New Occupational Therapy Evaluation Coding Overview

On January 1, 2017, new codes will go into effect for occupational therapy evaluations. The American Medical Association (AMA) *Common Procedural Terminology (CPT®)* 2017 manual will list three levels of occupational therapy evaluation and one level of re-evaluation under the Physical Medicine and Rehabilitation (PM&R) section of the manual (or codebook). The previous codes have been redefined and assigned new numbers with new requirements.

To use the correct code in the new system, occupational therapists will have to attend to new criteria that distinguish differing levels of evaluation. This document is intended to provide an overview of the codes to assist occupational therapists with making correct coding choices that reflect modern occupational therapy practice. The new CPT® codes describe differences in complexity of evaluations, ranging from low (i.e., straightforward), to moderate (i.e., involved), to high (i.e., very complex). Previously, when an occupational therapist performed an evaluation of a client, only one code (97003) was available to reflect the clinical work accomplished during that evaluation session.

The new evaluation codes (97165, 97166, and 97167) will replace CPT® code 97003 and offer three levels of an occupational therapy evaluation: low, moderate, and high. There is one re-evaluation code (97168).

The code descriptors as published in the CPT® manual are available on AOTA's website at www.aota.org. New manuals are available in print and online from the AMA.

The new codes were developed through a process involving the AMA (which develops, publishes, and owns the CPT® system), the American Occupational Therapy Association (AOTA), and other professional societies. Payers, including Medicare, Medicaid, and insurance providers, use these codes to identify services for payment.

Medicare will begin using these codes on January 1, 2017, and most other third-party payers (e.g., Medicaid, insurers) will follow this procedure by developing individual payer policies on use of and payment for codes.

HOW CPT® DESCRIBES THE OCCUPATIONAL THERAPY EVALUATION AND REEVALUTION CODES

First, it is important to review and understand the precise language in the 2017 AMA CPT® manual. It provides the following introduction to the codes for Occupational Therapy Evaluation:

> *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, consideration, 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.* (p. 664)

The definition follows the approach to evaluation in the Occupational Therapy Practice Framework: Domain and Process (3rd ed.; AOTA, 2014). The Framework will be referenced throughout this document, as it provides important direction for conducting appropriate, best-practice evaluations.

The new descriptions in CPT® set the stage for promoting optimal occupational therapy practice. By conducting a profile, doing standardized and other tests and measures, and showing the breadth of concerns occupational therapy considers, we promote distinct value. The evaluation process can communicate to others the full scope of occupational therapy practice. The codes can be a tool to promote distinct value.

4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

DETERMINING THE CORRECT LEVEL OF EVALUATION

The Code Language on Levels

In these new codes, the CPT® describes exactly what should be done in an evaluation:

- Occupational profile and client history (medical and therapy)
- Assessments of occupational performance
- Clinical decision making
- Development of plan of care

Identifying and Reporting the complexity level of an evaluation focuses on the first three of these factor—profile and history, assessment and determination of deficits, and clinical decision making. These three factors must be "scored" and defensible documentation written to support the choice of a level. The development of the Plan of Care (POC) is part of the overall evaluation process and must reflect how and why you scored the evaluation as high, moderate or low.

The three components are the factors that payers and others will review to assure the therapist has chosen the right code level. But in a best practice occupational therapy evaluation, all the factors are integrated. In best practice, for instance, clinical decision making transcends all parts of the evaluation. How assessments are conducted is related to the determination of performance limitations and deficits. Best occupational therapy practice recognizes that all three CPT® factors that determine a level are integrated into a holistic evaluation, and that other factors, such as age or environment, are also considered. The plan of care reflects the process and outcomes of the therapist's attention to each of the CPT® factors in the context of the whole evaluation to meet the patient's or client's needs.

