

HeartMath Techniques and Technology Coding/Reimbursement Review March 2021

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In discussion and review of the HeartMath® technology and how it is provided during care, we do not see that there is a distinct (separate) CPT code available for this service at this time, however there are available options. It is our understanding that the process to which this technology is utilized is generally in the practitioner or clinician office during an encounter or where HeartMath techniques are taught during a telehealth¹ session. This would mean that the measuring and feedback is provided during that time between the provider and the patient.

Based on that knowledge, we would recommend the following approach to capture potential revenue for this service in addition to the main service provided.

Physicians/Non-physician Practitioners who are permitted to bill for evaluation and management services (MD, DO, CNP, PA):

Beginning with *CPT 2021*, time alone may be used to select the appropriate code level for the office or other outpatient E/M services codes. (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215)

Time documentation:

Providers are instructed to include the total time spent face to face or non-face to face for an entire encounter on a calendar day, which would include the time spent working the patient through the HeartMath procedure. For example if the HeartMath activity would take approximately 15-20 minutes in addition to other activities of the encounter, this would potentially allow the provider to increase the code to the next level depending on the overall total time. Here are the codes and time factors involved:

99202	15-29 minutes	99212	10-19 minutes
99203	30-44 minutes	99213	20-29 minutes
99204	45-59 minutes	99214	30-39 minutes
99205	60-74 minutes	99215	40-54 minutes

We recommend that the provider document the total time spent in the encounter along with a brief summary of all activities which that time reporting is based on. The AMA provides a list of activities that are considered:

- preparing to see the patient (e.g., review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (not separately reported)

We also recommend the HeartMath data be integrated into the documentation to show how it impacts treatment plans and to measure successful outcomes using this technology.

Psychologists, Licensed Social Workers, Professional Counselors, Marriage and Family Therapists, and other mental health professionals who may potentially provide the service during psychotherapy sessions:

¹ Please note: Telehealth coding rules/guidance is payer dependent, therefore it is important to investigate and understand how telehealth is billed for each payer which may differ from codes listed in this document.

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When billing for psychotherapy, the code selection is based on time spent. In addition to the highest level of time, the clinicians are permitted to bill a prolonged service code when the time requirement is met.

For psychotherapy, the time-based codes are as follows:

- 90832 16-37 minutes
- 90834 38-52 minutes
- 90837 53 or more minutes

When you have exceeded the 60-minute time frame with the patient, there is an opportunity to add-on the prolonged service code of 99354. If the clinician is with the patient for another 31 minutes, the prolonged service code may be added to the main code of 90837. The CPT code description for 99354 is *“Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour”* It is important for providers to know the CPT coding rule addressing a distinct time as part of a code description. The provider need only pass the midway mark of a timed code in order to bill for it.

Therefore if the clinician is with the patient for 91 minutes or more for a session which may include time spent in the HeartMath activity, the add-on code of 99354 may be billed in addition to the 90837. As with the E&M recommendation, we also recommend the HeartMath data be integrated into the therapy documentation to show how it impacts treatment plans and to measure successful outcomes using this technology.

Group sessions

Group Risk Factor Reduction:

When using the technology in a group session, below are codes that may be utilized. Documentation is of course the key to support billing.

- 99411 – Preventive/risk factor reduction intervention(s) for individuals in a group setting approx. 30 min
- 99412 - Preventive/risk factor reduction intervention(s) for individuals in a group setting approx. 60 min

These codes may be used to report the following counseling and/or behavior change intervention circumstances for:

- Persons whose behavior has not yet resulted in illness, or
- Persons whose behavior may exacerbate a condition and/or is considered an illness

Group Psychotherapy: CPT 90863

Group psychotherapy involves a provider working with several individuals who are experiencing similar stressors simultaneously. Therapy sessions typically last between 1-2 hours. (**Important note:** this is listed as “typical” and is not a specific requirement of the code selection)

For information on HeartMath health professional programs, go to

<http://healthprofessional.heartmath.com>

or call 800-450-9111 or 831-338-8700 from 9-5 Pacific time.

Disclaimer:

The information contained in this document is effective as of January 1, 2021 and is intended for general information purposes only to assist providers in understanding current guidelines in above code options as it relates to services provided via HeartMath technology. Best practice is to document all clinically relevant information in the medical record to support services billed. When time is included in the definition of a code, time must be documented in the encounter record. For questions related to information in the document send email to skunzi@codingadvantage.com.