Changes to the CPT PM&R Code Set: What Does It Mean To You?

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Definitions

- Health Care Provider Advisory Committee (HCPAC) – all non-physician health care providers such as AT, DPM, DC, OD, MT, PT, OT, SLP, amongst others
- Physician: MD or DO
- Qualified Health Care Professional
- Co-morbidities
- PM&R 97000 series

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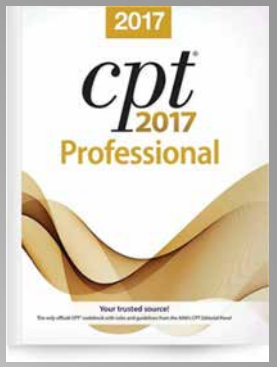
CPT Code Set



- Developed in 1966; Owned and maintained by the American Medical Association (AMA)
- Updated annually: codes are added, deleted, wording changes, clarifications;
- Used for reporting procedures and services
- 97000 Series - Physical Medicine & Rehabilitation (PM&R)

Code Creation

- AMA CPT Advisory Panel
  - Comprised of MDs/Dos of various specialities, HCPAC, Billers/Coders, CMS, Payors, AMA staff
  - Meets three times per year to review code language, assess supporting documents, and vote for acceptance or rejection of code
- Relative Value Unit (RVU) Process
  - Each code is given a $ value based on:
    - Provider Work / Practice Expense / Overhead
  - Adjustments based on geography

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Background

Why Change the evaluation codes?

Alternate Payment System

- Middle Class Tax Relief & Job Creation Act 2012
  - Required a review and study of the current payment system for outpatient therapy and recommend ways to reform the system
- Medicare Payment Advisory Commission (MedPAC) Meeting - September 2012
  - In 2011, Medicare spent **$5.7 Billion** on outpatient therapy for **4.9 million patients** (PT, OT, SLP)
  - Spending had increased 33% in 7 years

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What does that mean?

- Reform the system to:
  - Better reflect the needs of the patients
  - Measure functional status
  - Reflect improvement as a result of therapy
  - Better reflect the work provided by practitioners
- Removal of the “time based system” of separately reportable codes?
- Bundling of the codes in the future?

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Timeline

- October 2012 AMA CPT Meeting
  - Reform payment from fee-for-service to a bundled payment system
  - Payment based upon patient Severity & the Intensity of work by practitioner
- November 2012
  - PM&R Workgroup formed by CPT Panel to redesign the PM&R code set 97XXX
  - Active Participants: AT, PT, OT, SLP, MT, PM&R, DPM, DC and OD

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Evaluation / Re-evaluation

- May 2014 AMA CPT Meeting
  - Final Structure Agreement
- 3 Level of AT Evaluation (ATE)
  - The level of the athletic training evaluation performed is dependent on clinical decision-making and on the nature of the patient's condition (severity).
  - Low / Moderate / High Complexity
- 1 Level Re-Evaluation

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Evaluation / Re-evaluation Cont'd

Type	Definition
Low Severity	A problem in which the risk of morbidity without treatment is low; there is little to no risk of mortality without treatment; full recovery without functional impairment is expected
Moderate Severity	A problem in which the risk of morbidity without treatment is moderate; there is moderate risk of mortality without treatment; uncertain prognosis or increased probability of prolonged functional impairment
High Severity	A problem which the risk of morbidity without treatment is high to extreme; there is a moderate to high risk of mortality without treatment or high probability of severe, prolonged functional impairment

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NATA Development of Language

- Expert Panel of ATs from across the country and a variety of practice settings (educators, researchers, clinical, college, hospital)
- Developed key wording and language
- Creation of a working document
- Development of clinical vignettes

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NATA Pilot Testing

- Research provider – Datalys Center
- Invitation to 7,380 ATs from clinical and hospital practice settings; 251 participants
  - On-line survey - three-week data collection period
  - Introduced revised codes for AT Evaluation
  - Presented clinical scenario vignettes developed with the assistance of AT content experts
- Analysis, expert panel review, and final report to NATA
- Results to AMA CPT Panel October 2014

