

## Eli's Rehab Report

### READER QUESTIONS: Evaluate Reporting Initial PT Evals

**Question:** I have two questions. 1. We just hired a physical therapist in our office, and we're unsure whether there is any way to get paid for the time he spends doing initial evaluations of the patient, before the therapy begins. Now we're just writing off the time they spend in initial evaluation because we can't use the E/M codes that are reserved for physicians. 2. What should we do when the PT performs a re-evaluation of the patient?

Florida Subscriber

**Answer:** 1. You are correct to avoid using the E/M codes for physical therapists (PTs). Medicare requires that "independently practicing physical therapists are limited to physical therapy CPT/HCPCS codes only," under the Medicare Part B Billing Manual for Physical Therapy. PTs can use 97001 (Physical therapy evaluation) to report their initial evaluation of the patient, which should occur before the plan of care is established by either the PT or physician. As a side note, therapy initial evaluations for PTs practicing in skilled nursing facilities must occur while patients are staying in the SNF so their conditions can be evaluated accordingly. PT's cannot use a plan of treatment that may have been previously developed for the patient while in a hospital.

2. For re-evaluation services, PTs can report these services with 97002 (Physical therapy re-evaluation), as long as the therapist is using the time spent to evaluate a change in the patient's condition. PTs should be careful not to bill 97002 every time the patient is treated following the initial evaluation.

Anytime a therapist bills for re-evaluation, backup documentation should be retained that shows the change in the patient's condition that is producing the change in the plan of care. This documentation should include the frequencies and durations of all interventions, as well as anticipated goals.

The coding for the initial evaluation or re-evaluation is not based on time. The actual time spent on these services should never be added to the minutes of therapy reported for other time-based codes (such as 97110 or 97140) if the PT is separately billing the initial evaluation or re-evaluation using codes 97001 or 97002.

You Be the Coder and Reader Questions were reviewed by **Marvel Hammer, RN, CPC, CCS-P, CHCO**, owner of MJH Consulting in Denver.