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

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Nancy J Beckley, MS, MBA, CHC Shawn M Halcsik, DPT, MEd, RAC-CT, CPC, CHC

#### Presenters



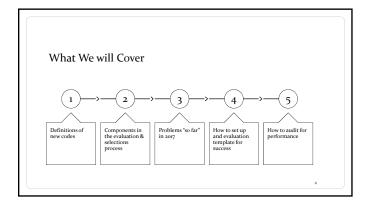
Shawn M Halcsik, DPT, MEd, RAC-CT, CPC, CHC Corporate Compliance Officer Encore Rehabilitation



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



# **New Evaluation Codes**

WHO, WHAT, WHEN, WHERE AND WHY

## Physical Therapy Eval Codes

New CPT	Description	Personal Factors & Comorbidities	Body Structures & Functions, Activity Limitations, Participation Restrictions	Stability	Clinical Decision Making	Typical Face to Face Time
97161	Low Complexity Eval	None	1-2	Stable	Uncomplicated	20 minutes
97162	Moderate Complexity Eval	1-2	3 or more	Evolving	Moderate complexity	30 minutes
97163	High Complexity Eval	3 or more	4 or more Elements	Unstable	Unpredictable Clinical Presentation	45 minutes

Nancy J Beckley Shawn M Halcsik

	•	herapy Ev	u. C				_	
New CPT	Description	Personal Factors & Comorbidities	Bo Act	patterns that ma disability is exp	cial backgr overall beha y influence	ound, wior how	al on ng	Typical Face to Face Time
97161	Low Complexity Eval	None		individual  Comorbidities t function and ab			icated	20 minutes
97162	Moderate Complexity Eval	1-2		through a plan o			ate xity	30 minutes
97163	High Complexity Eval	3 or more	40	r more Elements	Unstable	Unpred Clin Presen	ical	45 minute

Ph	nysical T	herapy Ev	al Codes		functi	Functions: Phys ons of body sys ding psycholog ons).	tems
New CPT	Description	Personal Factors & Comorbidities	Body Structures & Functions, Activity Limitations, Participation Restrictions	$\int_{s}$	action Partic	ty: Execution of by an individual ipation Restrict ems an individu	al. tions:
97161	Low Complexity Eval	None	1-2			ience in involve	
97162	Moderate Complexity Eval	1-2	3 or more	Е	volving	Moderate complexity	30 minutes
97163	High Complexity Eval	3 or more	4 or more Elements	U	nstable	Unpredictable Clinical Presentation	45 minutes

New CPT	Descrip	pati fun	ctuation in pair ient reported o ctional tests, va ctivity/prior tre	utcomes and riable response	& ons,	Stability	Clinical Decision Making	Typical Face to Face Time
97161	Low Comple Eval	xity	quent acute epi None	sodes		Stable	Uncomplicated	20 minutes
97162	Modera Comple Eval	xity	1-2	3 or more		Evolving	Moderate complexity	30 minutes
97163	High Comple Eval	xity	3 or more	4 or more Elements		Unstable	Unpredictable Clinical Presentation	45 minutes

New CPT	Description	F Con	initial ev	Patterns assessed in aluation classification ing and easing signs	Tability	Clinical Decision Making	Typical Face to Face Time
97161	Low Complexity Eval		Response	e to examination	Stable	Uncomplicated	20 minutes
97162	Moderate Complexity Eval		1-2	3 or more	Evolving	Moderate complexity	30 minutes
97163	High Complexity Eval	3	or more	4 or more Elements	Unstable	Unpredictable Clinical Presentation	45 minutes

New		Personal	Body Structures & Functions,		Clinical	Typical Face to
CPT	Description	Factors & Comorbidities	Guideline only Typical expected face to		ion ing	Face Time
97161	Low Complexity Eval	None	Not really a factor in de complexity	termining	licated	20 minute
97162	Moderate Complexity Eval	1-2	3 or more	Evolving	Moderate complexity	30 minute
97163	High Complexity Eval	3 or more	4 or more Elements	Unstable	Unpredictable Clinical Presentation	45 minute

	Lupution	ii incia	y Evai C	Codes: "Qu	CSCIOIIS	
New CPT	Description	Performance Deficits	Clinical Decision Making	Comorbidities Affecting Occupational Performance	Modification or Assistance to Complete Eval	Approximate Face to Face Time
97165	Low Complexity Eval	1-3	Low	None	None	30 minutes
97166	Moderate Complexity Eval	3-5	Moderate complexity	Maybe	Min-Moderate	45 minutes
97167	High Complexity Eval	5 or more	High complexity	Yes	Max	60 minutes

