Objectives

• Define the components included in the new evaluation codes

• Differentiate between the levels of complexity described by the new evaluation codes

• Understand the importance of documenting each of the components to support billing and payment

Background

• AOTA has been an advocate for revising the CPT© codes that occupational therapists use to report their evaluations.

• The current evaluation (97003) and re-evaluation (97004) codes have been around since 1997. Prior to that, there were no codes for evaluation by non-physician practitioners

• But...current codes do not emphasize the clinical judgment and decision-making utilized by occupational therapists, nor the clinical factors that must be considered in each evaluation.
New OT Evaluation Codes; Developed for Integra Rehabilitation

Information available as of 12/11/2016

Currently:

- 97003 Eval
- 97004 Re-Eval

Effective January 1, 2017

- 97165 Evaluation
- 97166
- 97167
- 97168 Re-evaluation

CMS: Rule for 2017

- All three evaluation codes will be reimbursed at the same level
- Why?
  - "...we do not believe that making different payment based on reported complexity for these services is, at current, advantageous for Medicare or Medicare beneficiaries." (Federal Register 2016 p.347)
  - "...stratified payment rates may provide, in some cases, a payment incentive to therapists to upcode..." (Federal Register 2016 p.345)
  - CMS cannot predict "with a high degree of certainty" the utilization of the different levels of evaluation codes to maintain budget neutrality.
An Evaluation is Important!

- It drives the care, directs the management of the care
- A complete evaluation is critical to achieving a positive outcome for the patient’s physical therapy episode
- Incomplete or less than thorough evaluations can result in:
  - Loss of independence
  - Reduction in activity levels
  - Rehospitalization
  - Increased cost of health care resources
  - Poor opinions of the value of physical therapy

Elements of An Evaluation

- Client Information
- Referral Information
- Occupational Profile
- Assessment Used & Results
- Analysis of Occupational Performance
- Summary & Analysis
- Recommendations

An Evaluation Should:

- Include a focus on FUNCTION
- Reflect the MEDICAL NECESSITY of the services that will follow

And in fact... the language in the 2017 Evaluation Codes states:

- "Occupational therapy evaluations include an occupational profile, medical and therapy history, relevant assessments and development of a plan of care, which reflects the therapist's clinical reasoning and interpretation of the data."
- "Coordination, consultation and collaboration of care with physicians... consistent with the nature of the problem(s) and the needs of the patient, family and/or other caregivers."
New OT Evaluation Codes; Developed for Integra Rehabilitation

Information available as of 12/11/2016

How do we move to 2017 language?
• The 2017 Evaluation codes allow therapists to move beyond diagnosis stratification
• It acknowledges that patients – in the same diagnosis stratification - do vary based on the occupational profile and standardized tests and measures
• It places value on the clinician decision making required to address each unique patient’s needs

SAMPLE DEFINITION:
97166 OT Evaluation – Moderate Complexity

<table>
<thead>
<tr>
<th>Occ Profile / History</th>
<th>Assessment</th>
<th>Presentation</th>
<th>Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansive review of medical &amp;/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance</td>
<td>Assessment identifying 3 to 5 performance deficits resulting in activity limitation, and/or participation restriction</td>
<td>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</td>
<td>Moderate analytic complexity including an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options.</td>
</tr>
</tbody>
</table>

Where do these terms come from?

International Classification of Functioning, Disability, & Health (ICF)
• The ICF provides a framework for measuring individual and population levels of health and disability
• It measures both healthy and impaired health status from a number of perspectives
  • Biological
  • Personal
  • Social
Per AMA definitions, at a minimum:

- Documentation must include the following 4 components:
  - 1. Occupational profile and client history
  - 2. Assessments of occupational performance
  - 3. Clinical decision making
  - 4. Development of plan of care

At a Minimum:

1. Occ Profile / History
   - Occupational Profile
   - Medical hx
   - Functional hx
   - Physical hx
   - Cognitive hx
   - Psychosocial hx

2. Assessments
   - Use of standardized tests and measures
   - Client capacity, endurance
   - Clinical presentation of the patient

3. Clinical Decision Making
   - Use of standardized patient assessment(s)
   - Consideration of treatment options
   - Level of modifications

4. Development of the Plan of Care
   - Prognosis
   - Interventions
   - Frequency
   - Duration
1. Occupational Profile /History: may include.....

