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 Halscik, DPT, MEd, RAC-CT, CPC, CHC

Presenters

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

Nancy J Beckley, MS, MBA, CHC
President & Founder
Nancy Beckley & Associates LLC
NancyBeckley.com
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

What We will Cover

1. Definitions of new codes
2. Components in the evaluation & selections 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**

## Physical Therapy Eval Codes

<table>
<thead>
<tr>
<th>New CPT</th>
<th>Description</th>
<th>Personal Factors &amp; Comorbidities</th>
<th>Body Structures &amp; Functions, Activity Limitations, Participation Restrictions</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>1-2</td>
<td>Stable</td>
<td>Uncomplicated</td>
<td>20 minutes</td>
</tr>
<tr>
<td>97162</td>
<td>Moderate Complexity Eval</td>
<td>1-2</td>
<td>3 or more</td>
<td>Evolving</td>
<td>Moderate complexity</td>
<td>30 minutes</td>
</tr>
<tr>
<td>97163</td>
<td>High Complexity Eval</td>
<td>3 or more</td>
<td>4 or more Elements</td>
<td>Unstable</td>
<td>Unpredictable Clinical Presentation</td>
<td>45 minutes</td>
</tr>
</tbody>
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### Physical Therapy Eval Codes

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<th>New CPT</th>
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</tr>
<tr>
<td>97163</td>
<td>High Complexity Eval</td>
<td>3 or more</td>
<td>4 or more Elements</td>
<td>Unstable, Unpredictable Clinical Presentation, 45 minutes</td>
</tr>
</tbody>
</table>

**Personal Factors:** 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 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.

**Body Structures & Functions:** Activity Limitations, Participation Restrictions.
**Physical Therapy Eval Codes**

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**Clinical Patterns assessed in initial evaluation classification**

- Aggravating and easing signs
- Response to examination

**Fluctuation in pain, fluctuating patient reported outcomes and functional tests, variable response to activity/prior treatment**

**Frequent acute episodes**

**Clinical Patterns assessed in initial evaluation classification**

- Aggravating and easing signs
- Response to examination
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Guideline only
Typical expected face to face time
Not really a factor in determining complexity

### 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>Low complexity</td>
<td>None</td>
<td>None</td>
<td>30 minutes</td>
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<tr>
<td>97166</td>
<td>Moderate Complexity Eval</td>
<td>3-5</td>
<td>Moderate complexity</td>
<td>Maybe</td>
<td>Min-Moderate</td>
<td>45 minutes</td>
</tr>
<tr>
<td>97167</td>
<td>High Complexity Eval</td>
<td>5 or more</td>
<td>High complexity</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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**Must show how comorbidity affects occupational performance**

**For example:** physical or verbal cueing necessary to complete the evaluation

**For example:**
- Physical or verbal cueing necessary to complete the evaluation
- 97165: Low Complexity Eval
- 97166: Moderate Complexity Eval
- 97167: High Complexity Eval

**Modify based on complexity:**
- Low complexity: None
- Moderate complexity: Maybe
- High complexity: Yes
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HCCA Compliance Institute
3/28/2017

Nancy J Beckley
Shawn M Halcsik

Occupational Therapy Eval Codes

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Contrasting PT & OT Evaluation Complexity

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<th></th>
<th>PT</th>
<th>OT</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Personal Factors and comorbidities as they affect the plan of care</td>
<td>Occupational Profile, including review of medical and/or therapy records Comorbidities as they affect occupational performance</td>
</tr>
<tr>
<td>Clinical Decision Making</td>
<td>Using standardized instruments and measureable assessment of functional outcome</td>
<td>Includes analysis of the occupational profile, problem focused assessment and consideration of treatment options</td>
</tr>
<tr>
<td>Clinical Findings</td>
<td>• Body Structures and Functions • Activity Limitations • Participation Restrictions Using standardized tests and measurements</td>
<td>• Physical • Cognitive • Psychosocial Skills As related to current functional performance</td>
</tr>
<tr>
<td>Clinical Presentation</td>
<td>Stable? Evolving? Unstable; Unpredictable</td>
<td>Degree of modification of tasks or assistance necessary to enable patient to complete evaluation</td>
</tr>
</tbody>
</table>
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).

Source: WHO 2001:8,10
Are You Billing the New PT and OT Evaluation Codes Properly?

ICF Components and Domains/Chapters

- Body Function
- Body Structure
- Activities & Participation
- Environmental Factors

Source: WHO 2001:29-30

Physical History, Examination & Assessment

- Health Condition, Disorder or Disease
- Body Functions & Structures
  - Normal Variation
  - Complete Impairment
- Activity
  - No Activity Limitation
  - Complete Activity Limitation
- Participation
  - No Participation Restriction
  - Complete Participation Restriction
- Contextual Factors
  - Environmental
- Personal
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

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 POC, if not impacting POC 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
- ☐ LE
- ☐ UE
- ☐ Trunk

Neuromuscular:
- ☐ Balance
- ☐ Gait/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  ☐ Locomotion Level  ☐ Stairs  ☐ Bathing
☐ Dressing  ☐ Toileting  ☐ Self Feeding  ☐ Hygiene/Grooming
☐ Reaching Overhead  ☐ Bend  ☐ Squat  ☐ Lift  ☐ Carry  ☐ Stand
☐ Sleep  ☐ Sit  ☐ Continence  ☐ Other

Participation Restriction:
☐ Work  ☐ School  ☐ Church  ☐ Community Activity  ☐ Drive  ☐ Volunteer  ☐ Interpersonal Rel’ship
☐ 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
Are You Billing the New PT and OT Evaluation Codes Properly?