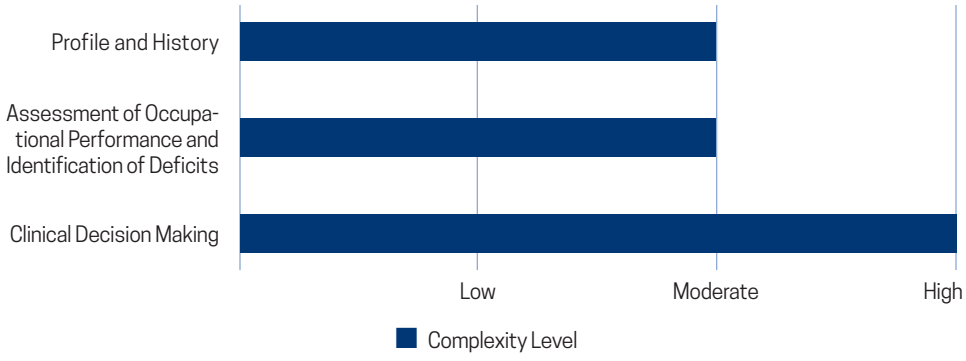
The CPT® requirements do not mean that a therapist provides an evaluation using only these three components. The three components are what must be validated in choosing a level but a sufficient evaluation must be provided as appropriate to occupational therapy practice. Why a particular level was chosen should be supported in the documentation of the evaluation.

The codes direct that each component must be given a level. The level is most likely determined after completion of the evaluation, but therapists should be familiar with the criteria at the start so they can be considering the level as they proceed through the evaluation.

Choose a Level That is Appropriate

Levels must be determined specifically for each of the three components in order to choose the correct code. In order to move to a higher level of evaluation all three components must be of the higher level. For example, if the profile and history are moderate and the assessment of occupational performance and identification of deficits is moderate, but the clinical decision making component is high, the evaluation must still be coded moderate. Therapists

Complexity Level Example



4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

must remember that they are ethically, and in some cases legally, required to choose and report the correct code. The code design considers the presenting patient condition, the analytical work of the therapist, and assessment and identification of the scope and nature of the client's/patient's performance concerns and goals. A proper evaluation involves a broader view and other components. But choosing a level is necessary to report the correct code.

Each of the three components that affect the code level is discussed below ***following the language of the actual code descriptors in the manual.***

1. Profile and History

Was an occupational profile completed? How complex is the client history (medical and therapy) to meet the client needs?

The occupational therapy process as described in the Framework is reflected in the code language, especially in its requirement of completing an occupational profile as well as a medical and therapy history. The therapist uses the occupational profile to frame the evaluation around the client. Determining the level considers how involved both the profile and history must be to determine the code level. The code descriptor categorizes this component by whether these two elements are problem focused, detailed, or comprehensive. This table provides the language from the AMA CPT® manual describing the levels of profile and history.

CPT® Code	CPT® Description
Low Complexity (97165)	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.
Moderate Complexity (97166)	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 current functional performance.
High Complexity (97167)	An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and **extensive** additional review of physical, cognitive, or psychosocial history related to current functional performance.

The key words in CPT® to consider when differentiating and choosing a level for this component are:

- **Brief (Low)**
- **Expanded (Moderate)**
- **Extensive (High)**

Occupational Profile

The occupational profile provides an understanding of the client's occupational history and experiences, patterns of daily living, interests, values, and needs. The client's problems and concerns about performing occupations and daily life activities are identified. The client's priorities for outcomes are determined.

To determine the level of occupational profile that must be completed, the therapist must consider the presenting problem(s), the reason(s) for referral, and the client's goals. Although a client may have multiple diagnoses, and be very complex, if he or she is in a stable state and wants one small or targeted issue addressed by the occupational therapy intervention, then this component should be coded as low complexity.

4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

Client Medical History

The *client's history*, both medical and therapy, is reviewed and considered to identify aspects such as the prior level of function and presenting diagnosis that is causing the client to seek occupational therapy services. How much of the history is necessary depends on what the client is seeking services for and what the occupational therapist needs to know to continue with assessment and development of the plan of care. The referral for therapy may also provide additional information. It can also come from medical records of past and current care.

2. Assessment of Occupational Performance

How is the assessment of activity/participation restrictions described? How are performance deficits defined? How are performance deficits identified and counted?

The second criterion that must be considered in determining the level of the evaluation considers factors related to both the assessment process and the identification of performance deficits resulting in activity or participation restrictions. This Table provides the levels of assessments and deficit identification.

