

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 Re-evaluation Policy

Type	Reimbursement	
Number	0051	
Approved by		Approval Date
Reimbursement and Technology Committee Quality Improvement Committee		May 10, 2007 July 13, 2007

Description

This policy describes OptumHealth Physical Health methodology and consideration for reimbursement of CPT codes 97002 and 97004 (Physical Therapy re-evaluation and Occupational Therapy re-evaluation).

Audience

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

Overview	<p>OptumHealth Physical Health may allow a re-evaluation unit, 97002 and 97004 performed by a licensed physical therapist or occupational therapist under the following circumstances:</p> <p>A re-evaluation is supported if:</p> <ul style="list-style-type: none">• It is provided by a licensed PT or OT practicing within the scope of their license.• There is a documented significant change in functional ability, impairment status or disability status.• There is documented interpretation of the current findings and assessment of continued treatment needs.• There is modification in the current treatment plan and a revision of the original goals based on current findings.• The re-evaluation is not a routine, recurring occurrence.• The clinical record supports the need for further tests and measurements.• The re-evaluation documentation is consistent with ACN Group's Guideline for Recordkeeping policy. <p>Continuous assessment of the patient's progress is a component of ongoing therapy services and is not payable as a re-evaluation.</p> <p>State law dictating therapy practice and unique plan policy may supersede this policy.</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>

Background Summary

The Physical Therapy re-evaluation and Occupational Therapy re-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 re-evaluation.

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

97002 Physical Therapy re-evaluation

97004 Occupational Therapy re-evaluation

The Physical Therapy re-evaluation and Occupational Therapy re-evaluation CPT codes lack specificity in regards to classifications and descriptors. While CPT does not list guidelines associated with use of the Physical Therapy and Occupational Therapy re-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. They expect a frequency at a max of once in 2-4 weeks. It is noted that continuous assessment of progress is a component of ongoing care and is not a re-evaluation. Additionally, CMS clearly defines the required components which must be documented in the provider record.

Definitions

ACNG Licensed Therapy Provider	A physical therapist, occupational therapist, or speech therapist practicing within the scope of their license.
Condition	A set of signs and symptoms associated with a specific pathophysiologic and/or bio-psychosocial process.
Physical/Occupational Re-evaluation/Examination	The process of performing select tests and measures after the initial examination to evaluate progress and to modify or redirect intervention. A process that may be necessary when professional assessment indicates a significant improvement or decline or change in the patient's condition or functional status that was not anticipated in the plan of care for that interval.

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>
3. American Physical Therapy Association (APTA), *Defensible Documentation for Patient/Client Management 2007*.

History/Updates

Approval Date: 7/13/07	Revision History: 7/31/08, 2/26/09, 4/8/10
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