

CPT® Codes

CPT® (Current Procedural Terminology) is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians and other qualified health care professionals. This coding system, developed by the American Medical Association (AMA), is utilized by insurance companies for reimbursement purposes. Coding information can be found in the *CPT® Professional Edition* manual, which is updated each year, making it very important to check for any changes in codes used on a regular basis. The manual is available for purchase through the AMA by calling: 1-800-621-8335 or online at <https://commerce.ama-assn.org/store/> (*Current Procedural Terminology (CPT®) 2020 Professional Edition*)

For every therapeutic procedure implemented, clinicians submit a specific CPT® code that accurately identifies the service being performed. Each code, consisting of a 5-digit number, is then reported on the billing forms required by the insurance company. Third party payers then reimburse for services rendered based on a pre-determined dollar amount per CPT® code. These codes sometimes designate distinct time limits. In one therapy hour, a therapist may use two or three different codes, and each code may be assigned a different dollar amount by the insurance company.

Based on member survey information, there are insurance companies reimbursing for physician prescribed music therapy services once certain CPT® codes have been approved by a case manager. In most cases, insurance companies require that billing for music therapy with CPT® codes must be approved **prior** to rendering the service. As most clients are subject to case management by their insurance company, it is essential for clinicians to effectively communicate with clients' case managers when seeking reimbursement. Case managers serve as primary decision makers for determining approval for a certain service or CPT® code. Some music therapists report that once they have established relationships with payers and have received payment through an insurance company, subsequent billing has not required pre-approval of CPT® codes.

On the following pages you will find the CPT® codes, which music therapists have reported successfully using to document services. The listed codes have been found to be the most effective codes currently available to describe a variety of music therapy treatment interventions. **Recognizing the numerous clinical area specializations in which music therapists work, clinicians are advised to use only those codes for which they have been properly trained.**

These codes are not discipline specific and are also used by related healthcare professionals (i.e., physical, occupational, speech, and recreational therapy). It is advised that clinicians do not submit bills using the same codes as another discipline for treatment on the same day as that might be considered by third party payers to be duplication of services. Even though the interventions are different, the procedure codes are broadly defined and could be interpreted by someone processing the claim to be repetition of service. **It is extremely important to communicate with other therapists involved in the client's treatment so you can adhere to proper billing procedures.**

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The American Music Therapy Association (AMTA) has previously applied for specific Current Procedural Terminology (CPT®) codes from the American Medical Association (AMA) for use in reporting music therapy services in both psychiatry and physical medicine and rehabilitation. The AMA CPT® Editorial Panel stated that music therapy services can be reported using existing CPT® codes.

The following Health Behavior Assessment and Intervention section of codes were specifically recommended to AMTA for music therapists' use by the AMA CPT Editorial Panel.

Health Behavior Assessment and Intervention

These services are used to identify and address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems.

CODE #	TITLE	DESCRIPTION
96156	Health Behavior Assessment or re-assessment	Health-focused clinical interview, behavioral observations, clinical decision making
96158	Health Behavior Intervention, Individual	Face-to-face Initial 30 minutes
96159	Health Behavior Intervention Individual	Each additional 15 minutes
96164	Health Behavior Intervention Group	2 or more patients, face-to-face Initial 30 minutes
96165	Health Behavior Intervention Group	Each additional 15 minutes
96167	Health Behavior Intervention Family (with the patient present)	Face-to-face Initial 30 minutes
96168	Health Behavior Intervention Family (with the patient present)	Each additional 15 minutes
96170	Health Behavior Intervention Family (without the patient present)	Face-to-face Initial 30 minutes
96171	Health Behavior Intervention Family (without the patient present)	Each additional 15 minutes

Do not report 96158, 96164, 96167, or 96170 for less than 16 minutes of service.

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Therapeutic Procedures with Direct Patient Contact

CODE #	TITLE	DESCRIPTION
97110	Therapeutic Procedure, one or more areas, each 15 minutes	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic Procedure, one or more areas, each 15 minutes	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97116	Therapeutic Procedure, one or more areas, each 15 minutes	Gait Training (includes stair climbing)
97129	Therapeutic Interventions Direct (one-on-one) patient contact Initial 15 minutes	Focus on cognitive function (e.g. attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g. managing time or schedules, initiating, organizing, and sequencing tasks)
97130	Therapeutic Interventions	Each additional 15 minutes
97139	Unlisted Therapeutic Procedure	Specify
97150	Therapeutic Procedure(s), Group (2 or more individuals)	Constant attendance by the physician physician/therapist
	(Report 97150 for each member of group)	
97530	Therapeutic Activities Direct (one-on-one) patient contact Each 15 minutes	Use of dynamic activities to improve functional performance
97533	Sensory Integrative Techniques (one-on-one), each 15 minutes	Enhance sensory processing and promote adaptive responses to environmental demands, direct patient contact
97799	Unlisted Physical Medicine/Rehabilitation Service or Procedure	

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