CPT® Code	CPT® Language
Low Complexity (97165)	A assessment(s) that identifies **1–3 performance deficits** (i.e., relating to physical cognitive or psychosocial skills) that result in activity limitations and/or participating restrictions
Moderate Complexity (97166)	A assessment(s) that identifies **3–5 performance deficits** (i.e., relating to physical cognitive or psychosocial skills) that result in activity limitations and/or participating restrictions
High Complexity (97167)	A 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 participating restrictions

Identification, Assessment, and Determination

The therapist should consider all the information gathered in the history and occupational profile, and the data from the assessment process, to determine (with the client) the priority of occupational performance deficits to be addressed. Factors such as client capacity and endurance, as well as any specification of deficits or restrictions in the referral, will influence how many performance deficits will be addressed in the episode **for which this evaluation is being done.**

Ideally, the therapist will use standardized assessments to identify a performance deficit and decide with the client if that deficit is to be addressed. Performance deficits may also be identified by non-standardized assessment, although many payers are beginning to require standardized approaches. The evaluation must clearly document the deficit, how it impacts activity or participation and how it was assessed.

How Does CPT® Describe Levels of Assessment?

The CPT® language for clinical decision making, discussed later, includes language that can be applied to thinking about how targeted or extensive assessments are. This language emphasizes the importance of both the collection of data and its analysis. The Table below provides language from the clinical decision making section that is pertinent to conducting the assessments.

CPT® Code	CPT® Description
Low Complexity (97165)	Analysis of data from **problem-focused** assessment(s)
Moderate Complexity (97166)	Analysis of data from **detailed** assessment(s)
High Complexity (97167)	Analysis of data from **comprehensive** assessment(s)

4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

The key words to consider from CPT® in differentiating levels concepts regarding the analysis are:

- Problem focused
- Detailed
- Comprehensive

What are Performance Deficits?

The CPT® introduction to the codes identifies and defines areas of performance deficits. They are very similar to descriptions in the Framework and encompass the full range of occupational therapy scope. As noted above, the CPT® also references the key factor that the performance deficits result in activity limitations and/or participation restrictions that are connected to the deficits in occupational therapy.

CPT® Definition of Performance Deficits	Introduction: *Performance deficits refer to the inability to complete activities due to the lack of skills in one or more of the categories below (i.e., relating to physical, cognitive, or psychosocial skills):*
Physical	*Physical skills refer to ~~impairments of~~* body structure or body function (e.g., balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity).* * AOTA regards "impairments of" as a typographical error and will be seeking revision because skills are not impairments.
Cognitive	Cognitive skills refer to the ability to attend, perceive, think, understand, problem solve, mentally sequence, learn, and remember, resulting in the ability to organize occupational performance in a timely and safe manner. These skills are observed when a person (1) attends to and selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered.
Psychosocial	Psychosocial skills refer 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.

Note that the count of performance *deficits* is only one factor in assigning the level of the code. This is not the sole factor to determining the overall level. The complexity of the occupational profile and medical history, and the complexity of the clinical reasoning, which result in the development of the plan of care, must also be considered.

The number of deficits is, however, very important and will likely receive scrutiny as these new codes are used. Clinical judgment about the overall needs of the client, the expectations for this episode of care, and the overall complexity of the presenting client situation will dictate the number identified. This allows the therapist to use reasoning and judgment to identify the deficits.

The *Framework* does not define or use the term "performance deficits"; the *Framework* and occupational therapy practice focus on the capacities of clients and their skills or potential skills. However, the CPT® definitions provide ample areas in which to identify patient needs and goals. **Defining deficits in the CPT® context is viewed as the process of identifying what areas or goals the occupational therapy plan will address.** The CPT® definition can be understood in relation to the *Framework* Table 1: Occupations.

4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

3. Level of Clinical Decision Making

What skills must the therapist use? How difficult is the work of the therapist? What aspects of the client affect the decision making intensity?

CPT® separates out a component on clinical decision making that affects the level, but it also supports best practice in occupational therapy. Best practice in occupational therapy requires clinical reasoning to occur throughout the evaluation process: in decisions about the questions to ask in the occupational profile and history, in the choice of assessments and tests used to measure performance, and in the identification and prioritization of goals and outcomes. The CPT® language allows for consideration of a number of variables in determining a level. Identifying and documenting the complexity of clinical reasoning used at each step of the process will validate the chosen level of evaluation code.

This Table shows the language of the CPT® code specifying what must be considered in identifying a level for this component.