Understanding of patients:
- Occupational history and experiences
- Patterns of daily living
- Interests
- Values
- Needs
- Problems and concerns about performing occupations and ADL

• Identify the patient’s priorities

Consider the:
- Presenting problem(s)
- Reason(s) for referral
- Patient goals
- Prior level of function

2. Assessment: any of the following...

Performance Deficits*
- Difficulty executing tasks or actions in life situations, including but not limited to: Mobility and Self-care

Activity Limitations
- Physical skills: Balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity

Participation Restrictions
- Cognitive skills: Ability to attend, perceive, think, understand, problem solve, mentally sequence, learn, & remember, resulting in the ability to organize occupational performance in a timely & safe manner. These skills are observed when a person
  - (1) attends to & selects, interacts with & uses task tools * materials
  - (2) carries out individual actions and steps
  - (3) modifies performance when problems are encountered

- Difficulty executing tasks or actions in life situations, including but not limited to: Interpersonal interactions and relationships; Major life areas; Community, social and civic life
2. Assessment: any of the following...

<table>
<thead>
<tr>
<th>Performance Deficits*</th>
<th>Activity Limitations</th>
<th>Participation Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Psychosocial skills: Refers to interpersonal interactions, habits, routines and behaviors, active use of coping strategies and/or environmental adaptations to develop skills necessary to successfully and appropriately participate in everyday tasks and social situations</td>
<td>• Difficulty executing tasks or actions in life situations, including but not limited to: Interpersonal interactions and relationships; Domestic life; Community, social and civic life</td>
<td></td>
</tr>
</tbody>
</table>

*as defined by CPT©

At this point, determine what aspects of the patient affect the decision making intensity?

- Problem-focused; limited number of tx; No comorbidities; Modification not necessary
- Detailed assessment(s); Comorbidities affect performance; Several treatment options; Min to mod modification of tasks
- Comprehensive assessment(s); Comorbidities affect performance; Multiple treatment options; Significant modification of tasks necessary to enable patient to complete evaluation

At this point, determine what aspects of the patient affect the decision making intensity?

- Based on the composite of the patient’s presentation, the clinician uses his/her clinical judgement to arrive at the most appropriate code
- ICF: “the dynamic interaction between the health condition and the contextual factors”

Health Condition

Contextual Factors
New OT Evaluation Codes; Developed for Integra Rehabilitation

Information available as of 12/11/2016

How does Time factor in?

- Time spent face-to-face with the patient &/or family is used as a guidance only
- Low Complexity: typically 30 minutes
- Moderate Complexity: typically 45 minutes
- High Complexity: typically 60 minutes
- Reevaluation: typically 30 minutes

Keep in Mind.....

- ALL elements of the code definition must be met in order to choose that complexity level
- If only SOME of the elements of the code definition are met, the next lowest code is selected for reporting

4. Development of the POC

- Prognosis, Interventions, Frequency, Duration
- The prior 3 elements must be clearly documented to support the choice of the evaluation code
- The Level of Evaluation reflect the complexity of the patient that determines the path of care management
- The assessment tools chosen and outcomes reported begin to stratify how patients are successfully managed
- The new codes will help to differentiate variation in care for individual patients
### 97165 OT Evaluation – Low Complexity

<table>
<thead>
<tr>
<th>Occ Profile /History</th>
<th>Performance Deficits</th>
<th>Assessment(s)</th>
<th>Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief history including review of medical and/or therapy records relating to the presenting problem</td>
<td>Assessment(s) identifies 1 to 3 performance deficits (relating to physical, cognitive, or psychosocial skills) resulting in activity limitations &amp;/or participation restrictions</td>
<td>Analysis of data from problem-focused assessment(s)</td>
<td>Low complexity using patient assessment instrument(s); Consideration of limited number of treatment options; No comorbidities affect occ performance; Modification of/assist with tasks is not necessary to complete evaluation component</td>
</tr>
</tbody>
</table>

