, working part time data entry for her son’s business, babysat grandson 2x/week, attended monthly bookclub, and participated in gardening club.
- Currently she is unable to lift grandson, having difficulty with typing for data entry, notes decreased grip strength, feels clumsy with dressing with buttons and zippers, and has pain 5/10.
- Exam findings include edema, grip strength loss, skin intact, FMC deficits, and ROM loss at elbow, wrist and digits. Treatment plan is MLJ and bandaging with HEP instruction.
Case Study 4

- 60 year old female presents to outpatient PT for evaluation of neck pain and numbness and tingling in face and intermittent dizziness. PMH includes COPD with frequent use of steroids and O2, rheumatoid arthritis, BTKR requiring continued use of two wheeled walker, and BMI of 44.
- PLOF independent with ADLs, assist with IADLs, ambulatory with two wheel walker, stairs independent with bilateral handrails and socially very active with family and friends.
- Reports since onset of s/s requires assist on stairs tub/shower transfers, LB ADLs and showering due to worsening s/s and fear of falling due to onset of dizziness. In addition she has not been able to attend her social functions with family and friends.
- Due to s/s clinician begins with upper cervical stability tests which are positive resulting in call to physician for orders for imaging.

Essential References & Tools

- Definitions
- Code descriptions
- APTA
- AOTA
- ICF
- Cheat Sheet
- Audit Tools

Summary & Q & A

HOW CAN WE HELP YOU?
Are You Billing the New PT and OT Evaluation Codes Properly?

What Can You Do?

1. Familiarize yourself with the evaluation complexity matrix for PT & OT
2. Run through some PT & OT cases studies prior to conducting an audit
3. Audit to ensure documentation supports complexity
4. Make a cross walk to your EMR

Presenters

Shawn M Halcsik, DPT, MEd, RAC-CT, CPC, CHC
Corporate Compliance Officer
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