CPT® Code	CPT® Language
Low Complexity (97165)	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. Patient presents 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.
Moderate Complexity (97166)	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 completion of evaluation component.
High Complexity (97167)	Clinical decision making of **high analytic complexity**, which includes an analysis of the occupational profile, analysis of data from **comprehensive assessment(s),** and consideration of **multiple treatment options**. Patient may 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.**

Specified Criteria for Clinical Decision Making Level

The CPT® language provides clear delineation of factors that can be related to not only the determination of the clinical decision making component but also factors that affect other components. The code language speaks to interrelated factors and thus an interrelated process that must be considered in determining the level of clinical decision making.

Assessment Process

As noted in the previous section on assessment and performance deficit identification, this section on clinical decision making describes levels of analysis and assessment that are useful in determining the level of both the assessment and clinical decision-making component. For illustration, this Table is repeated.

4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

CPT® Code	CPT® Description
Low Complexity (97165)	Analysis of data from problem-focused assessment(s)
Moderate Complexity (97166)	Analysis of data from detailed assessment(s)
High Complexity (97167)	Analysis of data from comprehensive assessment(s)

Comorbidities

The type, number, and complexity of *comorbidities* affecting occupational performance or that result in participation restrictions are identified as affecting the evaluation code level.

Comorbidities are not explicitly defined in the CPT® language but elsewhere are defined as:

> *The presence of one or more additional diseases, conditions, or disorders that are concurrent with a primary disease or disorder and may impact client complexity. Co-morbidities can also include socioeconomic, cultural, environmental, and client behavior characteristics.* (Valderas, Starfield, Sibbald, Salisbury, & Roland, 2009)

For example, a secondary diagnosis of chronic obstructive pulmonary disease (COPD) may influence the client's breathing and fatigue level, affecting completion of desired activities of daily living. Another common comorbidity is problems in cognition; for instance, following an acute hospitalization. Cognitive problems can negatively affect sequencing or other factors necessary to complete activities of daily living.

Assessment Modification and Need for Assistance

When a client has difficulty with an assessment, the therapist may need to make modification of directions, task complexity, environment, time, or other factors. The therapist may need to make such adjustments in the assessment to get a clear picture of the scope of performance deficits resulting in activity limitations and/or performance limitations.

The CPT® language describes the levels of assistance or modification that may be needed to enable completion of assessments that contribute to the level of clinical decision making. The language also gives examples that assistance may be physical, verbal, or some other form. Any modifications or adjustments in assessing performance deficits and activity limitations should be documented to show relationship to the level of evaluation code to choose.

CPT® Code	CPT® Description
Low Complexity (97165)	Modification of tasks or assistance is not necessary
Moderate Complexity (97166)	Minimal to moderate modification of tasks is necessary
High Complexity (97167)	Significant modification of tasks or assistance is necessary

Selection of Interventions

Selecting from multiple options as opposed to considering limited options raises the level of clinical decision making. For instance, treatment of hemiparesis may involve choosing among several options for treatment, adaptation, or compensatory activities. But treatment of a shoulder hemi-arthroplasty may be driven primarily by a limited number of treatment options.

4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

CPT® Code	CPT® Description
Low Complexity (97165)	Consideration of a limited number of treatment options
Moderate Complexity (97166)	Consideration of several treatment options
High Complexity (97167)	Consideration of multiple treatment options

Time

The new evaluation and re-evaluation codes are considered *service codes*; they are not time-based codes. Although the AMA has typical times associated with each of the codes, time is not the determining factor in selection of the code. One unit of an evaluation code is submitted regardless of the amount of time spent on the evaluation; the complexity of the evaluation determines which level of code is selected.

While the code language provides typical times for each of the three levels of evaluation, the time is not an absolute requirement. It is simply a general guideline about how long each of the levels of evaluation codes might take. **Time Cannot Be Used as a Factor in Determining Levels. This is not part of the equation for determination in the CPT process.** Therapists must not be pressured to use time as a critical factor. The previously discussed criteria of history, assessment and deficits, and clinical judgment are the criteria that determine the level. Typical times are included in the following Table simply to reflect that there are differences in time when considering three levels of evaluation.