### 97166 OT Evaluation – Moderate Complexity

<table>
<thead>
<tr>
<th>Occ Profile /History</th>
<th>Performance Deficits</th>
<th>Assessment(s)</th>
<th>Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded history including review of medical and/or therapy records, and additional review of physical, cognitive or psychosocial hx relating to the presenting problem</td>
<td>Assessment(s) identifies 3 to 5 performance deficits (relating to physical, cognitive, or psychosocial skills) resulting in activity limitations &amp;/or participation restrictions</td>
<td>Analysis of data from detailed assessment(s)</td>
<td>Moderate analytic complexity using patient assessment instrument(s); Consideration of several treatment options; Comorbidities may affect occ performance; Min to moderate modification of/assist with tasks is necessary to complete evaluation component</td>
</tr>
</tbody>
</table>

### 97167 OT Evaluation – High Complexity

<table>
<thead>
<tr>
<th>Occ Profile /History</th>
<th>Performance Deficits</th>
<th>Assessment(s)</th>
<th>Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded history including review of medical and/or therapy records, and extensive review of physical, cognitive or psychosocial hx relating to the presenting problem</td>
<td>Assessment(s) identifies 5 or more performance deficits (relating to physical, cognitive, or psychosocial skills) resulting in activity limitations &amp;/or participation restrictions</td>
<td>Analysis of data from comprehensive assessment(s)</td>
<td>High analytic complexity using patient assessment instrument(s); Consideration of multiple treatment options; Comorbidities may affect occ performance; Significant modification of/assist with tasks is necessary to complete evaluation component</td>
</tr>
</tbody>
</table>
Keep in Mind.....

- ALL elements of the code definition must be met in order to choose that complexity level
  
  For example
  
  • Occ Profile / History: An expanded history and extensive review of physical, cognitive or psychosocial history is conducted (High)
  • Performance Deficits: 5 deficit areas were measured with standardized tests and measures (Moderate to High)
  • Assessment: determined to be detailed assessment considered with several treatment options under consideration (Moderate)
  • What is the appropriate CPT code to bill? 97165, 97166, or 97167?

Keep in Mind.....

- ALL elements of the code definition must be met in order to choose that complexity level
  
  • The answer is: 97166
  • Why?
  • Clinical Decision Making: is the culmination of the Occ Profile, History, Performance Deficits, and Assessments
  • ALL elements of the code definition must be met in order to choose that complexity level. If not, the appropriate code defaults to the next lowest level

97168 OT Re-evaluation

<table>
<thead>
<tr>
<th>History</th>
<th>Examination</th>
<th>Presentation</th>
<th>Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single level code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies when there is an established and ongoing plan of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires an assessment of changes in patient functional or medical status and an update to the initial occupational profile to reflect changes in condition or environment that affects future interventions and/or goals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires a REVISED POC to document the change in functional status</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case 1:
85 yo who lived with her husband in a 2 story home. She was exercising on her treadmill, and fell over while stepping off. An X-ray showed a fracture of the right wrist, and she underwent a closed reduction with cast. Her cast is now off, and she has been referred to OT.

Her past medical history included: general DJD for which she takes an occasional ibuprofen; h/o hysterectomy; h/o fractured foot when she was 50; but otherwise is in good health. Assessment indicated decreased ROM, increased pain, decreased strength. Upon evaluation, she is able to feed herself independently, and can toilet herself independently. She requires moderate assistance with LB bathing, and UB/LB dressing.

