PHYSICAL THERAPY DECISION CHART FOR CPT® EVALUATION CODES BY COMPLEXITY

*Effective 1/1/17

		PHYSICAL THERAPY				Patient Name:	DOB:
	Old Codes	97001			97002	Medical Dx:	
CPT ® Codes	New Codes	97161	97162	97163	97164	Treatment Dx:	
	Complexity	Low	Moderate	High	RE-EVAL	©2017 www.MonteroTh	erapyServices.com
HISTORY (Subjective)		0 Factors	1-2 Factors	3+ Factors	N/A	HISTORY	(Subjective)
Past Medical and Therapy History for Primary Presenting Problem		Personal Factors and Comorbidities: *Personal Factors: Age, sex, coping style, social history, education, profession, behavior *Relevant Co-morbidities *Prior Level of Function *Prior Treatment Approaches *Significant Medications *Barriers to progress *Number of other significant providers			Re-evaluation for an established patient when medically necessary	ices com Tool	90 ¹
EXAM (Objective)		1-2 Elements	3+ Elements	4+ Flemon's	Yes	EXAM ((Objective)
		*Musculoskeleta Folk trength, posture *Neuromy July: Balance, gait, motor control, trushis, locomotion, gait *cardiovascular/Pulmonary: Vitals, edema, activity tolerance *Integumentary: Skin integrity, scar formation *Other: Cognition, Level of Consciousness, Orientation, Communication, Barriers to Learning Elements from above Systems Review: 1-Body Structure of each system above 2-Body Functions of each system above 3-Activity Limitation based on systems review: Difficulty or inability to perform what tasks due abnormal findings in what system above? I.e.: Inability to transfer safely due to B LE strength deficit; Inability to ambulate >30 feet due to 4-Participation Restriction: Problems participating in life situations (i.e.: Inability to care for self, Inability to work)		Re-evaluation should include Tests and Measures, measurable outcomes. Documented change in function and need for revised plan of care.	List Systems / Tests List Elements		
CLINICAL PRESE	NTATION	Stable	Evolving	Unstable	N/A	Clinical P	Presentation
		Predictable progression, no fluctuation Use the In	Changing, new symptoms emerging, or has cognitive deficits that impact POC cormation Above	Fluctuations, new symptoms, unpredictable, or significant cog deficits	e Carlo Nov ut	Clinical F	00M
CLINICAL DECIS		LOW	MODERATE	TOTION TO	RE-EVAL	Clinical Decision Making - Dete	ermines Complexity (Assessment)
COMPLEXITY (A		97161		7	97164		• • •
Print in		Doking The Hx, Exam and Clinical Provincial of Complexity Consider: Need for collaboration, coordination with other professionals Consider Typical Face-To-Face Time 20 min 30 min 45 min			Only 1 level of complexity for re-evaluation Typical Time 20 min		
DEVELOP PLAN OF CARE (Plan)		Develop therapy plan of care based on all factors above. Does NOT factor into complexity decision.				Therapy Pla	n of Care (Plan)