CPT® Code	Typical Face-to-Face Time
Low Complexity (97165)	30 minutes
Moderate Complexity (97166)	45 minutes
High Complexity (97167)	60 minutes

The typical times identified should not be construed as either requirements or limits. In some ways, the typical times can help to defend the time needed for full and complete evaluations. However, the differences may present scheduling problems. Many of these issues will be addressed as the codes are fully utilized. It is important for therapists to understand what typical times mean and be prepared to defend and document the time they need for any evaluation level.

Plan of Care

The code language references the development of the plan of care as the final step in evaluation. The plan of care is written after all information is gathered and analyzed from the client's history, occupational profile, performance deficits that result in activity limitation and/or performance restrictions, and standardized and non-standardized assessments. The therapist's clinical reasoning and critical thinking skills provide a meaningful interpretation of the data in order to develop an effective treatment plan. The plan of care identifies the intervention strategies needed to improve the client's functional performance. The plan of care identifies the specialized skills occupational therapy uses to achieve desired outcomes and substantiates the medical necessity of providing occupational therapy. Outcome goals are established to track the progress of intervention and identify occupational therapy's distinct value. The plan of care is reviewed on an ongoing basis throughout the intervention process/episode to assure that therapeutic priorities continue to be met.

4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

REEVALUATION

> *Reevaluation: Reappraisal of the client's performance and goals to determine the type and amount of change that has taken place.* (AOTA, 2014, p. S45)

While there are no levels of reevaluation, the CPT® language provides similar guidance for the components of the reevaluation. CPT® does not speak to when a reevaluation can take place; those guidelines are usually provided by payers.

CPT® Code Components	CPT® Description
Assessment	An assessment of changes in patient functional or medical status with revised plan of care.
Occupational Profile	An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals.
Plan of Care	A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status, or a significant change to the plan of care is required.

Payers such as Medicare and private insurance may have particular rules about when a re-evaluation is reimbursable. The CPT® language only describes the items required to bill the code.

As with the evaluation codes, a typical time is stated as 30 minutes of face-to-face interaction with the patient or family. Again, this is not to be considered a requirement or a limit on time.

Defending Appropriate Levels of Evaluation Codes

As noted earlier in the document, following this approach for conducting an evaluation provides opportunities to practice consistent with the *Framework* as well as in optimal, best practice ways. Approaching evaluation comprehensively will help to promote the distinct value of occupational therapy in the evolving health care system.

The transition to these new codes may be challenging for therapists and administrators. But the codes are clear in their requirements. The components must be identified and justified in the documentation. Therapists must be clear with administrators that evaluation is a process not defined by the same amount of time or level for each client, but rather by the intensity and complexity of the client's individual performance deficits.

Arming oneself with knowledge of the evaluation code components will enable defense of appropriate evaluation code selection in any outside or internal review.

4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

SUMMARY

Evaluation Code	Occupational Profile and Medical/Therapy History	Patient Assessment	Clinical Decision Making
Low complexity (97165)	Problem-focused	Problem-focused	Low
Moderate complexity (97166)	Detailed	Detailed	Moderate
High complexity (97167)	Comprehensive	Comprehensive	High

While the move to three levels of evaluation may seem daunting, the language of the CPT® supports a holistic and broad view of an occupational therapy evaluation. This follows the Framework in encompassing the importance of an occupational profile and the analysis of occupational performance. Proper use of the codes and appropriate identification of a level will create data to further show the breadth of occupational therapy practice. While at the time of this writing Medicare may pay the same for each level, other payers may determine different payment for each. Furthermore, as noted earlier, it is ethically and often legally required that the therapist report the correct code for any service provided.

References

American Medical Association (2016). *Current Procedural Terminology: CPT® 2017 professional edition.* Chicago: Author. Current Procedural Terminology is copyright 1966, 1970, 1973, 1977, 1981, 1983–2016 by the American Medical Association. All rights reserved.

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy, 68*, S1–S48. http://dx.doi.org/10.5014/ajot.2014.682006

Valderas, J. M., Starfield, B., Sibbald, B., Salisbury, C., & Roland, M. (2009). Defining comorbidity: Implications for understanding health and health services. *Annals of Family Medicine, 7*, 357–363. http://dx.doi.org/10.1370/afm.983

4720 Montgomery Lane, Bethesda, MD 20814-3425
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711