

Update to Physical Therapy Evaluation CPT Codes

Effective January 1, 2017

The American Physical Therapy Association (APTA) has released a guide on the new way to document evaluations. Three new codes will replace the single **97001** CPT code for physical therapy and an additional new code will replace **97002** for physical therapy re-evaluations.

The APTA's new system will work by identifying the number of personal factors and body systems involved/effected in the evaluation. Also, the stability in the clinical presentation will be considered when determining which code to use. The physical therapy evaluation reference table can be found below. The use of these codes is mandatory starting January, 1, 2017. You will no longer be able to enter in the old codes for evaluations dated after this on our systems, but you will still be able to use the old code for any evaluation dated **December**, 31, 2016 and earlier.

Definition of New Codes

Old Code before 1.1.2017	New codes after 1.1.2017
97001 (for all evaluations)	97161 (low complexity)
97002 (for re-evaluations)	97162 (moderate complexity)
	97163 (high complexity)
	97164 (for re-evaluations)

Physical Therapy Evaluation Reference Table

CPT Code	97161	97162	97163		
Required Components (all are required in selecting evaluation level)					
History					
No personal factors and/or comorbidities	Х				
1-2 personal factors and/or comorbidities		Х			
3 or more personal factors and/or comorbidities			X		
Examination of body system(s) (elements include body structures and functions,					
activity limitations, and/or participation restrictions)					
Addressing 1-2 elements	Х				
Addressing 3 or more elements		X			
Addressing 4 or more elements			X		
Clinical Presentation					
Stable	X				
Evolving		Х			







Unstable			X			
Clinical Decision Making (complexity)						
	low	moderate	high			
Development of Plan of Care						
Additional Guiding Factors						
Coordination, consultation, and collaboration of care with physicians, other qualified						
health care professionals, or agencies is provided consistent with the nature of the						
problem(s) and the needs of the patient, family, and/or other caregivers.						
Typical Face-to-Face time (minutes)	20	30	45			

^{*}This document references the <u>APTA</u> quick guide, for more information please read the source materials