

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

Providers are responsible for submission of accurate claims requests. This reimbursement policy is intended to ensure that you are reimbursed based on the code that correctly describes the procedure performed. This and other reimbursement policies may use CPT, CMS or other coding methodologies from time to time. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.

This information is intended to serve as a resource regarding the reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to enrollees as legislative mandates, the provider contract documents, and the enrollee's benefit coverage documents, may supplement or in some cases supersede this policy. Finally, systems logic or set up may prevent the loading of this policy onto different claims platforms in exactly the same way; however, we strive to minimize these variations.

ACN Group Inc. (OptumHealth Physical Health), may modify this policy from time to time by publishing a new version of the policy on its Website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.

Physical and Occupational Therapy Evaluation Policy

Type	Reimbursement
Number	0044

Approved by	Approval Date
Reimbursement and Technology Committee Quality Improvement Committee	August 9, 2007 October 11, 2007

Description

This policy describes OptumHealth Physical Health methodology and consideration for reimbursement of CPT codes 97001 and 97003 (Physical Therapy Evaluation and Occupational Therapy Evaluation).

Audience

Targeted Population	This policy applies to all products, all network and non-network licensed therapy practitioners. This includes non-network authorized, percent of charge contract, and flat rate/per diem contract licensed therapy practitioners.* <i>*Fee schedule/provider contract/client contract may supersede</i>
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Policy

<p>Policy Statement</p>	<p>OptumHealth Physical Health will allow up to one* evaluation unit, 97001 and 97003 performed by a licensed physical therapist and occupational therapist respectively, per member, per episode of care.</p> <p>*An evaluation is supported if:</p> <ul style="list-style-type: none"> • It is provided by a licensed PT or OT practicing within their scope of their license. • There is a documented new occurrence or a documented separate and distinct condition • There is a documented new surgical procedure, related to a previously treated/concurrently treated condition. • The clinical record is consistent with ACN Group's Guideline for Recordkeeping policy. <p>An episode may include treatment related to multiple conditions.</p> <p>A documented flare-up or exacerbation does not usually require a new evaluation but may require a re-evaluation.</p> <p>State law dictating therapy practice and unique plan policy may supersede this policy.</p> <p>OptumHealth Physical Health will not reimburse physical or occupational therapists for Evaluation and Management CPT codes 99201-99499.</p>
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Edit Sources

OptumHealth Physical Health sources its Physical Medicine and Rehabilitation and Chiropractic CPT code payment policy methodology to methodologies used and recognized by third party authorities. The sources used to determine if a CPT code is reimbursable are:

Current Procedural Terminology book (CPT) from the American Medical Association (AMA)

Centers for Medicare and Medicaid (CMS) National Coverage Policy and current Centers for Medicare and Medicaid (CMS) Policy Manual(s) <http://www.cms.hhs.gov>

ChiroCode DeskBook, 18th ed., 2010. <http://www.chirocode.com>

Background Summary

The Physical Therapy evaluation and Occupational Therapy evaluation CPT codes were established in 1998. Prior to this, the Evaluation and Management (E/M) codes were utilized to represent a physical or occupational therapy evaluation.

The Current Procedural Terminology (CPT) manual defines physical and occupational therapy evaluation as follows:

97001 Physical Therapy evaluation

97003 Occupational Therapy evaluation

Unlike the E/M CPT codes**, the Physical Therapy evaluation and Occupational Therapy evaluation CPT codes lack specificity in regards to any such classification or descriptor. While CPT does not list guidelines associated with use of the Physical Therapy and Occupational Therapy evaluation codes, CMS guidelines support use of these codes solely by a licensed physical or occupational therapist and at a maximum frequency of once per day. Additionally, CMS clearly defines the required components which must be documented in the provider record, to include the definition of “episode of care”.

**The Current Procedural Terminology (CPT) manual defines Evaluation/Management (E/M) “new patient” as *one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.*

**An established patient is one who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three year.

Definitions

Condition	A set of signs and symptoms associated with a specific pathophysiologic and/or bio-psychosocial process.
Episode of Care	The period of time, in calendar days, from the first day the patient is under the care of a PT/OT for the current condition(s) being treated by one PT/OT until the last date of service for that plan of care for that discipline. During the episode, the member may be treated for more than one condition; including conditions with an onset after the episode has begun
Physical/Occupational Therapy Evaluation	A separately payable comprehensive service provided by a Physical or Occupational Therapist that requires professional skills to make clinical judgments about conditions for which services are indicated based on objective measurements and subjective evaluations of patient performance and functional abilities.

References and Resources

References

1. American Medical Association, *Current Procedural Terminology (CPT), Professional Edition 2010*
2. Centers for Medicare and Medicaid Services (CMS), *Medicare Claims Processing Manual, Chapter 5: Part B Outpatient Rehabilitation and CORF/OPT Services*
<http://www.cms.hhs.gov/manuals/downloads/clm104c05.pdf>

History/Updates

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