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Purpose of Pilot Testing

- Language –
  - Clear? Concise? Accurate?
- Structure –
  - Ease of use? Appropriate?
- Accurate Coding -
  - Patient vignette matched to proper level?
  - Stands up to audit process

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AT Evaluation Code Survey Results

- 90% felt AT Evaluation code set was easy to understand
- Comments:
  - Terminology was straightforward
  - Coding descriptors assisted in the understanding
  - Past clinical experience in coding beneficial

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AT Survey Recommendations

- Survey of ATs resulted in no recommendations concerning structure or terminology of proposed code set.
- Participants overwhelmingly felt the code set was appropriate for the practice of athletic training.
- All other recommendations pertain to internal professional education and training of the new code set.

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February 2015

- AMA CPT Panel expressed need for PT, OT & AT to have consistent, similar language
- AT Eval language accepted by the CPT Panel after added specific #'s/quantifying factors for auditing and clarity purposes
- Adding time based "component" to the Eval levels to be finalized

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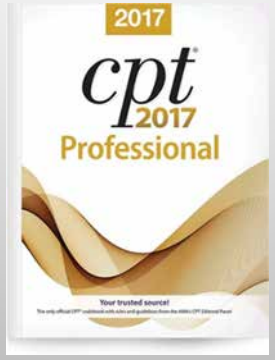
The Language Specifics

AT Evaluation and Re-Evaluation



Introductory Language

- Athletic training evaluations include a patient hx and an examination with development of plan of care, conducted by the physician or other qualified healthcare professional (QHCP).
- Coordination, consultation, and collaboration of care with physicians, other QHCP, or agencies is provided consistent with the nature of the problem(s) and the needs of the patient, family, and/or other caregivers
- At a minimum, each of the following components noted in the code descriptors must be documented, in order to report the selected level of AT evaluation.

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Intro Continued

- Athletic training evaluations include the following components:
  - History and physical activity profile
  - Examination
  - Clinical decision making
  - Development of plan of care
- Definitions – see page 667

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97169 Athletic training evaluation, low complexity, requiring these components:

- A history and physical activity profile with no comorbidities that affect physical activity;
- An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and
- Clinical decision making of low complexity using standardized patient assessment instrument and/or measureable assessment of functional outcome.
- Typically, 15 minutes are spent face-to-face with the patient and/or family.

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97170 Athletic training evaluation, moderate complexity, requiring these components:

- A medical hx and physical activity profile with 1-2 comorbidities that affect physical activity;
- An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and
- Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measureable assessment of functional outcome.
- Typically, 30 minutes are spent face-to-face with the patient and/or family.

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97170 Athletic training evaluation, high complexity, requiring these components:

- A medical hx and physical activity profile with 3 or more comorbidities that affect physical activity;
- A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies;
- Clinical presentation with unstable and unpredictable characteristics; and
- Clinical decision making of high complexity using standardized patient assessment instrument and/or measureable assessment of functional outcome.
- Typically, 45 minutes are spent face-to-face with the patient and/or family.

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97172 Re-evaluation of athletic training established plan of care requiring these components:

- An assessment of patient's current functional status when there is a documented change; and
- A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions.

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NEW AT EVALCODES: NOW WHAT?

CMS Ruling Fall 2016

- Concerns expressed by CMS:
  - Lack of data to support the three levels of Evaluation
  - Improper upcoding is possible
- Ruling:
  - 2017 all three levels will be paid the same amount as in 2016
- Gather more data and information in 2017

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Educating ATs

- Getting the word out – NATA
  - Board of Directors
  - NATA News
  - Website – Changes in FAQs Section
- Educating ATs
  - Regardless of practice setting
  - District and State Meetings
- Educating the Educators/CAATE
- BOC

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Important to Know

- January 1, 2017 – Implement three levels of AT evaluation
- Check with all of your payors to determine if you should continue to use the 2016 codes or 2017 codes, and what date are they effective?
- Be ready for denials with the new system
  - Plan ahead financially for extended payments
- Also, check with work comp carriers!

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Thank you!


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