

Re-Evaluations - (i.e., CPT[®] 97164, 97168)

Routine re-evaluations of expected progression in accordance with the plan of care, either during the episode of care or upon discharge, are not considered to be medically necessary separately billable services. When medical necessity is supported, a re-evaluation is appropriate for situations:

- A patient is currently receiving therapy and develops a newly diagnosed related condition. For example, a patient sustained a distal radius fracture resulting in ORIF. Once the post op pain subsides their shoulder pain becomes more apparent. You can charge a reevaluation to add the assessment and combine the Plans of Care for both the wrist and the shoulder treatment.
- A patient who is currently receiving therapy services and demonstrates a significant improvement, decline, or change in condition or functional status which was not anticipated in the plan of care and necessitates additional evaluative services to maximize the patient's rehabilitation potential. For example, patient is hospitalized for a short period of time for a non- related issue. They are unable to participate in therapy and present with a significant change in status. The changes need to be significant enough to warrant a true change in the POC

Reference <https://med.noridianmedicare.com/web/jfb/policies/coverage-articles/therapy-evaluations-and-assessment-services>

97168 /97164- Re-evaluation of Occupational Therapy/Physical Therapy established plan of care, requiring these components:

- An assessment of changes in patient functional or medical status with revised plan of care;
- An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and
- A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required.

Continuous assessment of the patient's progress is a component of ongoing therapy services and is not payable as a re-evaluation. A re-evaluation is not a routine, recurring service but is focused on evaluation of progress toward current goals, making a professional judgment about continued care, modifying goals and/or treatment or terminating services.

Reference

<https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/downloads/bp102c15.pdf>