

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

# GUIDANCE DOCUMENT

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Pursuant to  
Neb. Rev. Stat. § 84-901.03



## PROVIDER BULLETIN

No. 17-34

DATE: October 17, 2017

TO: All Providers Participating in Nebraska Medicaid Program

FROM: Thomas "Rocky" Thompson, Interim Director *TNT*  
Division of Medicaid & Long-Term Care

BY: Courtney Lankford, RN

RE: Physical and Occupational Therapy CPT Code Update

**Please share this information with administrative, clinical, and billing staff.**

This provider bulletin is being issued to provide clarity to Nebraska Medicaid providers on the Nebraska Medicaid fee schedule for physical therapy and occupational therapy services, which was published on January 1, 2017. The 2017 fee schedule, in accordance with the Current Procedural Terminology (CPT) therapy code list, added eight codes (97161-97168) for physical therapy (PT) and occupational therapy (OT). These new codes are for evaluative and re-evaluative procedures only and are not for use in billing for follow up therapies. Four codes (97001-97004) were deleted in the process of adding the new codes. These changes were the result of directives from CMS and are not related to Heritage Health.

Evaluation Codes: The CPT Editorial Panel created three new codes to replace each existing PT and OT evaluation code, 97001 and 97003. These new evaluation codes are based on patient complexity and the level of clinical decision-making which is defined as low, moderate and high complexity. The new codes are not timed and therefore can only be billed as one unit of one evaluation code per evaluative episode regardless of time spent on the evaluation. Each evaluation code lists a "typical" amount of time spent with the patient for the evaluation. These duration guidelines listed for each code are only to help classify the level of complexity of the evaluation. For PT, the codes are 97161, 97162 and 97163 and for OT the codes are 97165, 97166 and 97167.

Re-evaluation Codes: One new PT code, 97164, and one new OT code, 97168, were created to replace the existing codes –97002 and 97004, respectively. The re-evaluation codes are reported for an established patient when a revised plan of care is indicated.

The new PT Evaluative procedure codes are listed in the chart below with their short descriptors:

CPT Code	Short Descriptor	
97161	PT Eval Low Complex 20 min.	
97162	PT Eval Mod Complex 30 min.	
97163	PT Eval High Complex 45 min.	
97164	PT Re-Eval Est Plan Care	

The new OT Evaluative procedure codes are listed in the chart below with their short descriptors:

CPT Code	Short Descriptor	
97165	OT Eval Low Complex 30 min.	
97166	OT Eval Mod Complex 45 min.	
97167	OT Eval High Complex 60 min.	
97168	OT Re-Eval Est Plan Care	

The new codes do not replace the CPT codes used for therapeutic procedures which remain on the fee schedule and billable for post-evaluation treatment. The majority of these post-evaluation treatment codes are billable in 15 minute increments.

If you have questions regarding this bulletin, please contact Medicaid staff via email at: [DHHS.MLTCPPhysicalHealth@Nebraska.gov](mailto:DHHS.MLTCPPhysicalHealth@Nebraska.gov)

Medicaid Provider Bulletins, such as this one, are posted on the DHHS website at [http://dhhs.ne.gov/medicaid/Pages/med\\_pb\\_index.aspx](http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx). The “Recent Web Updates” page will help you monitor changes to the Medicaid pages.