

Eli's Rehab Report

READER QUESTIONS: Watch for Changes to Report Therapy Re-Evaluations

Question: I'm wondering when therapy re-evaluations are considered reasonable and necessary. Would you shed some light on this?

Pennsylvania Subscriber

Answer: You're allowed to report a therapy re-evaluation (97002, Physical therapy re-evaluation and 97004, Occupational therapy re-evaluation) only if your documentation shows a significant change in the patient's diagnosis or condition. The therapist may need to modify anticipated goals and expected outcomes following the re-evaluation of patient progress.

You can also report 97002 or 97004 if the therapy re-evaluation is part of the plan of treatment with clinical rationale or is supported by a supplemental physician order.

Remember: Your therapy re-evaluations must contain all the components of an initial evaluation, and you should only report one unit on a single day of service.

According to a local coverage determination by HGSA, the Medicare carrier for Pennsylvania, an occupational therapy re-evaluation is "the reassessment of the patient's performance and goals, after an intervention plan has been instituted, in order to determine the type and amount of change in treatments if needed. Re-evaluation services may be provided when the patient has a change in condition, ability, performance or focus."

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