

**Testimony of Genoa Ingram
House Committee on Health Care
HB 2796
February 4, 2015**

On behalf of the Oregon Speech-Language & Hearing Association (OSHA), representing 1,361 members statewide including 987 Speech Language Pathologists, thank you for the opportunity to offer comments on HB 2796.

Three states have successfully enacted music therapy licensure legislation. On April 26, 2011, Governor Dalrymple of North Dakota signed into law SB 2271. This legislation created the first-ever music therapy license in the country through the Board of Integrative Health. Following close behind in the state recognition process was Nevada. On Friday, June 3, 2011, Governor Brian Sandoval of Nevada signed into law SB 190. This legislation creates a music therapy license in Nevada through the State Board of Health. Georgia enacted music therapy licensure legislation in May of 2012 with SB 414 which was signed by Governor Nathan Deal.

Music therapy licensure proposals were considered in several states in 2012. Due to the broad scope of practice included in those bills—including assessment and treatment of communication disorders—the American Speech-Language-Hearing Association (ASHA)¹ opposed these proposals. ASHA worked closely with the Georgia state association to limit the scope in a revised bill, SB 414, which passed and was signed into law in May.

OSHA is not opposed to the licensing of music therapists. However, there is concern that the new legislation may lead to a blurring of the lines between the two professions, particularly since there appears to be some overlap that is not clearly delineated at the national level. It is our fear that this lack of clarity at the national level may lead to future unintended consequences in Oregon. We therefor ask for time to work with the proponents and ASHA to draft some sideboards to HB 2796 that will provide some clear direction.

Again, thank you for the opportunity to provide comments on behalf of OSHA.

¹ASHA is the national professional, scientific, and credentialing association for more than 173,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

CPT® Codes

CPT® (Current Procedural Terminology) is a systematic listing and coding of procedures and services performed by physicians, therapists, or other healthcare professionals in clinical practice. This coding system was developed by the American Medical Association (AMA) and is utilized by the majority of insurance companies for reimbursement purposes. All music therapists should become familiar with CPT® codes. Coding information can be found in the *CPT® Standard/Professional Edition* manual, available for purchase through the American Medical Association by calling: 1-800-621-8335. 2008 edition prices range from \$71.95 - \$99.95. The manual is updated each year, making it very important to check for any changes in codes used on a regular basis. (Current Procedural Terminology (CPT®) 2007 Professional Edition, 2006).

Basically, a code is assigned for therapeutic procedures that accurately and specifically identify the exact service being performed. Each code is identified with a 5-digit number.

How do CPT® codes pertain to music therapy? Most case managers and insurance companies consider the CPT® codes manual the reference of choice. The insurance company will reimburse for the therapy or service rendered based on a dollar amount per code. In addition, this code number may designate a fifteen-minute block of time. If a therapist is performing a specific service for one hour, then that code number would be used and the dollar amount multiplied times four. In one therapy hour, a therapist may use two or three different codes, and each code may be assigned a different dollar amount.

Currently, there are insurance companies that are reimbursing for prescribed music therapy services once certain CPT® codes have been approved by a case manager, utilization review director, or an insurance adjuster. **Please remember:** Currently, in order to bill insurance companies for music therapy, CPT® codes must be **APPROVED** prior to rendering the service. Typically, due to managed care, many clients in the United States today are subject to case management. Insurance companies' case managers have the control to approve or disapprove a certain service or CPT® code. It is essential for music therapists to effectively communicate with clients' case managers when seeking reimbursement.

On the following pages you will find the CPT® codes, which music therapists have used to seek reimbursement for their services. The listed codes have been found to be the most effective codes currently available to describe a variety of music therapy treatment interventions. 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 would appear 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.

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	Neuromuscular Re-education	Of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Aquatic Therapy with Therapeutic Exercises	
97116	Gait Training	Includes stair climbing
97150	Therapeutic Procedure(s), Group (2 or more individuals) (Report 97150 for each member of group)	Group therapy procedures involve constant attendance of the physician or therapist, but by definition do not require one-on-one patient contact by the physician or therapist
97530	Therapeutic Activities (one-on-one), each 15 minutes	Direct patient contact by the provider (use of dynamic activities to improve functional performance)
97535	Self Care/Home Management Training, each 15 minutes	Activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment; direct one-on-one contact by provider
97537	Community/Work Reintegration Training, each 15 minutes	Shopping, transportation, money management, avocational activities and/or work environment/ modification analysis, work task analysis; use of assistive technology device/adaptive equipment, direct one-on-one contact by provider
97542	Wheelchair Management, each 15 minutes	Propulsion Training

CODE #	TITLE	DESCRIPTION
97139	Unlisted Therapeutic Procedure	Specify
97532	Development of Cognitive Skills (one-on-one), each 15 minutes	Improve attention, memory, problem solving, (includes compensatory training), direct patient contact by the provider
97533	Sensory Integrative Techniques (one-on-one), each 15 minutes	Enhance sensory processing and promote adaptive responses to environmental demands, direct patient contact by the provider
97799	Unlisted Physical Medicine-Rehabilitation Service or Procedure	
96105	Assessment of Aphasia (per hour)	Includes assessment of expressive and receptive speech and language function, language comprehension, speed production ability, reading, spelling, writing, (e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report
96110	Developmental Testing	Limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
96111	Developmental Testing-Extended	Includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, with interpretation and report
92506	Evaluation of Speech	Evaluation of speech, language, voice, communication, and/or auditory processing
92507	Treatment of Speech; individual	Treatment of speech, language, voice, communication, and/or auditory processing disorder

Health and Behavior Assessment/Intervention

Health and behavior assessment/intervention (96150-96155), are procedures used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. The codes include health and behavior assessment as well as health and behavior intervention, of which the latter is reported in 15-minute increments of direct face-to-face contact with the individual, a group, or the family of the individual.

CODE #	TITLE	DESCRIPTION
96150	Health and Behavior Assessment, each 15 minutes	Health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires, face-to-face with the patient, initial assessment
96151	Re-assessment	
96152	Health and Behavior Intervention, each 15 minutes	Face-to-face, individual
96153	Group (2 or more patients)	
96154	Family (with the patient present)	
96155	Family (without the patient present)	