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3/28/2017

<table>
<thead>
<tr>
<th>Location:</th>
<th>Patient Name:</th>
<th>DOS:</th>
<th>Therapist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Profile &amp; History</td>
<td>□ Brief History including Review of Records Relating to Presenting Problem</td>
<td>□ Expanded Review of Records and Extensive Add’l Review of physical, cognitive, psychosocial hx related to current func. performance</td>
<td>□ Review of Records and Extensive Add’l Review of physical, cognitive, psychosocial hx related to current func. performance</td>
</tr>
<tr>
<td>Assessment (performance deficits)</td>
<td>Total # of Checks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Structure/Function/Physical Skills</td>
<td>□ Balance</td>
<td>□ Mobility</td>
<td>□ Strength</td>
</tr>
<tr>
<td>□ Tone</td>
<td>□ Coordination</td>
<td>□ Wound</td>
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<tr>
<td>Cognitive Skills</td>
<td>□ Attention</td>
<td>□ Perception</td>
<td>□ Thought</td>
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<tr>
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<td>□ Memory</td>
<td>□ Emotion</td>
<td>□ Consciousness</td>
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<tr>
<td>□ Temperament</td>
<td>□ Personality</td>
<td>□ Energy</td>
<td>□ Drive</td>
</tr>
<tr>
<td>Psychosocial Skills</td>
<td>□ Interpersonal Interaction</td>
<td>□ Habits</td>
<td>□ Routines &amp; Behaviors</td>
</tr>
<tr>
<td>Clinical Decision Making</td>
<td>□ Low</td>
<td>□ Moderate</td>
<td>□ High</td>
</tr>
<tr>
<td>□ Problem Focused Assessment</td>
<td>□ Detailed Assessment</td>
<td>□ Comprehensive Assessment</td>
<td></td>
</tr>
<tr>
<td>□ Limited # of Treatment Options</td>
<td>□ Several Treatment Options</td>
<td>□ Multiple Treatment Options</td>
<td></td>
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<tr>
<td>□ No Comorbidities</td>
<td>□ May have comorbidities impacting occupational performance</td>
<td>□ Presence of comorbidities impacting occupational performance</td>
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<td>□ No Modification of Tasks or assist necessary to complete evaluation</td>
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OT: Occupational Profile & HX

☑ Brief History  
Including Review of Records Relating to Presenting Problem

☐ Expanded  
Review of Records and 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

36
OT: Assessments (Performance Deficits)

- Body Structure/Function/Physical Skills:
  - ☐ Balance  ☐ Mobility  ☐ Strength  ☐ Endurance  ☐ FMC  ☐ GMC  ☐ Sensation
  - ☐ Dexterity  ☐ Vision  ☐ Hearing  ☐ Vestibular  ☐ Proprioception  ☐ Pain  ☐ ROM
  - ☐ Tone  ☐ Continence  ☐ Wound
  -
- Cognitive Skills:
  - ☐ Attention  ☐ Perception  ☐ Thought  ☐ Understand  ☐ Problem Solve  ☐ Sequencing
  - ☐ Learn  ☐ Memory  ☐ Emotional  ☐ Consciousness  ☐ Orientation
  - ☐ Temperament/Personality  ☐ Energy/Drive
  -
- Psychosocial Skills:
  - ☐ Interpersonal Interaction  ☐ Habits  ☐ Routines & Behaviors  ☐ Coping Strategies
  - ☐ Environmental Adaptations

OT: Clinical Decision making

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Case Study 1

- Patient presents to PT with a new onset CVA with R hemiparesis, swallow dysfunction, and R distal tib/fib fracture as a result of a fall when suffered infarct. 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 ID'd need for TKR in future. Patient lives alone in a one story home with a 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 2/5; 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 8/56. BP: 130/70 rest; 150/75 activity. HR 70 rest and on betablocker. Goal is to return home alone.
Case Study 2

- 76 year old female admitted following a 3 day hospital stay with new dx of CHF, PMH include diabetes, L TKR 5 yrs post, and renal failure with dialysis. Resides in senior apt with supportive son living nearby.
- PLOF independent in all aspects of mobility and self cares. She was completing simple meal prep, housekeeping, and laundry tasks without difficulty in apartment. Son assisted with shopping, med management and personal finances. SOB with all tasks, O2 at 4L and O2 sats at 87% with activity requiring frequent rests and max cuing on breathing technique.
- She requires mod A for UE/LE dressing, bathing, and toilting tasks. L hand grip 10 pounds and R hand grip 5pds, overall MMT BLE and BUE 3/5; Barthel 65/100, Berg 25/56, Functional reach 5 inches in stand.
- Pt reports pain at 4/10 in BUE shoulders and BORG scale is 17/20 with all tasks. BP varies 110/90 to 150/100. Weight upon eval 190 pounds with edema noted in BLE. Referral made 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 MLD and bandaging with HEP instruction.
Case Study 4

- 69 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 on O2, rheumatoid arthritis, B TKR 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 friends/family.
- 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?

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

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