Every January, the Centers for Medicare and Medicaid Services (CMS) implement changes to the Physician Fee Schedule—the set of detailed instructions, payment policies, and new or modified Current Procedural Terminology codes (CPT®) and their relative values they use reimburse Medicare providers for the services they provide. These updates often lead other third-party payers to change their coding requirements and payment rates, too. Here are the most notable changes in effect for 2020.

**NEW BILLING CODES FOR COGNITIVE FUNCTION SERVICES**

Psychologists will now use two time-based codes for performing therapeutic interventions that focus on cognitive function.

- **97129**: Therapeutic interventions that 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), direct (one-on-one) patient contact; initial 15 minutes
  » Work RVU: 0.50

- **97130**: Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies for managing the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
  » Work RVU: 0.48

These codes replace deleted codes 97217 and G0515. Psychologists must now use the stand-alone base code, 97129, to report the first 15 minutes of performing the primary service, and a 15-minute add-on code, 97130, which can be reported in multiple units, to report time beyond the initial 30 minutes that is required to complete the overall service.

**HIGHER PAYMENTS FOR HEALTH BEHAVIOR SERVICES**

Psychologists who help Medicare patients cope with or manage a physical health condition will see an increase in their payments when billing health behavior assessment and intervention CPT codes.

CMS announced the higher work relative value units after receiving feedback from more than 6,000 psychologists on proposed changes to these services.

Learn more about the codes and their new values in the Reimbursement section of APA’s website at apaservices.org/practice/reimbursement/health-codes.

**PSYCHOLOGISTS’ PARTICIPATION IN MIPS**

In 2020, psychologists who bill Medicare will be expected to report to the CMS Merit-Based Incentive Payment System (MIPS) unless they fall under the low volume threshold. Psychologists can check their eligibility status on the CMS website: qpp.cms.gov/participation-lookup.

Those who are not exempt, and fail to report to MIPS, will see reimbursement penalties in 2022.

Psychologists are not required to—but may—report measures in the “Promoting Interoperability” category—one of four parts of MIPS. This category in MIPS contains measures for providers who integrate electronic health records into their practice.

Psychologists who participate in MIPS can report measures for other categories through APA’s Mental and Behavioral Health Registry. Visit the registry at MBHRegistry.com.

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