



**Division of Developmental Disabilities Services**  
P.O. Box 1437, Slot N501, Little Rock, AR 72203-1437  
P: 501.682.8665 F: 501.682.8380 TDD: 501.682.1332

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**MEMORANDUM**

**TO: All Therapy Providers**  
**Date: 12/30/2020**

**Subject: Complexity Codes for Evaluation of Occupational and Physical Therapy**

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**I. General Information**

Effective **12/31/2020** Evaluation of physical therapy (97001) and Evaluation of occupational therapy (97003) for **Therapy Providers** will be end-dated. On or after **01/01/2021**, providers must use the complexity codes for evaluation of occupational and evaluation of physical therapy. **This applies to all settings.**

**II. 97161 Evaluation for Physical Therapy, low complexity**

1. A history with no personal factors and/or comorbidities that affect the plan of care;
2. An examination of body systems using standardized tests and measures in addressing 1 or 2 elements from the following: body structures and functions, activity limitations, and participation restrictions;
3. A clinical presentation with stable or uncomplicated characteristics; and
4. Clinical decision making of low complexity using standardized patient assessments and measurable assessment of functional outcome.

1 unit typically 20 minutes; Maximum of 2 evaluation units per state fiscal year (regardless of complexity)

\*Cannot bill more than 2 units of codes 97161, 97162, & 97163 per year, combined. Time estimates come from the CPT code description.

**III. 97162 Evaluation for Physical Therapy, moderate complexity**

1. A history with present problems with 1-2 personal factors and/or comorbidities that affect the plan of care;
2. An examination of body systems using standardized tests and measures in addressing a total of three or more elements from the following: body structures and functions, activity limitations, and participation restrictions;
3. An evolving clinical presentation with changing characteristics; and
4. Clinical decision making of moderate complexity using standardized patient assessments and measurable assessment of functional outcome.

1 unit typically 30 minutes; Maximum of 2 evaluation units per state fiscal year (regardless of complexity)

\*Cannot bill more than 2 units of codes 97161, 97162, & 97163 per year, combined. Time estimates come from the CPT code description.

**III. 97163 Evaluation for Physical Therapy, high complexity**

1. A history with present problems with 3 or more personal factors and/or comorbidities that affect the plan of care;
2. An examination of body systems using standardized tests and measures in addressing a total of four or more elements from the following: body structures and functions, activity limitations, and participation restrictions;
3. A clinical presentation with unstable and unpredictable characteristics; and
4. Clinical decision making of high complexity using standardized patient assessments and measurable assessment of functional outcome.

1 unit typically 45 minutes; Maximum of 2 evaluation units per state fiscal year (regardless of complexity)

\*Cannot bill more than 2 units of codes 97161, 97162, & 97163 per year, combined. Time estimates come from the CPT code description.

**IV. 97164 Re-Evaluation for Physical Therapy, established plan of care**

1. An examination that includes a review of history and use of standardized tests and measures; and
2. A revised plan of care using a standardized patient assessment instrument or measurable assessment of functional outcome.

1 unit typically 20 minutes; Maximum of 2 units per state fiscal year

\*Cannot be billed on new patients. Time estimates come from the CPT code description.

**V. 97165 Evaluation for Occupational Therapy, low complexity**

1. Occupational profile and medical and therapy history included, with brief history;
2. The assessment identifies 1-3 performance deficits that result in activity limitations or participation restrictions; and
3. Clinical decision making of low complexity (no comorbidities that affect occupational performance, no modification of tasks or performance needed).

1 unit typically 30 minutes; maximum of 2 evaluation units per state fiscal year (regardless of complexity)

\*Cannot bill more than 2 units of codes 97165, 97166, and 97167 per year combined. Time estimates come from the CPT code description.

**VI. 97166 Evaluation for Occupational Therapy, moderate complexity**

1. Occupational profile and medical and therapy history included, with expanded review of medical and/or therapy records;
2. The assessment identifies 3-5 performance deficits that result in activity limitations or participation restrictions; and
3. Clinical decision making of moderate analytic complexity (may have comorbidities that affect occupational performance, needs minimal to moderate modification of tasks or assistance to complete the evaluation component).

1 unit typically 45 minutes; maximum of 2 evaluation units per state fiscal year (regardless of complexity)

\*Cannot bill more than 2 units of codes 97165, 97166, and 97167 per year, combined. Time estimates come from the CPT code description.

**VII. 97167 Evaluation for Occupational Therapy, high complexity**

1. Occupational profile and medical and therapy history, with extensive additional review of physical, cognitive or psychosocial history related to current functional performance;
2. The assessment identifies 5 or more performance deficits that result in activity limitations and/or participation restrictions; and
3. Clinical decision making of high analytic complexity (patient presents with comorbidities that affect occupational performance, significant modification of tasks or assistant is necessary to enable patient to complete an evaluation component).

1 unit typically 60 minutes; maximum of 2 evaluation units per state fiscal year (regardless of complexity)

\*Cannot bill more than 2 units of codes 97165, 97166, and 97167 per year, combined. Time estimates come from the CPT code description.

**VIII. 97168 Re-Evaluation for Occupational Therapy, established plan of care**

1. An assessment of changes in the patient's functional or medical status, with a revised plan of care;
2. An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and
3. A revised plan of care (a formal re-evaluation is needed whether there is a documented change in functional status or a significant change to the plan of care).

1 unit typically 30 minutes; maximum of 2 units per state fiscal year

\*Cannot be billed on new patients. Time estimates come from the CPT code description.

**IX. Rates**

<b>Procedure Code</b>	<b>Rate</b>
97161	\$98.88
97162	\$148.32
97163	\$197.76
97164	\$98.88
97165	\$98.88
97166	\$148.32
97167	\$197.76
97168	\$98.88

**Note**

- 1) **Retrospective review of occupational, physical, and speech-language evaluations is required for beneficiaries under age 21 who receive an evaluation less than six months from the previous evaluation when the provider is utilizing a complexity code rather than a timed code.**

- 2) **All the complexity codes (97161-97168) have an MUE (Medically Unlikely Edit) of 1. Based on CMS guidelines, an MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. If the provider is billing more than 1 unit per single date of service for a member, the system will correctly deny the claim for EOB 0465 (UNITS OF SERVICE EXCEED NCCI MEDICALLY UNLIKELY EDITS).**
  
- 3) **All EIDT clinics who began using complexity codes effective 03/01/2020, claims will be reconciled to reflect the rate difference. DHS will do the reconciliation and providers will not need to resubmit past claims.**

If you have any questions about the information provided in this memo please contact ,Portland Gilbert at 501.682.8702 or by email : [Portland.gilbert@dhs.arkansas.gov](mailto:Portland.gilbert@dhs.arkansas.gov)