<table>
<thead>
<tr>
<th>EVALUATION</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder flexion</td>
<td>4/5</td>
<td>4+5</td>
</tr>
<tr>
<td>Shoulder extension</td>
<td>4/5</td>
<td>4+5</td>
</tr>
<tr>
<td>Elbow flexion</td>
<td>3+/5*</td>
<td>4+5</td>
</tr>
<tr>
<td>Elbow extension</td>
<td>3+/5*</td>
<td>4+5</td>
</tr>
<tr>
<td>Wrist flexion</td>
<td>3/5*</td>
<td>4+5</td>
</tr>
<tr>
<td>Wrist extension</td>
<td>3/5*</td>
<td>4+5</td>
</tr>
<tr>
<td>Grip strength</td>
<td>20#*</td>
<td>35#</td>
</tr>
<tr>
<td>Hand dominance</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Passive wrist flexion</td>
<td>30 deg*</td>
<td></td>
</tr>
<tr>
<td>Active wrist flexion</td>
<td>20 deg*</td>
<td></td>
</tr>
<tr>
<td>Passive wrist extension</td>
<td>10 deg*</td>
<td>-9 deg*</td>
</tr>
<tr>
<td>Active wrist extension</td>
<td>20 deg*</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>4 at rest; 8 with ROM</td>
<td></td>
</tr>
<tr>
<td>Feeding</td>
<td>Indep</td>
<td>UB dressing</td>
</tr>
<tr>
<td>Grooming</td>
<td>Indep</td>
<td>LB dressing</td>
</tr>
<tr>
<td>Toilet transfers</td>
<td>Indep</td>
<td>UB bathing</td>
</tr>
<tr>
<td>Toilet hygiene</td>
<td>Indep</td>
<td>LB bathing</td>
</tr>
</tbody>
</table>

*Limited by pain

Case #1

OCCUPATIONAL PROFILE / HISTORY:
Medical History: ____________________________
Physical Factors: ____________________________
Cognitive Factors: ____________________________
Psychosocial Factors: ____________________________

PERFORMANCE DEFICITS:
Performance Deficits: ____________________________

MODIFICATION of tasks or assistance:
○ Not necessary ○ Minimal to moderate modification ○ Significant modification

ASSESSMENT:
○ Problem-Focused ○ Detailed ○ Comprehensive

CLINICAL DECISION MAKING:
○ 97165 – Low Complexity ○ 97166 – Moderate Complexity ○ 97167 – High Complexity
Case 2:
85 yo who lived in a long term care facility. She required supervision around the clock due to her Alzheimer’s dementia. She completed her ADLs with minimal assist and used a walker in the unit. Over the last couple of months, nursing reported she had increasing occurrences of agitation and wandering at night. It was while wandering one night without her walker that she fell and fractured her wrist.

Her past medical history included: general DJD for which she took an occasional ibuprofen; h/o hysterectomy; h/o fractured foot when she was 50; h/o fractured hip 2 years ago; HTN; DM II; h/o CVA 5 years prior with mild right hemiparesis, Alzheimer’s disease; required Haldol for agitation 6 x over last 2 months, when she had not required any in the six months prior. Assessment indicated BIMS score of 10, decreased ROM, increased pain, decreased strength, some variability in her cardiovascular response to her pain and decreased engagement in social interaction. Upon evaluation, she ranged from max assist to dependent in functional mobility, toileting, dressing, bathing. She demonstrated significant fear of falling, and difficulty following commands due to her cognitive issues.

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<td>3/5</td>
<td>4/5</td>
</tr>
<tr>
<td>Elbow flexion</td>
<td>3+/5*</td>
<td>4/5</td>
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<tr>
<td>Elbow extension</td>
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<td>4/5</td>
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<tr>
<td>Active wrist flexion</td>
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</tr>
<tr>
<td>Passive wrist extension</td>
<td>10 deg*</td>
<td>-9 deg*</td>
</tr>
<tr>
<td>Active wrist extension</td>
<td>20 deg*</td>
<td></td>
</tr>
</tbody>
</table>

Pain 8 per Faces Scale

<table>
<thead>
<tr>
<th>Feeding</th>
<th>Set up/Clean up</th>
<th>UB dressing</th>
<th>Max A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grooming</td>
<td>Min A</td>
<td>LB dressing</td>
<td>Max A</td>
</tr>
<tr>
<td>Toilet transfers</td>
<td>Max A</td>
<td>UB bathing</td>
<td>Max A</td>
</tr>
<tr>
<td>Toilet hygiene</td>
<td>Max A</td>
<td>LB bathing</td>
<td>Max A</td>
</tr>
</tbody>
</table>

