

# PHYSICAL THERAPY EVALUATION REFERENCE TABLE

97001  
97161  
97162  
97163

Three new codes—97161, 97162, and 97163—replace the single 97001 CPT code for physical therapy evaluation beginning January 1, 2017.

## How to use this guide:

Physical therapy evaluations require the following components in selecting the correct evaluation level—History, Examination, Clinical Presentation, and Clinical Decision Making. Additional guiding factors include coordination, consultation, and collaboration of care consistent with the nature of the problem and the needs of the patient. The table on page 2 summarizes the requirements for reporting physical therapy evaluation services.

## DEFINITIONS FOR TERMS IN THE TABLE (page 2)

**Activity limitations:** Difficulties an individual may have in executing a task, action, or activities (eg, inability to perform tasks due to abnormal vital sign response to increased movement or activity).

**Body functions:** The physiological functions of body systems, including psychological functions

**Body regions:** In reporting physical therapy evaluations, body regions are defined as head, neck, back, lower extremities, upper extremities, and trunk.

**Body structures:** The structural or anatomical parts of the body, such as organs, limbs, and their components, classified according to body systems

**Body systems:** In reporting physical therapy evaluations, the systems review includes the following:

- For the cardiovascular/pulmonary system: the assessment of heart rate, respiratory rate, blood pressure, and edema
- For the integumentary system: the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity

- For the musculoskeletal system: the assessment of gross symmetry, gross range of motion, gross strength, height, and weight
- For the neuromuscular system: a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning)
- For communication ability, affect, cognition, language, and learning style: the assessment of the ability to make needs known, consciousness, orientation (person, place, and time), expected emotional/behavioral responses, and learning preferences (eg, learning barriers, education needs)

**Participation restrictions:** Problems an individual may experience in involvement in life situations (eg, inability to engage in community social events due to exhaustion).

**Personal factors:** Factors include sex, age, coping styles, social background, education, profession, past and current experience, overall behavior pattern, character, and other factors that influence how disability is experienced by the individual. Personal factors could exist but may or may not negatively impact the physical therapy plan of care.



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# PHYSICAL THERAPY EVALUATION REFERENCE TABLE

CPT <sup>®</sup> Code	97161	97162	97163
<b>Required Components (all are required in selecting evaluation level)</b>			
<b>History</b>			
no <b>personal factors</b> and/or comorbidities	X		
1-2 <b>personal factors</b> and/or comorbidities		X	
3 or more <b>personal factors</b> and/or comorbidities			X
<b>Examination of <b>body system(s)</b> (elements include <b>body structures</b> and <b>functions</b>, <b>activity limitations</b>, and/or <b>participation restrictions</b>)</b>			
addressing 1-2 elements	X		
addressing a total of 3 or more elements		X	
addressing a total of 4 or more elements			X
<b>Clinical Presentation</b>			
Stable	X		
Evolving		X	
Unstable			X
<b>Clinical Decision Making (complexity)</b>			
	low	moderate	high
Development of Plan of Care			
<b>Additional Guiding Factors</b>			
Coordination, consultation, and collaboration of care with physicians, other qualified health care professionals, or agencies is provided consistent with the nature of the problem(s) and the needs of the patient, family, and/or other caregivers.			
Typical Face-to-Face Time (minutes)	20	30	45

An additional new code, 97164, replaces 97002 for physical therapy reevaluation.

NOTE: These codes replace 97001 for Medicare and commercial payers; claims for worker's comp and auto liability may continue to use 97001.

(See page 1 for definitions of terms highlighted in blue.)