				Dol-	ating to physic	al	1.	
New CPT	Description	Performance Deficits	Clinica Decisio Makin	cogr skil acti	nitive or psych ls) which resu vity limitation ticipation	osocial lt in	ion nce ete	Approximate Face to Face Time
97165	Low Complexity Eval	1-3	Low complex	rest	rictions			30 minutes
97166	Moderate Complexity Eval	3-5	Moderat complexi		Maybe	Min-Mod	erate	45 minutes
97167	High Complexity Eval	5 or more	High complexi	ity	Yes	Max		60 minutes

New CPT	Description	Performance Deficits	Clinical Decision Making	Comorbio Affecti Ocompati Performa	occu of d	ed on analysis of upational profile ata from probler ssment(s), and sideration of tre	e, analysis m-focused
97165	Low Complexity Eval	1-3	Low complexity	None	opti		30 minutes
97166	Moderate Complexity Eval	3-5	Moderate complexity	Maybo	е	Min-Moderate	45 minutes
97167	High Complexity Eval	5 or more	High complexity	Yes		Max	60 minutes

			Clinical	Comorbidities	Mod	comort	now how pidity affects
New CPT	Description	Performance Deficits	Decision Making	Affecting Occupational Performance	or As to C	occupa perfori	
97165	Low Complexity Eval	1-3	Low complexity	None	N	one	30 minutes
97166	Moderate Complexity Eval	3-5	Moderate complexity	Maybe		lin- lerate	45 minutes
97167	High Complexity Eval	5 or more	High complexity	Yes	N	1ax	60 minutes

New CPT	Description	Performa Deficit	ve	r example: pl rbal cueing n mplete the ev	ecessary to aluation	s	Modification or Assistance to Complete	Approximate Face to Face Time
		_		_	Performance		Eval	
97165	Low Complexity Eval	1-3		Low complexity	None		None	30 minutes
97166	Moderate Complexity Eval	3-5		Moderate complexity	Maybe		Min- Moderate	45 minutes
97167	High Complexity Eval	5 or more	e	High complexity	Yes		Max	60 minutes

						/	
New CPT	Description	Perfor Def					Approximate Face to Face Time
97165	Low Complexity Eval	1-	3	Low complexity	None	None	30 minutes
97166	Moderate Complexity Eval	3.	-5	Moderate complexity	Maybe	Min- Moderate	45 minutes
97167	High Complexity Eval	5 or 1	more	High complexity	Yes	Max	60 minutes

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

## 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

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## **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

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## ICF Definitions

- $\bullet \ \ Body \ functions \ \ The \ physiological \ functions \ of \ body \ systems \ (including \ psychological \ functions).$
- $\bullet \ \ \textbf{Body structures} \ \textbf{-} \ An atomical parts of the body such as organs, limbs and their components.$
- 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.
- ${\bf Activity\, limitations}$   ${\bf Difficulties\, an\, individual\, may\, have\, in\, executing\, activities.}$
- 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

## ICF Definitions

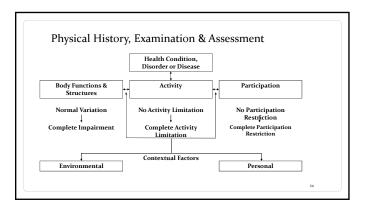
- Functioning is an umbrella term for body function, body structures, activities and participation. It denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors).
- Disability is an umbrella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

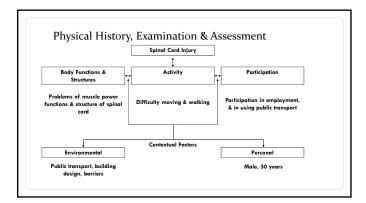
Source: WHO 20018,10

ICF Components and Domains/Chapters

Body
Function
Body
Structure

Activities & Participation
Environmental
Factors





Auditing	for	Comp	liance
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UPCODING, UNDERCODING AND WHO KNOWS HOW TO CODE?

## Why?

- $\bullet\,$  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

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## How?