*Limited by pain
Case #2:
OCCUPATIONAL PROFILE / HISTORY:
Medical History: ___________________________________________________________
Physical Factors: _________________________________________________________
Cognitive Factors: ________________________________________________________
Psychosocial Factors: ____________________________________________________

PERFORMANCE DEFICITS:
Performance Deficits: _____________________________________________________

MODIFICATION of tasks or assistance:
○ Not necessary ○ Minimal to moderate modification ○ Significant modification

ASSESSMENT:
○ Problem-Focused ○ Detailed ○ Comprehensive

CLINICAL DECISION MAKING:
○ 97165 – Low Complexity ○ 97166 – Moderate Complexity ○ 97167 – High Complexity
Case 3:

85 yo who lives with her husband in an independent living apartment of a Continuing Retirement Community. She tripped over her dog while hurrying to the bathroom. An X-ray showed a fracture of the right wrist, and she underwent a closed reduction with case. Her cast is now off, and she has been referred to OT.

Her past medical history included: general DJD for which she takes an occasional ibuprofen; h/o hysterectomy; h/o fractured foot when she was 50; HTN well-controlled with a beta-blocker; and macular degeneration.

Assessment indicated deficits in vision, decreased ROM, increased pain, decreased strength. Upon evaluation, she demonstrated mild variability in her cardiovascular response to her pain (RR increased from 16 to 22 with ROM and BP increased from 130/85 to 155/90). She also requires moderate assist to bathe herself and dress her UB, maximum assistance to dress her LB with shoes, and maximum assist to get up/down from the toilet due to her limitations in ROM, pain, strength and vision.

<table>
<thead>
<tr>
<th>EVALUATION</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder flexion</td>
<td>3+/5</td>
<td>4/5</td>
</tr>
<tr>
<td>Shoulder extension</td>
<td>3+/5</td>
<td>4/5</td>
</tr>
<tr>
<td>Elbow flexion</td>
<td>4/5*</td>
<td>4/5</td>
</tr>
<tr>
<td>Elbow extension</td>
<td>4/5*</td>
<td>4/5</td>
</tr>
<tr>
<td>Wrist flexion</td>
<td>3/5*</td>
<td>4/5</td>
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<td>Wrist extension</td>
<td>3/5*</td>
<td>4/5</td>
</tr>
<tr>
<td>Grip strength</td>
<td>15#*</td>
<td>25#</td>
</tr>
</tbody>
</table>

Hand dominance X

Passive wrist flexion 30 deg*
Active wrist flexion 20 deg*
Passive wrist extension 10 deg* -9 deg*
Active wrist extension 20 deg*

Pain 10/10 with ROM

<table>
<thead>
<tr>
<th>Feeding</th>
<th>Set up/Clean up</th>
<th>UB dressing</th>
<th>Mod A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grooming</td>
<td>Set up/Clean up</td>
<td>LB dressing</td>
<td>Max A</td>
</tr>
<tr>
<td>Toilet transfers</td>
<td>Max A</td>
<td>UB bathing</td>
<td>Mod A</td>
</tr>
<tr>
<td>Toilet hygiene</td>
<td>Set up/Clean up</td>
<td>LB bathing</td>
<td>Mod A</td>
</tr>
</tbody>
</table>

*Limited by pain
Case #3:
OCcupational Profile / History:
Medical History: ____________________________________________________________

Physical Factors: __________________________________________________________
Cognitive Factors: __________________________________________________________
Psychosocial Factors: _______________________________________________________

Performance Deficits:
Performance Deficits: ______________________________________________________

Modification of tasks or assistance:
○ Not necessary    ○ Minimal to moderate modification    ○ Significant modification

Assessment:
○ Problem-Focused    ○ Detailed    ○ Comprehensive

Clinical Decision Making:
○ 97165 – Low Complexity    ○ 97166 – Moderate Complexity    ○ 97167 – High Complexity