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<th>Policy Name</th>
<th>Physical Medicine &amp; Rehabilitation: PT, OT and Evaluation &amp; Management</th>
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**Summary**

This policy addresses reimbursement of evaluation services performed by physical therapy (PT) and occupational therapy (OT) providers.

**Policy Statement**

There are specific Current Procedural Terminology (CPT®) codes that describe evaluation services for PT and OT providers: 97161, 97162, 97163, 97164, 97165, 97166, 97167, and 97168.

Modifiers GP (Services delivered under an outpatient physical therapy plan of care) and GO (Services delivered under an outpatient occupational therapy plan of care) may be reported with codes 97161-97168 to distinguish procedures provided by different specialists within a multi-specialty group.

Correct coding guidelines of other reimbursement policies apply to the use of codes 97161-97168, such as the CCI Editing Policy, which address reimbursement for these codes reported in combination with other codes on the same date of service.

Consistent with the Centers for Medicare and Medicaid Services (CMS), Medica will not reimburse physical or occupational therapists for evaluation and management codes 99201-99499.

**Definitions**

**Modifier GO** – Services delivered under an outpatient occupational therapy plan of care.

**Modifier GP** – Services delivered under an outpatient physical therapy plan of care.

**Same Physician or Other Health Care Professional**

Physicians or health care professionals of the same group and same specialty reporting the same federal Tax Identification Number.

**Code List**

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 test 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.

97162 – Physical therapy evaluation: medium complexity, requiring these components:
• A history of present problems with 1-2 personal factors and/or comorbidities that impact the plan of care;
• An examination of body systems using standardized test 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.

97163 – Physical therapy evaluation: high complexity, requiring these components:
• A history of present problems with 3 or more personal factors and/or comorbidities that impact the plan of care;
• An examination of body systems using standardized test 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.

97164 – Re-evaluation of physical therapy established plan of care, requiring these components:
• An examination including a review of history and use of standardized test and measures is required; and
• Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome.

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. Patients present 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.

**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 the 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.

**97167** – Occupational therapy evaluation, high complexity, requiring these components:

- An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to the 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 present 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.

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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 document change in functional status or a significant change to the plan of care is required.

Resources
- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)

Effective Date 02/12/2012

Revision
- 01/01/2017 Code list update
- 06/23/2016 Annual policy review
- 07/23/2015 Annual policy review
- 02/06/2014 Annual policy review