

Eli's Rehab Report

Reader Questions: Initial Evaluations

Question: 1. We just hired a physical therapist in our office, and were unsure whether there is any way to get paid for the time he spends doing initial evaluations of the patient, before the therapy begins. Right now, were just writing off the time they spend in initial evaluation because we cant use the evaluation and management (E/M) codes that are reserved for physicians. 2. And also, what about when the PT is doing a reevaluation of the patient?

Anonymous Florida Subscriber

Answer: 1. You're 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 the 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 (SNFs) must occur while patients are staying in the SNF so their conditions can be evaluated accordingly. PTs cannot use a plan of treatment that may have been previously developed for the patient while in a hospital.

As for re-evaluation services, PTs can bill using 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. Any time a patient bills for reevaluation, 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.

2. Regardless of where the therapy is occurring, time spent in initial evaluation or reevaluation 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 reevaluation using the 97001 or 97002 codes.

Editors note: You Be the Coder and reader questions were answered by **Alison Miller**, biller at Medical Management Support Services Inc., a medical billing firm in Central Point, Ore., and by **Debbie Campbell, CPC**, executive director of Solutions in Integrative Medicine, a consulting and billing firm in Saco, Maine.