

## Eli's Rehab Report

### Reader Question: Evaluation And Assessment Differ

**Question:** I have a question for physical therapy codes 97001-97002. Our patient came to the office for a knee problem on 12/13/13 and then came back on 01/06/14 with a new problem. This is for private and Medicare insurance. Can we report new evaluation 97001 or 97002? Or are these codes similar to E&M codes that do not allow you to charge for a new patient visit during the 3 years' time? Please advise.

**Answer:** A physical therapy evaluation is conducted by a physical therapist who checks the patient's joint flexibility, muscle strength, gait, mobility, and neuromuscular function. An evaluation is more comprehensive and global, whereas an assessment, such as for a wheelchair using CPT® code 97542, is more specific to a particular area or need that the patient has. The same would be true for CPT® codes 97755 (assistive technology assessment) and 97760 (orthotic assessment). Therefore, first check whether the physical therapist (PT) performed an evaluation or an assessment. Also check whether the patient has come directly with a problem or has been referred by a physician under a specific rehab plan of care.

Codes 97001-97755 should be used to report each distinct procedure performed. Do not append modifier 51 to 97001-97755.

The work of the physician or other qualified health care professional consists of face-to-face time with the patient (and caregiver, if applicable) delivering skilled services. For the purpose of determining the total time of a service, incremental intervals of treatment at the same visit may be accumulated.

If a therapist spends 35 minutes gathering the patient history, prior functional status, current functional status, social considerations, range of motion, strength, sensation, balance, and transfers, this time would be assigned to the PT initial evaluation code 97001.

Physical therapy re-evaluation (97002) is considered a component of just about every other CPT® code in the 97012-97762 range and is not separately reimbursed when provided on the same day as the other interventions.

No, eval codes are not E/M codes which are specific to physicians.