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

LOCATION:	PATIENT NAME	E:	DOS: TH	ERAPIST:
History	Total # Checks	□Comorbidity 1 □ □Sex □Age □	G POC, if not impacting POC then d  □Comorbidity 2 □Comorbidity  Coping Style □Social Backgroun  Int / Current Experience □Bebar	3 nd □Education
Examination	Total # Checks	mead   Need   Need	ulenonary (IRE, RE, RE, F. Germa) Fisability (testure), scar fermatisor, Make Needs Krowne; Consciousne d behavioral/Emotional Response Transfers: □Locomotion Level eticing □Self Feeding □Hyglen d □Beed □Squat □Litt □ Continence □Other Blon: □Chartch □Community Activ hip □Meal Prep □Cleaning □Personal Finances □Schoo	ink  Bed Mobility  color, integrity, wound)  s; Orientation; Learning  Stains Stathing  of Comming  County Stand  ty Drive Volunteer  Shop Laundry  \$ 0 Other
Clinical Presentation		☐ Stable 8/or Uncomplicated	☐ Evolving with Changing Characteristics	Unstable & Unpredictable Char.
Code:	History	Examination	Clinical Presentation	Clinical Decision Making
Low Complexity 97161	None	□ 1-2	☐ Stable/Uncomplicated	
Moderate Complexity- 97162	1-2	□3+	© Evolving with Changing Characteristics	Moderate
High Complexity-97163	□3+	□ 4+	☐ Unstable/Unpredict.	□ High
AT E	VAL CPT CODE SUPPORTED:	C 43161 (tem) C	97162 (Moderate)	elah)

	_
PT: History	
11.1IIStory	
Check all IMPACTING POC, if not impacting POC then do not check:     Comorbidity 1	
□Sex □Age □Coping Style □Social Background □Education	_
□Profession □Past / Current Experience □Behavior Pattern □Character	
y	
	•
PT: Examination	
F 1. EXCHITITATION  Body Systems/Structure/Function:	
Musculoskeletal (Symmetry, ROM, Strength, Height, Weight, Pain, Posture):    Head	
Neuromuscular:  Balance Gait/Locomotion Gransfers 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)	
μ	
PT: Examination	
Activity Limitation:	
□Bed Mobility □Transfers □Locomotion Level □Stairs □Bathing □Dressing □Toileting □Self Feeding □Hyglene/Grooming □Reaching Overhead □Bend □Squat □Ulft □Carry □Stand	
Sleep Sit Continence Other  Participation Restriction:	
□Work □School □ Church □Community Activity □Drive □ Volunteer □Interpersonal Relfship □Meal Prep □Cleaning □Shop □Laundry	

## 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

Location:		Patient Name:	005:	Therapist:
Occupational Profile & History		☐ Brief History Including Review of Records Relating to Presenting Problem	Expanded Review of Records & add'l review of physical, cognitive, psychosocial ha related to current func, performance	☐ Review of Records and Extensive Add'l review of physical, cognitive, psychosocial hx related to current func, performance
deficits) of		Body Structure/Function/Physical 3ki	th   Indurance   IMC     Vestibular   Propriocepi	tem Solve Sequencing atten
Clinical Decision Making		□ Foor □ Problem Focused Assessment □ Limited # of Treatment Options □ No Comorbidities □ No Modification of Tasks or assist necessary to complete evaluation	Moderate   Detailed Assessment   Several Treatment Options   May have comorbidities impacting occupational performance   Min Mod Modification of Tasks or assist with assess necessary to complete eval	High   Comprehensive Assessment
Code:		Occupational Profile & History	Performance Deficits	Clinical Decision Making
Low Complexity 97165		☐ Brief	□1-3	Low
Moderate Complexity-971	66	☐ Expanded	□3-5	☐ Moderate
High Complexity-97167		☐ Extensive	□ 5×	☐ High
OT	EVAL CPT	CODE SUPPORTED:	☐ 97166 (Moderate) ☐ 971	L67 (High)

#### OT: Occupational Profile & HX **☑** Brief History □ Expanded Including Review of Review of Records & Records and Records Relating to

Presenting Problem

add'l review of physical, cognitive, psychosocial hx related to current func. performance

☐ Review of Extensive Add'l review of physical, cognitive, psychosocial hx related to current func. performance

## OT: Assessments (Performance Deficits)

- Psychosocial Skills:
   □ Interpersonal Interaction □ Habits □ Routines & Behaviors □ Coping Strategies

## OT: Clinical Decision making

Low	☐ Moderate	☐ High
☐ Problem Focused Assessment	☐ Detailed Assessment	☐ Comprehensive Assessment
☐ Limited # of Treatment Options	☐ Several Treatment Options	☐ Multiple Treatment Options
□ No Comorbidities	☐ May have comorbidities impacting occupational performance	☐ Presence of comorbidities impacting occupational performance
☐ No Modification of Tasks or assist necessary to complete evaluation	☐ Min-Mod Modification of Tasks or assist with assess necessary to complete eval	☐ Significant Modification of Tasks or assist with assess is necessary to complete eval

# **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 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, LTKR syrs 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 toileting tasks. L hand grip 10 pounds and R hand grip 506, 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.
- , having difficulty with typing ngth, feels clumsy with dressing
- 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.

Currently she is unable to lift grandson,
for data entry, notes decreased grip strei
with buttons and zippers, and has pain

## 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 O.2, 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.

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## 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?

- ı. 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

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## Presenters



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