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[MANAGEMENT FOCUS]

Therapists can add value to patient management skills with 97002

By Kevin Svoboda, PT

In a frequently changing world of third-party payer reimbursement—one that now includes random Medicare audits and a burden of proof on the therapist to demonstrate medical necessity—it is encouraging to see therapists recognize their patient management skills. One way of doing this is through use of CPT code 97002—the Physical Therapy Re-Evaluation code—for physical therapists, or CPT code 97004 for occupational therapists.

The re-evaluation code differs from the evaluation code, 97001. Under those circumstances, “the healthcare provider re-examines the patient/client. This includes taking a comprehensive history, systems review and tests and measures. Tests and measures may include, but are not limited, to tests of range of motion, motor function, muscle performance, joint integrity, neuromuscular status and review of orthotic or prosthetic devices. The PT formulates an assessment, prognosis and notes an anticipated intervention,” according to the *2010 Coders' Desk Reference for Procedures*.

Following the patient's progression through their plan of care, a re-evaluation may need to take place. In this case, “the health care provider re-examines the patient/client to obtain objective measures of progress toward stated goals,” according to the *2010 Coders' Desk Reference for Procedures*. The code can be used after a change in diagnosis; after a change in status due to other medical problems; after a significant change in the plan of care or goals; or after a significant gap in services. It is critical, however, to utilize this code as described in the CPT handbook language – and to document it properly.

Whereas 97002 is the clinically appropriate code to use, often therapists don't value their patient management skills and fail to use this code to describe services rendered. This can happen when a patient comes to therapy, treatment is rendered and the therapist performs an assessment or examination which determines further intervention is not appropriate. Not only is assigning these services to the code 97002 the clinically appropriate thing to do, but it is also an opportunity to get paid for the skilled medical services that you have provided.

To better understand the clinical presentations in which it is appropriate to use the 97002 code, consider the following examples. A change in diagnosis can be caused by an exacerbation of symptoms, recognition of comorbidity or a medical complication—the development of a wound from a surgical site, for example. The patient's status can also change due to other, unrelated medical problems.

Perform a re-evaluation after a significant change in the patient's plan of care or established goals. This can occur when there is a re-direction of treatment intervention, a change in symptoms due to the response to the treatment, a change in frequency of care, the establishment of new goals or a graduation/discharge from the PT or OT program. Re-state all of the goals from the initial plan of care and re-state any new goals established during the subsequent plan of care. It also is important to cite the patient's progress toward each of the initial goals, citing any measurable evidence of progress.

After establishing why the patient needs to continue therapy services, state what the plan is going to be to achieve those new goals. As medical professionals who have the privilege of billing CPT codes, it's important that we uphold the standards of CPT terminology and use our goals properly. The proper use of the Re-Evaluation code is one opportunity for us to properly represent our profession and prove medical necessity. ■

Source: Ingenix. *Coder's Desk Reference for Procedures*. 2010 ed.