

New Physical Therapy and Occupational Therapy Evaluation Procedure Code Requirements

The Centers for Medicare & Medicaid Services (CMS) has replaced certain CPT codes for the physical therapy (PT) and occupational therapy (OT) evaluation and re-evaluations. The new CPT code descriptions include specific required reporting components as well as the corresponding typical face-to-face times for each service.

- PT and OT evaluation codes 97001 – 97003 were replaced with:
 - 97161 – 97163 for PT
 - 97165 – 97167 for OT
- PT and OT re-evaluation codes 97002 and 97004 were replaced with 97164 and 97168

PT codes (97161 -97164) require the “GP” modifier. OT codes (97165-97168) require the “GO” modifier.

These new codes represent “always therapy” services, which means they always require the corresponding discipline-specific therapy modifier when submitting claims for members with the following UnitedHealthcare Dual Complete® plans:

- UnitedHealthcare Dual Complete® (HMO SNP)
- UnitedHealthcare Dual Complete® (PPO SNP)
- UnitedHealthcare Dual Complete® (HMO-POS SNP)
- UnitedHealthcare Dual Complete® ONE (HMO SNP)
- UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)

You can get more information about the new codes and their descriptions in [CMS Change Request \(CR\) 9782](#) and [MLN Matters® Number: MM9782](#).

We’re Here to Help

If you have questions, please call Provider Services at **800-445-1638**. Thank you.