

Documentation Tips for Physical Therapy Evaluation Code Selection

Beginning January 1, 3 new evaluation codes—97161, 97162, and 97163—replace 97001. The code you select will tell payers the complexity level of an evaluation based on your patient’s clinical presentation and your clinical decision making. In doing so, you must provide documentation supporting your choice.

This chart will guide you in providing appropriate documentation. Keep in mind that to support your code selection, you must clearly document **each** required component for that code. **If even 1 component cannot be supported, you must report a lower level of complexity.** There is no mandated format for the required documentation, but you should make the components readily apparent to all third parties reading and reviewing your report of the patient’s evaluation.

Required Component	Supporting Documentation
Personal Factors, Comorbidities	<ul style="list-style-type: none"> Clearly document any personal factors and comorbidities that influence the patient’s participation in the plan of care, and his or her ability to progress through it. Identify the number of pertinent personal factors and/or comorbidities, as this number is a key determinant of the level of complexity. It isn’t enough to retain a past medical history checklist or to identify comorbidities and/or personal factors in the evaluation report. You must establish and specify their impact on the course and/or outcome of treatment.
Body Systems Elements (Body Structures and Functions, Activity Limitations, Participation Restrictions)	<ul style="list-style-type: none"> Clearly document any body structures and functions that you will address during treatment, and any activity limitations and any participation restrictions that will be impacted by physical therapist intervention. Identify the combined number of body structures, body functions, activity limitations, and/or participation restrictions, as this number is a key determinant of the level of complexity. Use standardized tests and measures to objectify the examination findings.
Clinical Presentation	<ul style="list-style-type: none"> Clearly document evidence of the patient’s clinical presentation as either stable, evolving, or unstable. Include this identification within the assessment portion of the report. Evidence of the clinical presentation might include, but is not limited to: vital sign response; continuous, intermittent, or changing levels of pain; and varying levels of awareness or cognitive performance.
Clinical Decision Making	<ul style="list-style-type: none"> Clinical decision making is not a separate component; you demonstrate it through effective documentation of your evaluation findings. Clinical decision making reflects your judgment and multidimensional thinking. Documentation demonstrating the number of components that you analyze, examine, and coordinate will support the specific level of clinical decision making.
Functional Outcomes Tools	<ul style="list-style-type: none"> Standardized patient assessment and/or measurable assessment of functional outcomes are required components, and you must include them in your documentation. The results of any standardized patient assessment and functional outcomes tools you performed should support your level of clinical decision making.
Evaluation Complexity Level	<ul style="list-style-type: none"> Clearly document the assigned level of complexity (low, moderate, or high) on your evaluation report. Your documentation throughout the report should support the selected evaluation code.